# EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

ΑI	or the	2016 calendar year, or tax year beginning and ending			
В	Check if applicable	C Name of organization	D	Employer ident	ification number
	Addres change	GREAT PENINSULA CONSERVANCY		;	
	Name change	Doing business as		91-	1110978
	□Initial □return □Final □return/	Number and street (or P.O. box if mail is not delivered to street address)  423 PACIFIC AVENUE  Room/s	uite E	Telephone num	ber - 373 - 3500
	termin- ated		G	Gross receipts \$	1,239,779.
	Amend return	BREMERTON, WA 98337	H(	a) Is this a group	
	Application pendin	F Name and address of principal officer:DAVID DE BRUYN  SAME AS C ABOVE	П		tes? Yes X No
7	Γαν-ργο		527		a list. (see instructions)
<del></del>	Nehsit	e: ► WWW.GREATPENINSULA.ORG		(c) Group exemp	· · · · · · · · · · · · · · · · · · ·
					M State of legal domicile: WA
_		Summary	σαι σι ισ	mation, = 0 0 0	141 State of logar abilitions, 1122
_		Briefly describe the organization's mission or most significant activities: PRESERVE	IN	PERPETUI	TY THE
Governance	' j	NATURAL HABITATS, RURAL LANDSCAPES, AND OPEN	SPA	CES OF T	HE GREAT
'n		Check this box if the organization discontinued its operations or disposed of r			
Ş.		Number of voting members of the governing body (Part VI, line 1a)			3   14
		Number of independent voting members of the governing body (Part VI, line 1b)			4 14
Activities &		Fotal number of individuals employed in calendar year 2016 (Part V, line 2a)			5 7
itie		Total number of volunteers (estimate if necessary)			6 1550
妄		Fotal unrelated business revenue from Part VIII, column (C), line 12			'a 0.
Ř		Net unrelated business taxable income from Form 990-T, line 34			'b 0.
		tot arribation bearings taxable mount with total 1, into 91	T	Prior Year	Current Year
4	8 (	Contributions and grants (Part VIII, line 1h)		2,586,595	1,172,168.
n		Program service revenue (Part VIII, line 2g)			0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u></u>	22,772	- 1
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,364	
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	2,613,731	
-		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	C	0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		297,057	302,998.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		C	1
be.	b -	Total fundraising expenses (Part IX, column (D), line 25)			
ũ	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		878,918	454,730.
	L	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	L,175,975	757,728.
	1	Revenue less expenses. Subtract line 18 from line 12	1	L,437,756	436,399.
Ses				ning of Current Ye	
Net Assets Fund Baland	20	Total assets (Part X, line 16)	- 8	3,956,363	9,411,052.
ASS	21	Total liabilities (Part X, line 26)		35,256	22,144.
캺	22	Net assets or fund balances. Subtract line 21 from line 20	8	3,921,107	9,388,908.
Pa	art II	Signature Block			,
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements	s, and to the best o	f my knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has	any knowledge.	
Sig	n	Signature of officer		Date	
Her	·e	DAVID DE BRUYN, TREASURER			
		Type or print name and title			,
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Pai	d	LONNIE RICH CPA		sel <b>í-</b> em	
Pre	parer	Firm's name ► AIKEN & SANDERS INC PS		Firm's EIN	91-0870697
Use	Only	Firm's address 343 W WISHKAH ST			
_		ABERDEEN, WA 98520		Phone no. 3	360-533-3370
Ма	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

	990 (2016) GREAT PENINSULA CONSERVANCY 91-1110978 Page 2
Par	t III   Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PRESERVE IN PERPETUITY THE NATURAL HABITATS, RURAL LANDSCAPES, AND
	OPEN SPACES OF THE GREAT PENINSULA OF WASHINGTON'S PUGET SOUND.
	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
	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 X No
	If "Yes," describe these changes on Schedule O.
4	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations 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 \$ 200,866 • including grants of \$) (Revenue \$)
	PROGRAM: CONSERVATION
	WODELING WITHIN DADWINDER AND COMMINITING OPENING OPENING A CONCEDIANCY
	WORKING WITH PARTNERS AND COMMUNITY GROUPS, GREAT PENINSULA CONSERVANCY
	CONTINUED EFFORTS TO CONSERVE CRITICAL LANDS AND WATERS IN KITSAP,
	MASON AND PIERCE COUNTIES, WA. GPC'S GROVERS CREEK PRESERVE NEAR
	KINGSTON WILL SOON GROW WITH THE ADDITION OF 80 ACRES OF FOREST,
	WETLANDS AND STREAM. NOT FAR AWAY, GPC EXPECTS SOON TO CONSERVE LAND ON
	THE BEAUTIFUL CARPENTER CREEK ESTUARY FOR SALMON, BIRDS AND OTHER
	WILDLIFE. GPC REMAINS COMMITTED TO CONSERVATION OF THE 3000-ACRE PORT
	GAMBLE FOREST THAT IS POPULAR WITH OUTDOOR RECREATIONISTS. WE ARE
	EXCITED ABOUT OPPORTUNITITES TO PROTECT PUGET SOUND SHORELINE ON FILUCY
	BAY AND MCLANE COVE, AND TO CONSERVE SALMON STREAMS LIKE CURLEY CREEK
41-	242 002
4b	(Code: ) (Expenses \$ . 343,892 · including grants of \$) (Revenue \$)
	PROGRAM: STEWARDSHIP
	IN COLLABORATION WITH PARTNERS AND VOLUNTEERS, GREAT PENINSULA
	CONSERVANCY CONDUCTED STEWARDSHIP ACTIVITIES ON CONSERVATION LANDS
	UNDER OUR OWNERSHIP AS WELL AS LANDS IN PUBLIC OWNERSHIP, INCLUDING AT
	PORT GAMBLE FOREST PARK, BANNER FOREST PARK, AND SEHMEL HOMESTEAD PARK.
	WORK AT PORT GAMBLE FOREST INCLUDED BUILDING A PARKING AREA, SCENIC
	OVERLOOKS, AND WALKING TRAILS. GPC CARRIED OUT MONITORING ACTIVITIES TO
	ENSURE PRIVATE LANDS PROTECTED BY PERMANENT CONERVATION AGREEMENTS
	(EASEMENTS) ARE EFFECTIVELY PROTECTING THE ENVIRONMENT. GPC INITIATED
	EXTENSIVE EFFORTS TO RESTORE AND PROTECT CONSERVED LANDS BY REMOVING
	INVASIVE PLANTS AND PLANTING NATIVE TREES AND SHRUBS.
4c	(Code:) (Expenses \$132 , 784 . including grants of \$) (Revenue \$)
	PROGRAM: OUTREACH
	GREAT PENINSULA CONSERVANCY PRODUCED AND DISSEMINATED NEWSLETTERS,
	BROCHURES, DISPLAYS, WEBSITE CONTENT, AND SOCIAL MEDIA MESSAGES TO
	ENGAGE COMMUNITY MEMBERS AND INSPIRE THEM TO BECOME INVOLVED IN
	HELPDING TO CONSERVE AND CARE FOR FORESTS, SHORELINES AND OPEN SPACES.
	GPC CONDUCTED NATURE WALKS, SALMON VIEWING EVENTS, COMMUNITY
	CELEBRATIONS, AND VOLUNTEER STEWARDSHIP ACTIVITIES TO RE-ROUTE TRAILS,
	CLEAN UP LITTER, AND REMOVE INVASIVE PLANTS. GPC INITIATED A PLANNING
	PROCESS TO DEVELOP PUBLIC ACCESS OPPORTUNITIES AT OUR NEW FILUCY BAY
	PRESERVE TO INCLUDE A KAYAK LANDING SITE AND WALKING TRAILS. WE
	DESIGNED AND INSTALLED THREE INTERPRETIVE SIGNS AT SEHMEL HOMESTEAD
4d	Other program services (Describe in Schedule O.)
-u	
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 677,542.
	Form <b>990</b> (2016)
632003	SEE SCHEDULE O FOR CONTINUATION(S)

Pa	rt 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		х
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	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ָ d	J			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	J	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441		х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Δ
15		45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	•	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del></del>	<b></b>	<del></del>
13	1c and 8a? If "Yes," complete Schedule G, Part II	18	$ \mathbf{x} $	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		- <u>-</u>	
	complete Schedule G, Part III	19		X

#### Part IV | Checklist of Required Schedules (continued) No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 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 lines 24b through 24d and complete Х Schedule K. If "No", go to line 25a 24a 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 Х 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 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 X 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Part V	Statements Regarding Other IRS Filings and Tax Co	ompliance

	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	8	İ	
b	Enter the number of Forms will a molecular line 12. Enter-of the applicable	0	1. 4	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		٦,	
	(gambling) winnings to prize winners?	1c	X	
2a		-,		
	filed for the calendar year ending with or within the year covered by this return 2a	4	₩.	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<del>                                     </del>	
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	$\vdash$	
40	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:	40		
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		l .	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<del> </del>	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<del>                                     </del>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? 7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<u> </u>	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ऻ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7	7h	-	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8	<del> </del>	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	90	<del>                                     </del>	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders		:	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	ľ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	1	1.	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1 .	
	organization is licensed to issue qualified health plans	_		
	Enter the amount of reserves on hand		<u> </u>	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	نِــَــِـا	L
		Forr	n <b>990</b>	(2016)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing	1.1								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1.11								
	officer, director, trustee, or key employee?	2	X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
. 4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		***************************************							
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13		Х						
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b		Х						
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a	l	Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►WA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availal	ole							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
20	THE ORGANIZATION - 360-373-3500									
	423 PACIFIC AVENUE, NO. 401, BREMERTON, WA 98337									
	The result of the state of the	Гоиг	. 000	(2016)						

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Comparison   Com	(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
A		hours for related organizations below line)							organization	•	other compensation from the organization and related organizations
California   Cal	, _ ,	1.00	v						0	0	0.
Name		1 00	<u> </u>	<del> </del>	_	H	$\vdash$	⊢	0.	0.	
Carron   C		1.00	x		$ _{\mathbf{x}} $				0.	0.	0.
DOARD MEMBER		1.00	+	-		$\vdash$	$\vdash$				
TREASURER	, - ,	1.00	$\mathbf{x}$						0.	0.	0.
Source   S	(4) DAVID DE BRUYN	1.00						Г			
BOARD MEMBER	TREASURER		X		Х				0.	0.	. 0.
1.00   BOARD MEMBER	(5) EVAN BAUDER	1.00	Π								
BOARD MEMBER	BOARD MEMBER		X						0.	0.	0.
1.00	(6) PETER NAMTVEDT BEST	1.00					П	Γ			
BOARD MEMBER	BOARD MEMBER		X						0.	0.	0.
SECRETARY	(7) KATRINA KNUTSON	1.00						Г			
X	BOARD MEMBER	,	X						0.	0.	0.
DEBORAH ENGEL	(8) MARGARET ELLIS	1.00							·	_	_
BOARD MEMBER	SECRETARY		X		X			·	0.	0.	0.
1.00   ERIN EWALD   1.00	(9) DEBORAH ENGEL	1.00		·				1			
BOARD MEMBER	BOARD MEMBER		X		_		┖		0.	0.	0.
Columbia	(10) ERIN EWALD	1.00					1	.			
X   X   0. 0.	BOARD MEMBER		X		<u> </u>		_	_	0.	0.	0.
1.00	,,	1.00	1				1				
BOARD MEMBER			X	_	X	_	┞.	1	0.	0.	0.
(13) JUSTIN STIEFEL	, ,	1.00	ا								
BOARD MEMBER   X   0. 0.   (14) MARK WALSH   1.00		1	X	┡	ــــ	┡	┡	-	0.	0.	0.
(14) MARK WALSH  BOARD MEMBER  X  0. 0. 0.	, ,	1.00	١.,								
BOARD MEMBER X 0. 0. (15) SANDRA STAPLES-BORTNER 40.00		1 00	X	_	ļ	_	$\vdash$	╄	0.	0.	0.
(15) SANDRA STAPLES-BORTNER 40.00	,	1.00	١.,				1	ı			
		40.00	X	╄	╄	<u> </u>	┼	╀	0.	. 0.	0.
EXECUTIVE DIRECTOR A 78,000. U. Z,34	•- •	40.00	-		\ v				70 000	_	2 340
	EXECUTIVE DIRECTOR		-	₩	╀≏	₩	+	-	/8,000.	0.	4,340.
			-								
	· .	<u> </u>	T	T	$\top$	T	T	T			

632007 11-11-16

Form 990 (2016)

Name and title  Average hours per week (its rary hours for related organizations below line)  1 b Sub-total (c Total from continuation sheets to Part VII, Section A	Fait VII Secti	ion A. Officers, Directors, Tru		ploy	ees/	, an	d Hi	ghe	st (	compensated Employe	es (continuea)			
Total from continuation sheets to Part VII, Section A   78,000   0   2,340		, ,	hours per	box	not c	Pos heck ss pe	ition more rson	than is bot	h an	Reportable compensation	Reportable compensation	1	moun	of
1b Sub-total			(list any hours for related	$\vdash$						the organization	organizations	t org	npens from tl ganiza	ation ne tion
Tb Sub-total			1	Individual	Institution	Officer	Key emplo	Highest co employee	Former					
C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No														
C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Section B. Independent Contractors  (A) Name and business address  No. 0. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340				Π										,
C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Section B. Independent Contractors  (A) Name and business address  No. 0. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340		,		<u> </u>							***************************************		•	
C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Section B. Independent Contractors  (A) Name and business address  No. 0. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340	-											1		
C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Section B. Independent Contractors  (A) Name and business address  No. 0. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340		· · · · · · · · · · · · · · · · · · ·												
C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Section B. Independent Contractors  (A) Name and business address  No. 0. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340  78,000. 0. 2,340														
C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No				_				_						
C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No				┢										-
C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No				_								-		
Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  Total number of individuals including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization from the organization and other compensation from the organization from the organization greater than \$150,000? If "Yes," complete Schedule J for such individual  Total number of individuals for such individual and other compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Total number of individuals for such individual and other compensation from the organization? If "Yes," complete Schedule J for such individual for services for suc	1b Sub-total			<u> </u>	L	<u> </u>			<u> </u>		_	1	2,3	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization     Yes   Note										•			2,3	0.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  SEALEVEL BULKHEAD BUILDERS	2 Total numb	er of individuals (including but r								eceived more than \$100	,000 of reportable		<u> </u>	0
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  Name and business address  Description of services  Compensation  SEALEVEL BULKHEAD BUILDERS												$\overline{}$	Yes	No
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Zection B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  SEALEVEL BULKHEAD BUILDERS	line 1a? /f "	Yes," complete Schedule J for s	such individual	• • • • • • • • • • • • • • • • • • • •								3		X
rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  Name and business address  Description of services  SEALEVEL BULKHEAD BUILDERS												4		x
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Name and business address  Description of services  Compensation  SEALEVEL BULKHEAD BUILDERS	5 Did any per	rson listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr/						x
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) (C) (Compensation  SEALEVEL BULKHEAD BUILDERS	Section B. Inde	pendent Contractors												
Name and business address Description of services Compensation  SEALEVEL BULKHEAD BUILDERS												isation	from	
SEALEVEL BULKHEAD BUILDERS	***************************************		address								ervices			on
PO BOX 375, KINGSTON, WA 96346 LAND RESTORATION 166,573										LAND DEIGHODA	m T ON			
	PU BUA 37	5, KINGSION, WA	70340		<u>.</u>					LAND KESIOKA	TION		00,3	73.
·														
	****											<del></del>		<del></del>
Total number of independent contractors (including but not limited to those listed above) who received more than	2 Total numb	er of independent contractors	(including but r	not li	mite	d to	tho	se li	stec	d above) who received n	nore than			,
\$100,000 of compensation from the organization   1  Form 990 (201	\$100,000 o	f compensation from the organ	ization >					1			•	Forn	1990	(2016)

632008 11-11-16

16560523 790549 15986

			Check if Schedule O contain	ns a response	or note to any lin	e in this Part VIII			
	-					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	i	b c d	Federated campaigns Membership dues Fundraising events Related organizations	1b 1c 1d	186,580.				
ontributions, nd Other Sim	1	f g	Government grants (contribution All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines 1	, and <b>1f</b>	525,350. 389,729. 6,081.	1,172,168.			
3 C		h	Total. Add lines 1a-1f			L, 1/2, 100.			
Program Service Revenue	(	a b c			Business Code		~		
<u> </u>	•	е							
4	- 1		All other program service reven						<u> </u>
	3 4 5		Total. Add lines 2a-2f Investment income (including dother similar amounts) Income from investment of tax-Royalties	ividends, intere	est, and  roceeds	19,138.			19,138.
	·		Г	(i) Real	(ii) Personal			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)						
	7 :	а	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 17,430.	(ii) Other				
•	(	c d	and sales expenses  Gain.or (loss)  Net gain or (loss)	-425.	<b>&gt;</b>	-425.	-425.		
Other Revenue			Gross income from fundraising including \$ 70,50 contributions reported on line 1 Part IV, line 18	) 9 • of c). See					
븅			Less: direct expenses		27,797.	3,203.		l · · · ·	3,203.
			Net income or (loss) from fundr Gross income from gaming act		·····	3,203+			3,203
	1	b c	Part IV, line 19 Less: direct expenses Net income or (loss) from gamin	a b g activities					
	1	b	Gross sales of inventory, less rand allowances	a					
	11	а	Miscellaneous Revenue MISCELLANEOUS R		Business Code 900099	43.	43.		
		b		<del>.</del>					
		c d	All other revenue						
			Total. Add lines 11a-11d			43.			
	12		Total revenue. See instructions.			1,194,127.	-382.	0	. 22,341.

# Form 990 (2016) GREAT PENINSUS Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).								
	Check if Schedule O contains a response or note to any line in this Part IX											
,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21											
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22											
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign	1										
	individuals. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,	00 040	65 004	0.004	6 000							
	trustees, and key employees	80,340.	65,224.	8,294.	6,822.							
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	194,510.	157,859.	20,141.	16,510.							
7	Other salaries and wages	194,510.	131,639.	40,141.	10,510.							
8	Pension plan accruals and contributions (include	5,574.	4,577.	519.	478.							
	section 401(k) and 403(b) employer contributions)	5,5/4.	4,3//•	213.	4/0.							
9	Other employee benefits	22,574.	18,962.	1,580.	2,032.							
10	Payroll taxes	22,374.	10,902.	1,300.	2,032.							
11	Fees for services (non-employees):											
a	Management											
Ь	Legal	25,020.	21,017.	1,751.	2,252.							
	Accounting	23,020	21,017.	1,751.	2/2524							
	Lobbying Professional fundraising services. See Part IV, line 17											
f	Investment management fees		<u> </u>									
	Other. (If line 11g amount exceeds 10% of line 25,											
9	column (A) amount, list line 11g expenses on Sch 0.)	258,488.	258,488.		i							
12	Advertising and promotion											
13	Office expenses	15,207.	14,101.	921.	185.							
14	Information technology											
. 15	Royalties											
16	Occupancy	42,602.	36,592.	2,629.	3,381.							
17	Travel	4,420.	4,095.	127.	198.							
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	5,047.	2,130.	2,917.								
20	Interest	888.	746.	62.	80.							
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	3,687.		3,687.	105							
23	Insurance	8,488.	7,520.	481.	487.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)											
а	PROPERTY COST AND MAINT	59,482.	58,220.	1,262.								
b	EQUIPMENT RENTAL	23,780.	21,108.	1,169.	1,503.							
c	DUES, FEES, & LICENSES	3,828.	3,325.	178.	325.							
d	EVENTS	3,793.	3,578.		215.							
	All other expenses											
25	Total functional expenses. Add lines 1 through 24e	757,728.	677,542.	45,718.	34,468.							
26	Joint costs. Complete this line only if the organization											
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
	Check here if following SOP 98-2 (ASC 958-720)											
63201	0 11-11-16				Form <b>990</b> (2016)							

rai		Charlett School In Cooperation a reasonable as note to any line in this Best V			
		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	133,762.	1	82,545.
	2	Savings and temporary cash investments	371,779.	2	450,907.
	3	Pledges and grants receivable, net	38,264.	3	389,603.
	4	Accounts receivable, net		4	7.77
	5	Loans and other receivables from current and former officers, directors,			,
	Ū	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	•
	6	Loans and other receivables from other disqualified persons (as defined under		- :	
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
<sub>ω</sub>		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	*
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	1	8	
	9	Prepaid expenses and deferred charges	7,311.	9	13,370
		Land, buildings, and equipment: cost or other			
	104	basis. Complete Part VI of Schedule D10a			
	h	basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 7,463,290.  10b 6,640.	7,460,337.	10c	7,456,650
	11	Investments - publicly traded securities	, , , , , , , , , , , , , , , , , , , ,	11	
	12	Investments - other securities. See Part IV, line 11	944,910.	12	1,017,977
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,956,363.	16	9,411,052
	17	Accounts payable and accrued expenses	24,486.	17	13,362
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<sub>s</sub>	22	Loans and other payables to current and former officers, directors, trustees,			
iţie		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	10,770.	23	8,782
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	35,256.	26	22,144
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		-	
S		complete lines 27 through 29, and lines 33 and 34.			
nce nce	27	Unrestricted net assets	680,794.	27	865,256
sala	28	Temporarily restricted net assets	896,290.	28	1,197,622
id E	29	Permanently restricted net assets	7,344,023.	29	7,326,030
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶☐			
<u>.</u>		and complete lines 30 through 34.			
ştş	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	8,921,107.		9,388,908
	34	Total liabilities and net assets/fund balances	8,956,363.	34	9,411,052

Form **990** (2016)

Form 990 (2016)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

		GREA	T PENINSUL	A CONSERVANC	Y			9	1-1110978		
Pa	rt I	Reason for Public (				is part.) Se	e instruction				
The	organ	rization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)		× · · · · · ·			
1		A church, convention of ch									
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990 or 99	90-EZ).)					
3		A hospital or a cooperative					ii).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		city, and state:					, ,, ,,	., .			
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (C									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).				
7	X	An organization that normal						the general	public described in		
		section 170(b)(1)(A)(vi). (Co			-						
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Pari	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or		
		university:									
10		An organization that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts from		
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its support	t from gross inve <b>s</b> tment		
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11	$\sqsubseteq$	An organization organized a	and operated exclusi	vely to test for public sa	fety. See s	section 50	09(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	the functio	ons of, or to c	arry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section (	509(a)(2).	See <b>section</b>	509(a)(3). C	Check the box in		
	_	lines 12a through 12d that	• • • • • • • • • • • • • • • • • • • •			•		•			
а											
		the supported organization		•	a majority o	of the dire	ctors or trust	ees of the s	supporting		
		organization. You must c									
b	L.	☐ Type II. A supporting org.	•				-		-		
		control or management of	· · · · · ·		ame perso	ons that co	ontrol or man	age the sup	ported		
		organization(s). You mus	•								
С				· ·				ally integrate	ed with,		
		its supported organization		•		•	· ·				
d	Ь.	☐ Type III non-functionally						-	• •		
		that is not functionally int		• •	-		•	d an attent	iveness		
,		requirement (see instructi						U T 10			
е		☐ Check this box if the orga				-	атурет, туре	ян, туренн			
	F4-	functionally integrated, or		nally integrated support	ing organiz	zation.					
f		er the number of supported of vide the following information		d organization(s)	······						
9		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other		
	•	organization	.,	(described on lines 1-10	in your governi Yes	ng document? No	support (see i	-	support (see instructions)		
				above (see instructions))							
				,		<u> </u>					
				•							
					<u> </u>						
Tota	1			**							

Schedule A (Form 990 or 990-EZ) 2016 GREAT PENINSULA CONSERVANCY 91-1110 Separt II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	721,964.	912,480.	1,123,920.	2,610,595.	1,203,168.	6,572,127.
2	Tax revenues levied for the organ-		,	, ,			
_	ization's benefit and either paid to					·	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	721,964.	912,480.	1,123,920.	2,610,595.	1,203,168.	6,572,127.
5	The portion of total contributions						
	by each person (other than a						·
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			•	5		
	amount shown on line 11,						
	column (f)		1				
	Public support, Subtract line 5 from line 4.						6,572,127.
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	721,964.	912,480.	1,123,920.	2,610,595.	1,203,168.	6,572,127.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	16 047	22 050	21 210	16 054	10 120	07 100
	and income from similar sources	16,047.	23,850.	21,210.	16,954.	19,138.	97,199.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	72,467.	78,812.	19,067.	10,125.	1.7 430	197,901.
44	assets (Explain in Part VI.)	12, 4074	70,012.	13,007.	10,123.	1771301	6,867,227.
	Gross receipts from related activities	etc. (see instructi	one)	<u> </u>		12	190,991.
	First five years. If the Form 990 is fo			d fourth or fifth to			
10	organization, check this box and stop		mot, occorra, am	a, roarer, or marke	an your do a oootio	00 . (0)(0)	▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (			column (f))		14	95.70 %
	Public support percentage from 2015					15	95.84 %
	33 1/3% support test - 2016. If the					nore, check this bo	ox and
	stop here. The organization qualifies						77
b	33 1/3% support test - 2015. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	6 or more, check ti	nis box
	and stop here. The organization qua	lifies as a publicly :	supported organiz	ation		·	▶□
17a	10% -facts-and-circumstances tes	<b>st - 2016.</b> If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ices" test, check t	his box and <b>stop</b> h	<b>iere.</b> Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	•
	organization meets the "facts-and-cir						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17I			
					Sch	edule A (Form 990	or 990-EZ) 2016

# Schedule A (Form 990 or 990 EZ) 2016 GREAT PENINSULA CONSERVANCY Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support					-	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				•		
	include any "unusual grants.")					}	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge					·	
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b		* .				1
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						:
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						-
	First five years. If the Form 990 is for	r the organization's	s first, second: thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here	~			•	( ) ( )	, <u>, , , , , , , , , , , , , , , , , , </u>
Se	ction C. Computation of Publ						
	Public support percentage for 2016 (	<del></del>		column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inve					<u> </u>	
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	
	a 33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box a	=				·	
	33 1/3% support tests - 2015. If the			•			
٠	line 18 is not more than 33 1/3%, che	-			•	· ·	
20	Private foundation. If the organization			•		•	
	on on ot 16	sid not oncored	200 ON MIO 1-1, 10	a, or 100, 01100K		adula A /Form 00	0 +# 000 F7\ 0040

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	Α.	All	Supporting	Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes	No
	.*
-	
	- :
	;
	1
00 E7	2016
	Yes

	edule A (Form 990 or 990-EZ) 2016 GREAT PENINSULA CONSERV			91-1110978 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ıg Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
-	other Type III non-functionally integrated supporting organizations must co	omplete :	Sections A through E.	· · · · · · · · · · · · · · · · · · ·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			·
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
<u>c</u>	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		·
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3	·	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	* 1	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4. unless subject to			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013
 c Excess from 2014
 d Excess from 2015
 e Excess from 2016

Schedule A	(Form 990 or 990-E	Z) 2016 GREAT	PENINSUL.	A CONSERV	ANCY	91	<u>-1110978</u>	<u>Pag</u>
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5, (See instructions.)	Information. P lines 1, 2, 3b, 3c, 4 tion D, lines 2 and 3 6, and 8; and Part	rovide the explana b, 4c, 5a, 6, 9a, 9l 8; Part IV, Section V, Section E, lines	ations required by b, 9c, 11a, 11b, ar E, lines 1c, 2a, 2b 2, 5, and 6. Also c	Part II, line 10; Part nd 11c; Part IV, Sec , 3a, and 3b; Part V, complete this part fo	II, line 17a or 17b; ion B, lines 1 and 2 line 1; Part V, Sec r any additional inf	Part III, line 12; 2; Part IV, Sectic ion B, line 1e; P ormation.	on C, art V,
	0.000							-
			.*		. · ·			•
					·		·	
	1.11,1144.4.4.4.49990							
	•							*
				31				
	·							
						····	· · · · · · · · · · · · · · · · · · ·	
			· · ·					
		****						
							· .	
				****				
						-		
						·		
					·		<del></del>	

# **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

CREAT PENINSIILA CONSERVANCY

Employer identification number 91-1110978

Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.Complete if the
L	organization answered "Yes" on Form 990, Part IV, line 6.	·
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose con	
	impermissible private benefit?	Yes No
Par	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	X Preservation of land for public use (e.g., recreation or education)	ally important land area
	X Protection of natural habitat Preservation of a certified	historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	. 2a 62
b	Total acreage restricted by conservation easements	2b 1,294.00
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	·
	listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or	ganization during the tax
	year ▶0	
4	Number of states where property subject to conservation easement is located   1	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserved to the staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserved to the staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserved to the staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserved to the staff and volunteer hours devoted to monitoring.	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation $\$$ 44,057.	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(-	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	organization's accounting for
	conservation easements.	0. 11. 4
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement an	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	service, provide the following amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

10,459.

14,173.

7,456,650.

2,775.

3,865.

13,234.

18,038.

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2016 GREAT PENIN	SULA CONSERVA	NCY	91-	-1110978 Page 3
Part VII Investments - Other Securities.				-
Complete if the organization answered "Yes"			Part X, line 12. aluation: Cost or end-	of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) iviethod of va	aluation: Cost or end-	oi-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) ENDOWMENT FUNDS AND OTHER				
(B) INVESTMENTS IN SUPPORT OF	1,017,977.	END OF V	EAR MARKET	TENT TIE
(C) MISSION	1,011,311.	END-OF-1	EAR MARKET	VALUE
(D)				
(E) ·				
(F)				
(G)				
(H)	1 017 077			<del></del>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,017,977.	<u> </u>		ALLEN TO SEE THE SECTION OF THE SECT
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line (b) Book value	11c. See Form 990,	Part X, line 13. aluation: Cost or end-	of year market value
(a) Description of investment	(b) Book value	(c) Method of Vi	aluation: Cost or end-	oi-year market value
(1)				
(2)			,	
(3)				
(4)				
(5)			,	
(6)				
(7)				
(8)		-		
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		11d. See Form 990,	Part X, line 15.	4) 5
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)		,		
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.			<b>&gt;</b> 1	
Complete if the organization answered "Yes"			n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				1.3
(3)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 GREAT PENINSULA CONSERVA			l110978 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat	-	Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line	) 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	1,261,726.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1 24 422	1 1	
a Net unrealized gains (losses) on investments			
<b>b</b> Donated services and use of facilities		4 1	
c Recoveries of prior year grants	2c	1 1	
d Other (Describe in Part XIII.)		4 1	68 500
e Add lines 2a through 2d		2e	67,599.
3 Subtract line 2e from line 1		3	1,194,127.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b		-	
b Other (Describe in Part XIII.)	4b	-	0
c Add lines 4a and 4b		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1 Maril 15	5	1,194,127.
Part XII Reconciliation of Expenses per Audited Financial Sta		Retu	rn.
Complete if the organization answered "Yes" on Form 990, Part IV, line			702 025
Total expenses and losses per audited financial statements		1	793,925.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1 0 400		
a Donated services and use of facilities		4 1	
<b>b</b> Prior year adjustments		4	
c Other losses		4. 1	
d Other (Describe in Part XIII.)		4 1	26 107
e Add lines 2a through 2d		2e	36,197.
3 Subtract line 2e from line 1		3	757,728.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b		-	
b Other (Describe in Part XIII.)	4b	41	
c Add lines 4a and 4b		4c	757 720
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)	5	757,728
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		4; Part	X, line 2; Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.		
DADM IT ITME E.			
PART II, LINE 5:			
THE ORGANIZATION HAS STEWARDSHIP POLICIES	AND DECCEDIBED AND	7 7 7	TOT. ATTOM
THE ORGANIZATION HAS STEWARDSHIP POLICIES	AND PROCEDURES AND	) A	VIOUATION
POLICY THAT COVERS CONSERVATION EASEMENTS	AND FEE OWNED PROJ	ייים	v THE
POLICE THAT COVERS CONSERVATION EASEMENTS	AND PEE OWNED PROP	. LIKI	1. 11111
POLICIES WERE ADOPTED BY THE ORGANIZATION	'C BOARD OF DIRECTO	שמ	
POLICIES WERE ADOPTED BY THE ORGANIZATION	B BOARD OF DIRECTO	)KD.	
POLICIES AND PROCEDURES FOR MONITORING AND	O TNODECTION OF ALL	. COI	MCERWATTON
POLICIES AND PROCEDURES FOR MONITORING AND	D INSPECTION OF ALI	1 (0)	NSERVATION
EASEMENTS ARE ADDRESSED IN THE STEWARDSHIP	D DOI.TOTES AND DROG	יווחשי	PES IINDEP
EASEMENTS ARE ADDRESSED IN THE STEWARDSHIP	FOULCIES AND FROM	-EDO:	KES UNDER
POLICY 5.0-MONITORING, WHICH STATES THAT	THE OPCINITION W	TT.T.	
POLICE 5.0-MONITORING, WHICH STRIES THAT	THE ORGANIZATION W.	гпп	
INVESTIGATE WITH AN ON SITE VISIT, AT LEAST	פת אוווואד.ז.ע הוו מוו	SE O	r and
INVESTIGATE WITH AN ON SITE VISIT, AT DEAL	SI ANNOADDI, IIIE O.	0.0	r AND
CONDITIONS OF THE EASEMENT PROPERTY TO DE	ጥደዋለተለድ ተድ ጥሀድ ፣ አለነ	Դ∩ն⁄ԽՐ	ER TS
CONDITIONS OF THE PASPERIAL PROPERTY TO DE	IDEATED IF THE DANI	O MATA	DIV 10
ADHERING TO THE RESTRICTIONS IMPOSED BY T	HE TERMS OF THE EAS	SEME	NT AND TO
ENGINE MUM MUE CONCEDUANTON DIDDOGE OF M	UD DACDMDNM TO DDTI	אדרי זא	CUTEVEN
ENSURE THAT THE CONSERVATION PURPOSE OF T	UP PUSEMENT IS REII	A DK	CUTEARD.

THE ORGANIZATION'S VIOLATION POLICY ADDRESSES ACTIONS TAKEN TO ENFORCE A

Part XIII | Supplemental Information (continued)

CONSERVATION EASEMENT AND TO COMPEL THE PROPERTY OWNER TO ADHERE TO THE TERMS OF THE EASEMENT AFTER THE DISCOVERY OF A VIOLATION. THESE ACTIONS INCLUDE COMMUNICATION WITH THE LANDOWNER TO EXPLAIN HIS OR HER OBLIGATIONS WITH RESPECT TO THE EASEMENT, THE ACTIONS NEEDED BY THE LANDOWNER TO REMEDY THE VIOLATION AND RESTORE THE PROPERTY, AND ARBITRATION OR LITIGATION, IF NECESSARY.

#### PART II, LINE 9:

ALTHOUGH THE VALUE OF CONSERVATION EASEMENTS CAN BE DETERMINED BY APPRAISAL, IT IS GENERALLY ACCEPTED THAT LAND TRUSTS CARRY EASEMENTS AT A NOMINAL VALUE FOR FINANCIAL REPORTING PURPOSES. CONSERVATION EASEMENTS ARE CURRENTLY VALUED AT ZERO DOLLAR VALUE IN THE ORGANIZATION'S FINANCIAL RECORDS AS THEY CARRY NO RIGHTS OR AFFIRMATIVE USE OR ACCESS TO THE PROPERTY EXCEPT FOR MONITORING PURPOSES, AND CONSTITUE AN OBLIGATION OF THE ORGANIZATION TO MONITOR, ENFORCE, AND DEFEND.

#### PART V, LINE 4:

ENDOWMENT FUNDS ARE RESTRICTED BY DONORS AND DESIGNATED BY THE BOARD OF DIRECTORS TO PROVIDE A PERMANENT SOURCE OF EARNINGS TO SUPPORT THE ORGANIZATION'S PRIMARY TAX EXEMPT PURPOSE.

## PART X, LINE 2:

THE ORGANIZATION REPORTED NO UNCERTAIN TAX POSITIONS IN ITS FINANCIAL STATEMENTS FOR 2016.

### PART XI, LINE 2D - OTHER ADJUSTMENTS:

EVENT EXPENSES NETTED WITH REVENUE

27,797.

Schedule D (Form 990) 2016 GREAT PENINSULA CONSERVANCY	91-1110978 Page 5
Schedule D (Form 990) 2016 GREAT PENINSULA CONSERVANCY  Part XIII   Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EVENT EXPENSE TO FUNDRAISING REVENUE	27,797.
·	
	,
· · · · · · · · · · · · · · · · · · ·	
•	
	•
	The second secon
	7

Schedule D (Form 990) 2016

### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Public Inspection			
Name of the organization	Information at	oout Schedule G (Form 990 or 990-EZ)	and its	instru	ictions is at www.irs.g	<i>30V/10</i>	Employer is	dentification number			
J	GREAT PI	ENINSULA CONSERVAN	CY				91-111				
Part I Fundraising	g Activities.	Complete if the organization answe	red "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-	EZ filers are not			
· · · · · · · · · · · · · · · · · · ·			na acti	vities.	Check all that apply						
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a Mail solicitations  e Solicitation of non-government grants											
b Internet and email solicitations f Solicitation of government grants											
c Phone solicitations g Special fundraising events											
d In-person solicitations											
		r oral agreement with any individual									
		art VII) or entity in connection with p iduals or entities (fundraisers) pursu			-		_	es			
compensated at least			iani io	ayree	ments under witten	uie iu	nuiaisei is u	o be			
	40,00,00		_								
(i) Name and address o	f individual	ATTA A materials	(iii) fundr	Did aiser	(iv) Gross receipts	( <b>v)</b> /	Amount paid r retained by	A I (VI) AIRIOUITE PAIU			
or entity (fundrai	ser)	(ii) Activity	have custody or control of contributions?		from activity	fundraiser listed in col. (i)		to (or retained by) organization			
		,	Yes	No		1151	ed in coi. (i)				
· · · · · · · · · · · · · · · · · · ·											
•											
·											
·							·				
[otal				_							
3 List all states in which	the organization	n is registered or licensed to solicit	contrib	utions	s or has been notifie	ditis	exempt from	n registration			
or licensing.							,	·			
			-								
								, <del>,</del>			
				-							

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

Schedule G (Form 990 or 990-EZ) 2016

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SPRING NONE (add col. (a) through DINNER col. (c)) (event type) (event type) (total number) Revenue 101,509. 101,509. 1 Gross receipts 70,509 70,509. 2 Less: Contributions 31,000. 31,000. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Expenses 400. 400. Rent/facility costs 20,168. 20,168. 7 Food and beverages 4,308. 4,308. 8 Entertainment 2,921. 2,921. Other direct expenses 27,797. 10 Direct expense summary. Add lines 4 through 9 in column (d) 3,203 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue : 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2016

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016 GREAT PENINSULA CONSERVANCY 91-1	1109	78	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Y	'es	No
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?	Y	'es	☐ No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	13a		. %
<b>b</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?	Y	'es	□ No
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 of the third party:			4
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?	, 🗀 Y	'es	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year ▶ \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9, 9	b, 10	b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			

Schedule G (Form 990 or 990 EZ)	GREAT PENINSULA	CONSERVANCY	91-1110978 Page 4
Schedule G (Form 990 or 990 EZ)  Part IV   Supplemental Info	ormation (continued)		
		-	
	,		
	·		
			·
		· .	
		·	
	:	<u></u>	
·			
	,		
		-	
,			
	•		·
			•

# **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public

Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/	form990.	Inspection
Name of the organization  GREAT PENINSULA CONSERVANCY	Employer	r identification number .110978
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:	
PENINSULA OF WASHINGTON'S PUGET SOUND.	-	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:	
AND EAST FORK ROCKY CREEK.		
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHME	NTS:	
PARK TO INCREASE PUBLIC ENJOYMENT OF THE PARK.		٧
FORM 990, PART VI, SECTION A, LINE 2:		
THE EXECUTIVE DIRECTOR OF THE ORGANIZATION, SANDRA STAPLE	S-BORT	NER, LEASES
A RESIDENCE FROM A BOARD MEMBER, EVAN BAUDER. THE LEASE A	RRANGE	MENT
PRECEDED MR BAUDER'S SERVICE ON THE BOARD. MR BAUDER RECU	SES HI	MSELF FROM
ANY DISCUSSION OF THE EXECUTIVE DIRECTOR'S SALARY.		
:		
FORM 990, PART VI, SECTION B, LINE 11B:		
THE ORGANIZATION'S INDEPENDENT ACCOUNTANT PREPARES THE FO	)RM 990	) AND
PROVIDES A DRAFT FOR REVIEW. EACH BOARD MEMBER IS GIVEN A	CHANC	E TO REVIEW,
ASK QUESTIONS, AND PROPOSE CHANGES PRIOR TO FILING.		
FORM 990, PART VI, SECTION B, LINE 12C:		
EACH BOARD MEMBER AND KEY EMPLOYEE REVIEWS AND SIGNS THE	CONFL	CT OF
INTEREST POLICY ANNUALLY. AT THE START OF EACH BOARD OF I	)IRECT(	ORS AND
EXECUTIVE COMMITTEE MEETING. MEMBERS ARE ASKED TO DECLAR	any (	CONFLICT

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

DURING DISCUSSION AND ACTION ON RELEVANT AGENDA ITEMS.

Schedule O (Form 990 or 990-EZ) (2016)

RELATED TO AGENDA ITEMS. MEMBERS WITH DECLARED CONFLICTS LEAVE THE ROOM

Employer identification number 91-1110978

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS ANNUALLY TO REVIEW
THE EXECUTIVE DIRECTOR'S PERFORMANCE AND COMPENSATION. THE COMMITTEE

COMPARES COMPENSATION TO LOCAL AND REGIONAL AVERAGES FOR COMPARABLE

POSITIONS AND MAKES A RECOMMENDATION TO THE FULL BOARD WHEN CHANGES IN

COMPENSATION ARE MADE. THE BOARD DOCUMENTS COMPENSATION DECISIONS IN THE

MINUTES. THE EXECUTIVE DIRECTOR DETERMINES COMPENSATION FOR ALL OTHER

EMPLOYEES OF THE AGENCY BASED ON EXPERIENCE, EDUCATION, PERFORMANCE, AND

COMPARABLE SALARY INFORMATION.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT POLICY, AND
FINANCIAL STATEMENTS AVAILBLE TO THE PUBLIC WHEN IT RECEIVES A WRITTEN OR
IN PERSON REQUEST TO ITS OFFICE IN BREMERTON, WA.

FORM 990, PART IX, LINE 11G, OTHER FEES:

RESTORATION CONTRACTORS:

PROGRAM SERVICE EXPENSES 258,488.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 258,488.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

258,488.

Name of the organ				ISULA	CONSERV	ANCY	<u>.</u>			Employer identification number 91-1110978
FORM 990,	PAR'								•	
THE OVERS					CHANGED	FROM	THE	PRIOR	YEAR	•
						-				
	· ·								*	
		· · · · ·				÷				
Parameter of the state of the s				,						·
	,	,								
										· · · · · · · · · · · · · · · · · · ·
			· ·			· · · · · · · · · · · · · · · · · · ·				
<u> </u>							14 14 11			
•										
,										
-										
·					<del>.</del>					
						•				
			-							
										· · · · · · · · · · · · · · · · · · ·
	,	<del></del>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
				11	· .					
							•			
		· ·		,	÷		7100000		-	