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ARMANINO ^{LLP}

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

| Do not enter social security numbers on this form as it may be made public.
| Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization PENINSULA FAMILY SERVICE		D Employer identification number 94-1186169	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 24 2ND AVENUE		E Telephone number 650-403-4300	
	City or town, state or province, country, and ZIP or foreign postal code SAN MATEO, CA 94401		G Gross receipts \$ 13,900,984.	
	F Name and address of principal officer: HEATHER CLEARY SAME AS C ABOVE		H(a) Is this a group return for subordinates? ~ ~ Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () § (insert no.) 4947(a)(1) or 527				
J Website: WWW.PENINSULAFAMILYSERVICE.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/> L Year of formation: 1950 M State of legal domicile: CA				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PENINSULA FAMILY SERVICE STRENGTHENS THE COMMUNITY BY PROVIDING CHILDREN, FAMILIES AND OLDER			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a) ~~~~~	3	19	
	4 Number of independent voting members of the governing body (Part VI, line 1b) ~~~~~	4	19	
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) ~~~~~	5	325	
	6 Total number of volunteers (estimate if necessary) ~~~~~	6	600	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 ~~~~~	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 38 ~~~~~			
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h) ~~~~~		12,603,755.	13,084,343.
	9 Program service revenue (Part VIII, line 2g) ~~~~~		303,662.	251,197.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ~~~~~		244,348.	190,332.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ~~~~~		6,060.	13,132.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ~~~~~		13,157,825.	13,539,004.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ~~~~~		0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4) ~~~~~		0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ~~~~		9,766,187.	9,870,136.
	16 a Professional fundraising fees (Part IX, column (A), line 11e) ~~~~~		0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,000,183.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ~~~~~		3,657,703.	3,885,780.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~~~~~		13,423,890.	13,755,916.
	19 Revenue less expenses. Subtract line 18 from line 12 ~~~~~		-266,065.	-216,912.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) ~~~~~		9,140,356.	9,041,248.
	21 Total liabilities (Part X, line 26) ~~~~~		1,587,846.	1,666,136.
	22 Net assets or fund balances. Subtract line 21 from line 20 ~~~~~		7,552,510.	7,375,112.

Part II Signature Block

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

Sign Here	= Signature of officer HEATHER CLEARY, CEO		Date			
	= Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name KATY BROWN		Preparer's signature KATY BROWN	Date 05/14/20	Check if self-employed <input type="checkbox"/>	PTIN P00650274
	Firm's name ARMANINO LLP		Firm's EIN 94-6214841			
	Firm's address 9 12657 ALCOSTA BLVD, STE. 500 SAN RAMON, CA 94583-4600		Phone no. 925-790-2600			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒ X

1 Briefly describe the organization's mission:
 PENINSULA FAMILY SERVICE STRENGTHENS THE COMMUNITY BY PROVIDING
 CHILDREN, FAMILIES AND OLDER ADULTS THE SUPPORT AND TOOLS TO REALIZE
 THEIR FULL POTENTIAL AND LEAD HEALTHY, STABLE LIVES. OUR VALUES ARE:
 INTEGRITY, RESPECT, COMPASSION, DIVERSITY, TEAMWORK, AND ADAPTABILITY.

2 Did the organization undertake any significant program services during the year which were not listed on the
 prior Form 990 or 990-EZ? ~~~~~ Yes ☒ No ☐
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ~~~~~ Yes ☒ No ☐
 If "Yes," describe these changes on Schedule O.

4 Describe the 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 \$ 7,799,545. including grants of \$ _____) (Revenue \$ 239,983.)
 EARLY LEARNING:

EARLY LEARNING PROGRAM - OUR CHILD DEVELOPMENT CENTERS PROVIDE CHILDREN
 (AGES 0-5) FROM LOW-INCOME FAMILIES INCLUDING THOSE WHO ARE HOMELESS,
 WITH A SAFE, NURTURING ENVIRONMENT WHERE THEY CAN LEARN, SOCIALIZE, AND
 THRIVE. WE OFFER NUTRITIOUS MEALS, HIGH QUALITY CURRICULUM, AND
 TARGETED THERAPEUTIC INTERVENTIONS FOR CHILDREN WHO HAVE EXPERIENCED
 TRAUMA. WE ALSO SUPPORT THEIR DEVELOPMENT AT HOME BY EDUCATING PARENTS
 ON THE LATEST EARLY CHILDHOOD DEVELOPMENT TECHNIQUES.
 HOME-BASED PROGRAM - WE VISIT FAMILIES WITH YOUNG CHILDREN (PRENATAL TO
 AGE 3) TO PROVIDE EDUCATION, STRATEGIES AND SUPPORT FOR EARLY CHILD
 DEVELOPMENT.

4b (Code: _____) (Expenses \$ 2,064,869. including grants of \$ _____) (Revenue \$ 0.)
 FINANCIAL EMPOWERMENT:

FINANCIAL AND CAREER EDUCATION- FINANCIAL WORKSHOPS EDUCATE
 PARTICIPANTS ON BUDGETING, SPENDING HABITS, AND CREDIT BUILDING. ALL
 PARTICIPANTS MUST SUCCESSFULLY COMPLETE THESE WORKSHOPS BEFORE
 RECEIVING ADDITIONAL SUPPORT OR TOOLS.
 EMPLOYMENT SERVICES FOR OLDER ADULTS- THE SENIOR COMMUNITY SERVICE
 EMPLOYMENT PROGRAM (SCSEP) PROVIDES TRAINING OPPORTUNITIES AND PAID
 INTERNSHIPS FOR ADULTS AGES 55+ TO RE-ENTER THE WORKFORCE.
 AFFORDABLE LOANS- AFTER COMPLETING FINANCIAL EDUCATION, WE PROVIDE
 PEOPLE WITH THE TOOLS TO REBUILD THEIR FINANCIAL FUTURES. THIS INCLUDES
 OFFERING LOW INTEREST LOAN OPTIONS, SUCH AS THE DRIVEFORWARD VEHICLE
 LOAN PROGRAM WHICH ENABLES THE PURCHASE OF A QUALITY USED VEHICLE.

4c (Code: _____) (Expenses \$ 1,395,741. including grants of \$ _____) (Revenue \$ 11,214.)
 OLDER ADULT SERVICES:

SENIOR PEER COUNSELING (SPC) - TRAINED VOLUNTEER COUNSELORS OFFER
 ONE-ON-ONE OR GROUP SUPPORT AND COMPANIONSHIP TO DIVERSE COMMUNITY
 MEMBERS (AGED 55+). THE PROGRAM OFFERS SERVICES IN ENGLISH, MANDARIN,
 SPANISH, TAGALOG, AND TO OUR LGBTQ+ COMMUNITY.
 FAIR OAKS ADULT ACTIVITY CENTER- THE CENTER OFFERS MANY PROGRAMS AND
 SERVICES THAT EMPOWER OLDER ADULTS TO IMPROVE THEIR HEALTH, SOCIAL
 LIVES, AND PERSONAL FULFILLMENT. PARTICIPANTS HAVE ACCESS TO A VARIETY
 OF GROUP SOCIAL ACTIVITIES, FITNESS CLASSES, HEALTH SCREENINGS,
 INFORMATION, AND ASSISTANCE. THEY MAY ALSO SHARE A NUTRITIOUS BREAKFAST
 AND LUNCH EACH DAY, AS WELL AS ACCESSING BIWEEKLY BROWN BAG LUNCHES AND
 WEEKLY GROCERIES.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 11,260,155.

Form 990 (2018)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 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? <i>If "Yes," complete Schedule I, Parts I and III</i> ~~~~~	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> ~~~~~	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> ~~~~~	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~~~~~	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ~~~~~	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~~~~~	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> ~~~~~	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> ~~~~~	25b	X
26 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? <i>If "Yes," complete Schedule L, Part II</i> ~~~~~	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ~~~~~	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> ~~~~~	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> ~~~~~	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> ~~~~~	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> ~~~~~	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> ~~~~~	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> ~~~~~	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> ~~~~~	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> ~~~~~	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> ~~~~~	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ~~~~~	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ~~~~~	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> ~~~~~	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> ~~~~~	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O ~~~~~	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ~~~~~	1a	40
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ~~~~~	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ~~~~~	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ~~~~~ 2a 325		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ~~~~~ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ~~~~~ 2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? ~~~~~ 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O ~~~~~ 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ~~~~~ 4a		X
b	If "Yes," enter the name of the foreign country: J _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). _____		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ~~~~~ 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~~~~~ 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ~~~~~ 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ~~~~~ 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ~~~~~ 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ~~~~~ 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? ~~~~~ 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ~~~~~ 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year ~~~~~ 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ~~~~~ 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ~~~~~ 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ~~~~~ 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ~~~~~ 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ~~~~~ 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? ~~~~~ 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ~~~~~ 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~ 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~~~~~ 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders ~~~~~ 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ~~~~~ 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? ~~~~~ 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ~~~~~ 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? ~~~~~ Note. See the instructions for additional information the organization must report on Schedule O. ~~~~~ 13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ~~~~~ 13b		
c	Enter the amount of reserves on hand ~~~~~ 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? ~~~~~ 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ~~~~~ 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ~~~~~ If "Yes," see instructions and file Form 4720, Schedule N. ~~~~~ 15	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ~~~~~ If "Yes," complete Form 4720, Schedule O. ~~~~~ 16		X

Form 990 (2018)

Check if Schedule O contains a response or note to any line in this Part VI ☐ ☒

		Yes	No
1a	19		
1b	19		
p with any other		2	X
ne direct supervision		3	X
n 990 was filed? ~~~~~		4	X
assets? ~~~~~		5	X
~~~~~		6	X
ppoint one or		7a	X
~~~~~		7b	X
stockholders, or			
~~~~~			
ar by the following:			
~~~~~		8a	X
~~~~~		8b	X
eached at the			
□□□□□□□□		9	X

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? ~~~~~	10a	X
b	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 filing the form? ~~~~~	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. ~~~~~		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> ~~~~~	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ~~~~~	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> ~~~~~	12c	X
13	Did the organization have a written whistleblower policy? ~~~~~	13	X
14	Did the organization have a written document retention and destruction policy? ~~~~~	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official ~~~~~ b Other officers or key employees of the organization ~~~~~ If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). ~~~~~	15a	X
		15b	X
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	X
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	

## 2018.05090 PENINSULA FAMILY SERVICE 121840.1



**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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AL ROYSE CHAIR	5.00	X		X				0.	0.	0.
(2) RON LYNCH VICE CHAIR	5.00	X		X				0.	0.	0.
(3) JEFF ADAMS TREASURER	2.00	X		X				0.	0.	0.
(4) KRISTIN SANDIFER SECRETARY	5.00	X		X				0.	0.	0.
(5) BETSY PACE PAST CHAIR	5.00	X		X				0.	0.	0.
(6) GAIL ALBERTI BOARD MEMBER	2.00	X						0.	0.	0.
(7) RALPH ARMENIO BOARD MEMBER	2.00	X						0.	0.	0.
(8) LILLIAN BARDEN BOARD MEMBER	2.00	X						0.	0.	0.
(9) LUKE CIRKOVIC BOARD MEMBER	2.00	X						0.	0.	0.
(10) KURT DE GROSZ BOARD MEMBER	2.00	X						0.	0.	0.
(11) MONICA FRUTOS BOARD MEMBER, UNTIL 12/31/18	2.00	X						0.	0.	0.
(12) SHARON HARTLEY BOARD MEMBER	2.00	X						0.	0.	0.
(13) SINCLAIR HWANG BOARD MEMBER	2.00	X						0.	0.	0.
(14) LINDA JANSEN BOARD MEMBER	2.00	X						0.	0.	0.
(15) ELIZABETH JENSEN BOARD MEMBER	2.00	X						0.	0.	0.
(16) DAVID P MARIANI BOARD MEMBER	2.00	X						0.	0.	0.
(17) ANTHONY MCCUSKER BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MIKE PACELLI BOARD MEMBER	2.00	X						0.	0.	0.
(19) SHANDRA SCRUGGS BOARD MEMBER, UNTIL 12/31/18	2.00	X						0.	0.	0.
(20) SHAWNEECE STEVENSON BOARD MEMBER	2.00	X						0.	0.	0.
(21) ALEJANDRO VILCHEZ BOARD MEMBER	2.00	X						0.	0.	0.
(22) JUSTIN WOOLEY BOARD MEMBER, UNTIL 12/31/18	2.00	X						0.	0.	0.
(23) HEATHER CLEARY CHIEF EXECUTIVE OFFICER	40.00			X				174,091.	0.	18,681.
(24) INESSA SHISHMANYAN CHIEF FINANCIAL OFFICER	40.00			X				122,497.	0.	1,167.
(25) LAWRENCE DISKIN V. P. - HUMAN RESOURCES	40.00					X		141,159.	0.	1,643.
(26) DEBORAH MILLER V. P. - ADVANCEMENT	40.00					X		171,048.	0.	1,216.
1 b Sub-total ~~~~~								608,795.	0.	22,707.
c Total from continuation sheets to Part VII, Section A ~~~~~								347,703.	0.	11,456.
d Total (add lines 1b and 1c) ~~~~~								956,498.	0.	34,163.

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 |

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- 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* ~~~~~

	Yes	No
3		X
4	X	
5		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) Name and business address	(B) Description of services	(C) Compensation
BIG BREAK LLC PO BOX 288, SOUTH SAN FRANCISCO, CA 94083	CATERING	400,378.
VARSITY TECHNOLOGIES, 1390 MARKET STREET, SUITE 1100, SAN FRANCISCO, CA 94012	IT SERVICES	174,078.
CHILDCARE CAREERS LLC, 2000 SIERRA POINT PKWY, SUITE 702, BRISBANE, CA 94005	STAFFING SERVICES	159,932.
TEMP CARE LLC PO BOX 7030, SAN MATEO, CA 94403	STAFFING SERVICES	142,665.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization |

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2018)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SUSAN HOUSTON V. P. - OLDER ADULTS	40.00				X			114,204.	0.	1,143.
(28) ROB LAJOIE V. P. - FINANCIAL EMPOWERMENT	40.00				X			119,917.	0.	7,834.
(29) MARIA ROMERO V. P. - EARLY LEARNING	40.00				X			113,582.	0.	2,479.
Total to Part VII, Section A, line 1c <input type="text"/>								347,703.		11,456.

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns ~~~~~	1a				
	b	Membership dues ~~~~~	1b				
	c	Fundraising events ~~~~~	1c				
	d	Related organizations ~~~~~	1d				
	e	Government grants (contributions)	1e	10,405,670.			
	f	All other contributions, gifts, grants, and similar amounts not included above ~~~	1f	2,678,673.			
	g	Noncash contributions included in lines 1a-1f: \$		193,973.			
	h	Total. Add lines 1a-1f <input type="checkbox"/>		13,084,343.			
Program Service Revenue	2 a	FEES FOR SERVICES	Business Code	611710	251,197.	251,197.	
	b						
	c						
	d						
	e						
	f	All other program service revenue ~~~~~					
	g	Total. Add lines 2a-2f <input type="checkbox"/>		251,197.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ~~~~~		175,016.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties <input type="checkbox"/>					
6 a		Gross rents ~~~~~	(i) Real	(ii) Personal			
		b Less: rental expenses ~~~					
		c Rental income or (loss) ~~~					
		d Net rental income or (loss) <input type="checkbox"/>					
7 a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b Less: cost or other basis and sales expenses ~~~	377,296.				
		c Gain or (loss) ~~~~~	361,980.				
		d Net gain or (loss) <input type="checkbox"/>	15,316.				
8 a		Gross income from fundraising events (not including \$_____ of contributions reported on line 1c). See Part IV, line 18 ~~~~~ a					
b Less: direct expenses ~~~~~ b							
c Net income or (loss) from fundraising events <input type="checkbox"/>							
9 a		Gross income from gaming activities. See Part IV, line 19 ~~~~~ a					
b Less: direct expenses ~~~~~ b							
c Net income or (loss) from gaming activities <input type="checkbox"/>							
10 a		Gross sales of inventory, less returns and allowances ~~~~~ a					
b Less: cost of goods sold ~~~~~ b							
c Net income or (loss) from sales of inventory <input type="checkbox"/>							
Miscellaneous Revenue			Business Code				
11 a	OTHER REVENUE	900099	13,132.			13,132.	
b							
c							
d	All other revenue ~~~~~						
e	Total. Add lines 11a-11d ~~~~~		13,132.				
12	Total revenue. See instructions <input type="checkbox"/>		13,539,004.	251,197.	0.	203,464.	

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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**Part XI** Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12) ~~~~~	1	13,539,004.
2	Total expenses (must equal Part IX, column (A), line 25) ~~~~~	2	13,755,916.
3	Revenue less expenses. Subtract line 2 from line 1 ~~~~~	3	-216,912.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~~~~~	4	7,552,510.
5	Net unrealized gains (losses) on investments ~~~~~	5	39,514.
6	Donated services and use of facilities ~~~~~	6	
7	Investment expenses ~~~~~	7	
8	Prior period adjustments ~~~~~	8	
9	Other changes in net assets or fund balances (explain in Schedule O) ~~~~~	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) <input type="checkbox"/>	10	7,375,112.

**Part XII** Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐ X

	Yes	No
1 Accounting method used to prepare the Form 990: Cash <input checked="" type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? ~~~~~ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? ~~~~~ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis <input checked="" type="checkbox"/> Consolidated basis Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ~~~~~ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ~~~~~	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits <input type="checkbox"/>	3b	X

Form 990 (2018)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.  
| Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

PENINSULA FAMILY SERVICE

Employer identification number

94-1186169

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 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). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations ~~~~~
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						



**Part II** Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~~~	10,066,625.	11,404,932.	12,151,613.	12,603,755.	12,924,249.	59,151,174.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~~~~						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
4 Total. Add lines 1 through 3 ~~~	10,066,625.	11,404,932.	12,151,613.	12,603,755.	12,924,249.	59,151,174.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ~~~~~						303,728.
6 Public support. Subtract line 5 from line 4.						58,847,446.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4 ~~~~~	10,066,625.	11,404,932.	12,151,613.	12,603,755.	12,924,249.	59,151,174.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~	99,456.	117,631.	94,275.	162,913.	175,016.	649,291.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ~						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~~~~					13,132.	13,132.
11 Total support. Add lines 7 through 10						59,813,597.
12 Gross receipts from related activities, etc. (see instructions) ~~~~~					12	2,042,807.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) ~~~~~	14	98.38 %
15 Public support percentage from 2017 Schedule A, Part II, line 14 ~~~~~	15	99.01 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ~~~~~		X
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ~~~~~		
17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ~~~~~		
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ~~~~~		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2018

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~~~						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 ~~~~~						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~~~~						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
6 Total. Add lines 1 through 5 ~~~						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~~~~~						
c Add lines 7a and 7b ~~~~~						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6 ~~~~~						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~						
c Add lines 10a and 10b ~~~~~						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ~~~~~						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~~~~						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐ _____

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) ~~~~~	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15 _____	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) ~~~~~	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17 ~~~~~	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ~~~~~ |

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ~~~~ |

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐ _____

**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 A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV** Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

	Yes	No
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		

  

Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		

  

Section 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		
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 emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2018

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

## Schedule B

(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

| Attach to Form 990, Form 990-EZ, or Form 990-PF.  
| Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2018

Name of the organization

PENINSULA FAMILY SERVICE

Employer identification number

94-1186169

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 **exclusively** for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions **exclusively** for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an **exclusively** religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received **nonexclusively** religious, charitable, etc., contributions totaling \$5,000 or more during the year ~~~~~ | \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization

Employer identification number

PENINSULA FAMILY SERVICE

94-1186169

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>318,633.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>5,137,209.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>553,910.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,169,023.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,294,176.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>320,932.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PENINSULA FAMILY SERVICE

94-1186169

**Part I****Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

noncash contributions.)

Name of organization	Employer identification number
PENINSULA FAMILY SERVICE	94-1186169

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>362,343.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>367,656.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>381,688.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PENINSULA FAMILY SERVICE

94-1186169

**Part I****Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

noncash contributions.)

Name of organization

Employer identification number

PENINSULA FAMILY SERVICE

94-1186169

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

PENINSULA FAMILY SERVICE

94-1186169

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) | \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
J Complete if the organization is described below. J Attach to Form 990 or Form 990-EZ.  
| Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>PENINSULA FAMILY SERVICE</b>	Employer identification number <b>94-1186169</b>
---------------------------------------------------------	-----------------------------------------------------

**Part I-A** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ~~~~~ J \$ _____
- 3 Volunteer hours for political campaign activities ~~~~~

**Part I-B** Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ~~~~~ J \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ~~~~~ J \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ~~~~~ Yes No
- 4a Was a correction made? ~~~~~ Yes No
- b If "Yes," describe in Part IV.

**Part I-C** Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ~~~~~ J \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ~~~~~ J \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ~~~~~ J \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? ~~~~~ Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18







**SCHEDULE D**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

PENINSULA FAMILY SERVICE

Employer identification number

94-1186169

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the

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? ~~~~~ Yes No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ~~~~~ Yes No		

**Part 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).

Preservation of land for public use (e.g., recreation or education)      Preservation of a historically important land area

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
a Total number of conservation easements ~~~~~	2a
b Total acreage restricted by conservation easements ~~~~~	2b
c Number of conservation easements on a certified historic structure included in (a) ~~~~~	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ~~~~~	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year | _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year | \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ~~~~~ Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" 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 and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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 and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ~~~~~ | \$ _____

b Assets included in Form 990, Part X ~~~~~ | \$ _____

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

Schedule D (Form 990) 2018

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition  
 b Scholarly research  
 c Preservation for future generations  
 d Loan or exchange programs  
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,960,295.	1,852,554.	1,795,077.	1,771,139.	1,893,613.
b Contributions			118,184.	179,215.	12,106.
c Net investment earnings, gains, and losses	216,544.	184,952.	184,166.	-18,675.	-2,986.
d Grants or scholarships					
e Other expenditures for facilities and programs	206,115.	77,211.	87,711.	136,602.	131,594.
f Administrative expenses			157,162.		
g End of year balance	1,970,724.	1,960,295.	1,852,554.	1,795,077.	1,771,139.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment | .00 %  
 b Permanent endowment | 71.00 %  
 c Temporarily restricted endowment | 29.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		987,266.		987,266.
b Buildings		6,650,706.	3,606,157.	3,044,549.
c Leasehold improvements		907,583.	794,598.	112,985.
d Equipment		324,991.	311,309.	13,682.
e Other		1,063,037.	865,753.	197,284.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,355,766.

Schedule D (Form 990) 2018

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives ~~~~~		
(2) Closely-held equity interests ~~~~~		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(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 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) RESERVE FOR LOAN GUARANTEES	69,935.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		69,935.

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 **X**

Schedule D (Form 990) 2018

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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	14,593,131.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments ~~~~~	2a	39,514.
b	Donated services and use of facilities ~~~~~	2b	1,027,915.
c	Recoveries of prior year grants ~~~~~	2c	
d	Other (Describe in Part XIII.) ~~~~~	2d	
e	Add lines 2a through 2d ~~~~~	2e	1,067,429.
3	Subtract line 2e from line 1 ~~~~~	3	13,525,702.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~	4a	13,302.
b	Other (Describe in Part XIII.) ~~~~~	4b	
c	Add lines 4a and 4b ~~~~~	4c	13,302.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,539,004.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements ~~~~~	1	14,770,529.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities ~~~~~	2a	1,027,915.
b	Prior year adjustments ~~~~~	2b	
c	Other losses ~~~~~	2c	
d	Other (Describe in Part XIII.) ~~~~~	2d	
e	Add lines 2a through 2d ~~~~~	2e	1,027,915.
3	Subtract line 2e from line 1 ~~~~~	3	13,742,614.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~	4a	
b	Other (Describe in Part XIII.) ~~~~~	4b	13,302.
c	Add lines 4a and 4b ~~~~~	4c	13,302.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,755,916.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE ORGANIZATION'S ENDOWMENT INCLUDES ONLY DONOR-RESTRICTED ENDOWMENT

FUNDS. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP), NET

ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE

BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED

BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

**PART X, LINE 2:**

PENINSULA FAMILY SERVICE IS EXEMPT FROM INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE

CALIFORNIA REVENUE AND TAXATION CODE WHEREBY ONLY UNRELATED BUSINESS

INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE INTERNAL REVENUE CODE AND

**Part XIII** Supplemental Information (continued)

SIMILAR CODE SECTIONS OF THE CALIFORNIA REVENUE AND TAXATION CODE IS  
SUBJECT TO INCOME TAX. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN  
PROVIDED FOR IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.  
DRIVEFORWARD LLC, (DF) A FOR-PROFIT ENTITY, IS A DISREGARDED ENTITY TAXED  
WHICH IS NOT SUBJECT TO FEDERAL INCOME TAXES. ACCORDINGLY, NO PROVISION  
FOR INCOME TAXES HAS BEEN PROVIDED FOR IN THE ACCOMPANYING CONSOLIDATED  
FINANCIAL STATEMENTS. DF, HOWEVER, IS REQUIRED TO PAY AN \$800 MINIMUM  
CALIFORNIA FRANCHISE TAX AND A GROSS RECEIPTS FEE.  
THE ORGANIZATION IS REQUIRED TO FILE ANNUAL INFORMATIONAL RETURNS FOR ITS  
NONPROFIT ENTITIES WITH THE INTERNAL REVENUE SERVICE AND THE CALIFORNIA  
FRANCHISE TAX BOARD. MANAGEMENT HAS EVALUATED ITS CURRENT TAX POSITIONS  
AND HAS CONCLUDED AS OF JUNE 30, 2019, THE ORGANIZATION DOES NOT HAVE ANY  
SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE  
NECESSARY. THE TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE TAXING  
AUTHORITIES GENERALLY FOR THREE YEARS AND FOUR YEARS FOR FEDERAL AND  
STATE, RESPECTIVELY, STARTING WITH THE DATE OF FILING OR THE DUE DATE OF  
THE TAX RETURN, WHICHEVER IS LATER.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

BANK FEES	13,302.
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**Part II** Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HEATHER CLEARY CHIEF EXECUTIVE OFFICER	(i)	168,059.	5,658.	374.	500.	18,181.	192,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBORAH MILLER V. P. - ADVANCEMENT	(i)	164,024.	5,031.	1,993.	500.	716.	172,264.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



Part III

Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

BONUSES ARE DISCRETIONARY AND AWARDED BASED ON PERFORMANCE.

**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

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Inspection

Department of the Treasury  
Internal Revenue Service

- J** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**J** Attach to Form 990.  
**J** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

PENINSULA FAMILY SERVICE

Employer identification number

94-1186169

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art ~~~~~				
2 Art - Historical treasures ~~~~~				
3 Art - Fractional interests ~~~~~				
4 Books and publications ~~~~~				
5 Clothing and household goods ~~~~~				
6 Cars and other vehicles ~~~~~				
7 Boats and planes ~~~~~				
8 Intellectual property ~~~~~				
9 Securities - Publicly traded ~~~~~				
10 Securities - Closely held stock ~~~~~				
11 Securities - Partnership, LLC, or trust interests ~~~~~				
12 Securities - Miscellaneous ~~~~~				
13 Qualified conservation contribution - Historic structures ~~~~~				
14 Qualified conservation contribution - Other ~~~~~				
15 Real estate - Residential ~~~~~				
16 Real estate - Commercial ~~~~~				
17 Real estate - Other ~~~~~				
18 Collectibles ~~~~~				
19 Food inventory ~~~~~	X		193,973. FMV	
20 Drugs and medical supplies ~~~~~				
21 Taxidermy ~~~~~				
22 Historical artifacts ~~~~~				
23 Scientific specimens ~~~~~				
24 Archeological artifacts ~~~~~				
25 Other <b>J</b> ( )				
26 Other <b>J</b> ( )				
27 Other <b>J</b> ( )				
28 Other <b>J</b> ( )				

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

29 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? ~~~~~

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? ~~~~~

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? ~~~~~

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2018

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS ABOVE REFER TO THE NUMBER OF DONORS, NOT

THE NUMBER OF ITEMS DONATED.

SCHEDULE M, LINE 32B:

CARS, INC. FACILITATES THE APPRAISAL, PICK UP AND RECEIPT PROCESS OF

USED CARS, BOATS, RVS, AND OTHER VEHICLES DONATED TO PENINSULA FAMILY

SERVICE.

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
| Attach to Form 990 or 990-EZ.  
| Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

Name of the organization

PENINSULA FAMILY SERVICE

Employer identification number  
94-1186169

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADULTS THE SUPPORT AND TOOLS TO REALIZE THEIR FULL POTENTIAL AND LEAD

HEALTHY, STABLE LIVES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

BANKING ALTERNATIVES- INDIVIDUALS WHO DO NOT HAVE ACCESS TO TRADITIONAL

BANKING SERVICES CAN ACCESS TOOLS TO [REDACTED], SUCH AS

LOW-COST PREPAID VISA DEBIT CARDS AND ZERO-INTEREST SOCIAL LOANS

(LENDING CIRCLES).

FORM 990, PART VI, SECTION B, LINE 11B:

THE ANNUAL INFORMATION RETURNS ARE REVIEWED BY UPPER MANAGEMENT AND THE

BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE

POSSIBLE CONFLICTS OF INTEREST ANNUALLY.

THE CONFLICT OF INTEREST POLICY IS ADMINISTERED TO EMPLOYEES BY HR UPON

HIRE. EMPLOYEES ARE OBLIGATED TO REPORT ANY CONFLICT, IF THEY FAIL TO DO SO

IT MIGHT RESULT IN TERMINATION. HR REVIEWS ALL QUESTIONNAIRES. IF AN

EMPLOYEE REPORTS A CONFLICT OF INTEREST DURING THE HIRING PROCESS, PFS WILL

NOT BE PURSUING THE HIRING OF THAT INDIVIDUAL.

THE QUESTIONNAIRE IS ALSO DISTRIBUTED TO THE BOARD MEMBERS ON AN ANNUAL

BASIS AND IS REVIEWED BY THE CEO. IF AN ACTUAL OR POTENTIAL CONFLICT IS

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

PENINSULA FAMILY SERVICE

Employer identification number

94-1186169

REPORTED, PFS REACHES OUT TO ITS AUDITORS TO DETERMINE THE FURTHER ACTION

PLAN.

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

THE CHAIR OF THE BOARD IS RESPONSIBLE FOR ENSURING THAT THE CHIEF EXECUTIVE

OFFICER IS EVALUATED ANNUALLY. THE BOARD CHAIR WILL PROVIDE ALL GOVERNING

BOARD MEMBERS WITH AN ANNUAL ASSESSMENT INSTRUMENT FOR EACH BOARD MEMBER TO

COMPLETE. THE BOARD MEMBERS COMPLETE THE ASSESSMENT INSTRUMENT AND RETURN

IT TO THE BOARD CHAIR. THE BOARD CHAIR COMPILES AND SUMMARIZES THE BOARD

MEMBER ASSESSMENTS. THE EXECUTIVE COMPENSATION COMMITTEE MEETS WITH THE

CHIEF EXECUTIVE OFFICER IN CLOSED SESSION TO EVALUTE THE CHIEF EXECUTIVE

OFFICER. THE CHAIR MAY CHARGE THE VICE PRESIDENT OF HUMAN RESOURCES OR

OTHER KNOWLEDGABLE PERSON(S) TO PERFORM AN INDEPENDENT COMPENSATION SURVEY

FOR THE CHIEF EXECUTIVE OFFICER, PRIOR TO THE EVALUATION SESSION WITH THE

CHIEF EXECUTIVE OFFICER. THE BOARD CHAIR WILL DRAFT THE WRITTEN EVALUATION

AND COMPENSATION RECOMMENDATION. THE WRITTEN EVALUATION, COMPENSATION

RECOMMENDATION, AND GOALS WILL BE PRESENTED TO THE FULL BOARD FOR APPROVAL.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

| Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

| Attach to Form 990.

| Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

Name of the organization

PENINSULA FAMILY SERVICE

Employer identification number

94-1186169

**Part I** Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DRIVE FORWARD LLC - 47-3338157 24 SECOND AVENUE SAN MATEO, CA 94401	FINANCIAL SERVICES	CALIFORNIA	112,678.	504,824.	PENINSULA FAMILY SERVICE

**Part II** Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HILLSBOROUGH AUXILIARY TO PENINSULA FAMILY SERVICE - 94-6127204, PO BOX 2086, BURLINGAME, CA 94011	SUPPORTING PENINSULA FAMILY SERVICE	CALIFORNIA	501(C)(3)	LINE 12D, III-O			X
FOOTHILL AUXILIARY TO PENINSULA FAMILY SERVICE - 94-3250535, 1259 EL CAMINO REAL 186, MENLO PARK, CA 94025	SUPPORTING PENINSULA FAMILY SERVICE	CALIFORNIA	501(C)(3)	LINE 12C, III-FI			X
RED-CAR-BEL AUXILIARY INC. - 94-2926905 1589 LAUREL ST. SAN CARLOS, CA 94070	SUPPORTING PENINSULA FAMILY SERVICE	CALIFORNIA	501(C)(3)	LINE 10			X

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

Schedule R (Form 990) 2018

**Part III** Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Organizations treated as a partnership during the tax year:												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

[illegible]

**Part V** Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ~~~~~	1a	X
b Gift, grant, or capital contribution to related organization(s) ~~~~~	1b	X
c Gift, grant, or capital contribution from related organization(s) ~~~~~	1c	X
d Loans or loan guarantees to or for related organization(s) ~~~~~	1d	X
e Loans or loan guarantees by related organization(s) ~~~~~	1e	X
f Dividends from related organization(s) ~~~~~	1f	X
g Sale of assets to related organization(s) ~~~~~	1g	X
h Purchase of assets from related organization(s) ~~~~~	1h	X
i Exchange of assets with related organization(s) ~~~~~	1i	X
j Lease of facilities, equipment, or other assets to related organization(s) ~~~~~	1j	X
k Lease of facilities, equipment, or other assets from related organization(s) ~~~~~	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s) ~~~~~	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s) ~~~~~	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) ~~~~~	1n	X
o Sharing of paid employees with related organization(s) ~~~~~	1o	X
p Reimbursement paid to related organization(s) for expenses ~~~~~	1p	X
q Reimbursement paid by related organization(s) for expenses ~~~~~	1q	X
r Other transfer of cash or property to related organization(s) ~~~~~	1r	X
s Other transfer of cash or property from related organization(s) ~~~~~	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.