

Form **990**

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

2016

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be public.
Information about Form 990 and its instructions is at www.irs.gov/Form990.

A For the 2016 calendar year or tax year beginning 7/01 2016, and ending 6/30 2017

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C PENINSULA FAMILY SERVICE
24 2ND AVENUE
SAN MATEO, CA 94401

D Employer identification number-

94-1186169

E Telephone number-

(650) 403-4300

G Gross receipts \$ 13,159,859.

F Name and address of principal officer:

H(a) IS this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () - (insert no.) 4947(a)(1) or 527

J Website: www.eninsul.afa.mil.vservice.or

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: 1950

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Peninsula Family Service strengthening the community by providing children, families, and older adults the resources and tools to realize their full potential and lead healthy, stable lives.

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	21
4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	21
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a).....	5	342
6 Total number of volunteers (estimate if necessary).....	6	600
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34.....	7b	0

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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.

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 \$ 6,896,378, including grants of \$ _____) (Revenue \$ _____)

Child Development Programs: We have 9 child development centers in the Early Learning program of Peninsula Family Service. We serve about 470 children ages 6 weeks to 12 years. (1) All of our programs operate in collaboration with community partners. (2) Specialized programs include the comprehensive wrap-around services provided by Early Head Start, and programs for homeless children and children of teen parents. Children and parents in our programs are encouraged to be a caring, curious and creative community of learners.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		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? If 'Yes,' complete Schedule C, Part II.....	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? If 'Yes,' complete Schedule C, Part III...		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? If 'Yes,' complete Schedule D, Part 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? If 'Yes,' complete Schedule D, Part I.I		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.....		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....		
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.	X	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V.I.....		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....	20	X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20	
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? If 'Yes,' complete Schedule I, Parts I and II.....	21	X
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? If 'Yes,' complete Schedule I, Parts I and III.....	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? If 'Yes,' complete Schedule J.....		
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of 12/31/2018? If 'Yes,' complete Schedule L, Part II.....	24	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....	24a	X
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?	24b	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....	24c	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.....	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? If 'Yes,' complete Schedule L, Part 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? If 'Yes,' complete Schedule L, Part II.....	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? If 'Yes,' complete Schedule L, Part III.....	27	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.

D

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
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.		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		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.		
4a 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)?		X
b If 'Yes,' enter the name of the foreign country:		
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?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 9 below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. **01**

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	21	
1 b	Enter the number of voting members included in line 1a. above, who are independent	21	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Sa	X
b	Each committee with authority to act on behalf of the governing body?	Sb	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

(A) Name and title	(B) Average number of hours per week (list any hours for related organizations below dotted 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 (CW-2/199-MISC)	(E) Reportable compensation from related organizations (CW-2/199-MISC)	Estimated amount of other compensation from the organization and related organizations
(15) Ron Lynch Board Member	2 0		X					0.	0.	0.
(16) David P. Mariani Board Member	2 0		X					0.	0.	0.
(17) AnthOQY Mccusker Board Member	2 0		X					0.	0.	0.
(18) Mike Pacelli Board Member	2 0		X					0.	0.	0.
(19) Shaunda Scruggs Board Member	2 0		X					0.	0.	0.
(20) Shawneece Stevenson Board Member	2 0		X					0.	0.	0.
(21) Alejandro R. Vilchez Board Member	2 0		X					0.	0.	0.
(22) Justin M. Wooley Board Member	2 0		X					0.	0.	0.
(23) Heather	1							0.	0.	0.

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
1 a	Federated campaigns..	1 a				
b	Membership dues....	1 b				
c	Fundraising events.....	1 c				
d	Related organizations ...	1 d				
e	Government grants (contributions)....	1 e	10,254,774.			
f	All other contributions, gifts, grants, and similar amounts not included above. . .	1 f	1,896,839.1			
g	Noncash contributions included in lines 1a-1f: \$		2,632,5			
h	Total. Add lines 1a-1f.....	Business Code	12,151,613.			
2	<u>Fee for service</u>		344,161.1	344,161.1		

d	-----					
e	-----					
f	All other program service revenue					
g	Total. Add lines 2a-2f.....		344,161.			
3	Investment income (including dividends, interest and other similar amounts)		94,275.			94,275.
4	Income from investment of tax-exempt bond proceeds_!""-1-----1-----+-----!-----					

5 Royalties.....

(i) Real

(ii) Personal

Part IX | Statement of Functional Expenses

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

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

IXI

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.....				
4 Benefits paid to or for members.....				
5 Compensation of current officers, directors, trustees, and key employees.....	391,768.	0.	391,768.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4957(a)) and persons described in section 4958(c)(3)(B).....	0.	0.	0.	0.
7 Other salaries and wages.....	6,510,027.	5,693,689.	321,323.	495,015.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....				
9 Other employee benefits.....	1,163,203.	1,008,395.	103,776.	51,032.
10 Payroll taxes.....	589,260.	510,836.	52,572.	25,852.
11 Fees for services (non-employees):				
a Management.....				
b Legal.....				
c Accounting.....				
d Lobbying.....				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X 11

	(A) Beginning of year		(B) End of year
1 Cash - non-interest-bearing.....	510,640.	1	520,091.
2 Savings and temporary cash investments	279.	2	277.
3 Pledges and grants receivable, net.....	1,095,163.	3	1,326,350.
4 Accounts receivable, net.....	247,012.	4	170,427.
5 Loans and other receivables from current and former officers, directors, and other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.....		5	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.....		6	
7 Notes and loans receivable, net		7	
8 Inventories for sale or use.....		8	
9 Prepaid expenses and deferred charges.....	239,302.	9	183,716.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	9,706,782.	10a	
b Less: accumulated depreciation.....	4,886,339.	10b	
	5,017,509.	10c	4,820,443.
11 Investments - publicly traded securities.....	1,868,696.	11	1,801,487.
12 Investments - other securities. See Part IV, line 11.....	164,582.	12	382,661.
13 Investments - program-related. See Part IV, line 11.....		13	
14 Intangible assets		14	
15 Other assets. See Part IV, line 11.....	2,702.	15	2,701.
16 Total assets. Add lines 1 through 15 (must equal line 34).....	9,145,885.	16	9,208,153.
17 Accounts payable and accrued expenses.....	859,837.	17	858,519.
18 Grants payable		18	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI **X**

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,728,359.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,832,187.
3	Revenue less expenses. Subtract line 2 from line 1	3	-103,828.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,501,667.
5	Net unrealized gains (losses) on investments	-	-119,090.
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	-8,412.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,500,117.

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual 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

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 Consolidated basis Both consolidated and separate basis

c If Yes to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit.

	Yes	No
2a		X
2b	X	

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/Form990.

OMSNol 545-0047

2016

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FAMILY SERVICE

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 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)(7)(A)(vii). (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 **D** 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.)

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	9,035,061.	9,796,086.	1,040,902.	1,140,932.	12,151,613.	52,789,594.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						0
4 Total. Add lines 1 through 3 ...	9,035,061.	9,796,086.	1,040,902.	1,140,932.	12,151,613.	52,789,594.
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) ..						0
6 Public support. Subtract line 5 from line 4						52,789,594.

Section B. Total Support

Calendar year (or fiscal year beginning in) ...	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	9,035,061.	9,796,086.	1,040,902.	1,140,932.	12,151,613.	52,789,594.
8 Gross income from interest,						

Part 111 Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line I 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").....						
2 Gross receipts from admissions, merchandise sold or services 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:						

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. If you checked 12e of Part I, complete Part V.)

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

	Yes	No
1		

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

2		
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3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.

3a		
----	--	--

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.

3b		
----	--	--

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.

3c		
----	--	--

4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 72a or 12b in Part I, answer (b) and (c) below.

4a		
----	--	--

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

4b		
----	--	--

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

4c		
----	--	--

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 513(c)(3) 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		

Part V Type III Non-Functionally Integrated S09(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	

Part V Type III Non-Functionally Integrated 509(a)(3) Supportive 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.....			
d From 2014.....			
e From 2015.....			
f Total of lines 3a through e			

Part VI Supplemental Information. Provide the explanations required by Part III, line 10; Part IV, 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.)

Part 11, Line 10 - Other Income

Nature and source	2016	2015	2014	2013	2012
Fundraising Events					\$ 18,402.
Other Income	\$ 119,189.	\$ 66,028.	\$ 178,188.	\$ 248,712.	356,031.
Total.	\$ 119,189.	\$ 66,028.	\$ 178,188.	\$ 248,712.	\$ 374,433.

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

Schedule of Contributors

2016

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

PENINSULA FAMILY SERVICE

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 1b, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
1	<p>Millsborough Auxiliary</p> <p>24 Second Avenue</p> <p>San Mateo, CA 94401</p>	<p>\$ 329,000</p>	<p>Person <input checked="" type="checkbox"/> IBJ</p> <p>Payroll</p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
2	<p>Kenneth E. Olivier</p> <p>24 Second Avenue</p> <p>San Mateo, CA 94401</p>	<p>\$ 250,000</p>	<p>Person <input checked="" type="checkbox"/> IBJ</p> <p>Payroll</p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
3	<p>Department of Health & Human Serv</p>		<p>Person <input checked="" type="checkbox"/> [K]</p> <p>Payroll</p>

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) Number	(b) Name, address, and ZIP+ 4	(c) Total contributions	(d) Type of contribution
7	<u>National Council on Aging:</u> <u>870 Market St. c... #785</u> <u>San Francisco, CA94102</u>	\$ <u>11,240.135</u>	Person Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
13	<u>Silicon Valley CommuniFoundation</u> <u>2440 West El Camino Real, #300</u> <u>Mountain View, CA 94040</u>	\$ <u>504,719.</u>	Person Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-	-----	\$	Person Payroll

E i s; L n FAMILY SERVICE

110106110 number

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 theyear. (Enter this information once. See instructions.) \$ N,,LA
 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
	/A		
(e) Transfer of gift Transferee's name, address, and ZIP+ 4		Relationship of transferor to transferee	

(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	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- Complete if the organization is described below. - Attach to Form 990 or Form 990-EZ.
- Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number

PENINSULA FAMILY SERVICE

194-J-1861-69

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.

(see instructions for definition of 'political campaign activities')

..\$

2 Political campaign activity expenditures (see instructions)

3 Volunteer hours for political campaign activities (see instructions)

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

...\$

0.

2 Enter the amount of any excise tax incurred by organization managers under section 4955.

...\$

0.

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

... QYes

0No

4a Was a correction made?

...QYes

0No

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).

Part 11-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)) -

A Check 0 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check 0 if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)	(a) Fil, no organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying).....		
1b Total lobbying expenditures to influence a legislative body (direct lobbying).....		
1c Total lobbying expenditures (add lines 1a and 1b)		
1d Other exempt purpose expenditures		
1e Total exempt purpose expenditures (add lines 1c and 1d)		
1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.....		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

1g Grassroots nontaxable amount (enter 25% of line 1f).....

1h Subtract line 1g from line 1a. If zero or less, enter -0-.....

1i Subtract line 1f from line 1c. If zero or less, enter -0-.....

1j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Over No

4-Year Averaging Period Under section 507(h)

(Some organizations that made a section 507(h) election do not have to complete all of the five

Part 11-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h))

	(a)		(b)
	Yes	No	Amount
<i>For each 'Yes' response on lines 7a through 7i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		930.
i Other activities?	X		1,031.
j Total. Add lines 1c through 1i			1,961.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Section 501(c)(6)

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

SCHEDULED
(Form 990)

Supplemental Financial Statements

OMB No.1545-0047

2016

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line G, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/Form990.

Department of the Treasury
Internal Revenue Service

Employer identification number

Name of the organization

PENINSULA FAMILY SERVICE

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?..... 0 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 advisors, or for any other purpose conferring impermissible private benefit?..... D 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) D Preservation of a historically important land area
- § Protection of natural habitat D 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
2a	

a Total number of conservation easements.....

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 n to be sold to raise funds rather than to be maintained as part of the organization's collection? n 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.

1 a 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.....	, f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial ac

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided o

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
1 a Beginning of year balance.	1,795,077.	1,771,139.	1,893,613.	1,603,243.	1,487,336.
b Contributions.....	118,184.	179,215.	12,106.	126,655.	29,438.
c Net investment earnings, gains.					

Part VII Investments - Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 1--

(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		1
(2) Closely-held equity interests		1
(3) Other		
(A)		
(C)	1	1
(E)	1	+
(F)		
)	1	+
(H)	1	+
(I)		1
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments; endowment - Program Related.

99

N/A

X

3

(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)		

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	13,946,288.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	119,690.
	b Donated services and use of facilities	2b	1,101,239.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XI 11.)	2d	
	e Add lines 2a through 2d	2e	1,220,929.
3	Subtract line 2e from line 1	3	12,725,359.
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	
	b Other (Describe in Part XI 11.)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,725,359.

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

1	Total expenses and losses per audited financial statements	1	13,933,426.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	1,101,239.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XI 11.)	2d	
	e Add lines 2a through 2d	2e	1,101,239.
3	Subtract line 2e from line 1	3	12,832,187.
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	

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/Form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

PENINSULA FAMILY SERVICE

Employer identification number

94-1186169

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

	Yes	No
1 a		
1 b		
2		
3		

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing

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 are not 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 a, applicable column (i) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of 2016 and/or 2015 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 salary	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Arne Croce	(i)	182,500	0	0	0	2,500	185,000	0
Former Executive Director	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							

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.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2016

... Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

... Attach to Form 990.

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

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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	X	13	26,325.	FMV
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				

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 - Additional Information

As part of the Agency's exempt purpose, Peninsula Family Service receives certain In-Kind donations that are recorded on the Agency's books at fair value. For the year ended June 30, 2016, In-Kind donations totaling \$1,001,975 consisted of salaries, services, legal fees, rent and other.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Employer identification number

12-1186169

PENINSULA FAMILY SERVICE

Form 990, Part III, Line 4c -Program Service Accomplishments

Services for Older Adults:

- * Provided meals, case management, transportation and wellness programs for more than 4,083 older adults at the Fair Oaks Adult Activity Center.
- * Provided clinical, training and supervision for more than 100 Senior Peer Counselors who provided group, individual, emotional, and practical support for 500 at risk seniors.
- * Provided professional one on one counseling services to 43 individuals age 62 and over.
- * Started the 70 Strong Program, serving 3,273 older adults **with** in person and online community navigation services.

Name of the organization	Employer identification number
<u>I=>PENINSULA FAMILY SERVICE</u>	94-1186169

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees (continued)

complete the assessment instrument and return it to the board chair. The board chair compiles and summarizes the board member assessments. The Executive Committee meets with the Chief Executive Officer in closed session to evaluate the Chief Executive Officer.

The Chair may charge the Vice President of Human Resources or other knowledgeable person to perform an independent compensation survey for the Chief Executive Officer prior to the evaluation session with the Chief Executive Officer. The committee will have the opportunity to deliberate without 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

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 11, 111, 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.....		X
b Gift, grant, or capital contribution to related organization(s).....		X
c Gift, grant, or capital contribution from related organization(s).....		X
d Loans or loan guarantees to or for related organization(s).....		X
e Loans or loan guarantees by related organization(s).....		X
f Dividends from related organization(s).....		X
g Sale of assets to related organization(s).....		X
h Purchase of assets from related organization(s).....		X
i Exchange of assets with related organization(s).....		X
j Lease of facilities, equipment, or other assets to related organization(s).....		X
k Lease of facilities, equipment, or other assets from related organization(s).....		X
l Performance of services or membership or fundraising solicitations for related organization(s).....		X
m Performance of services or membership or fundraising solicitations by related organization(s).....		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).....		X
o Sharing of paid employees with related organization(s).....		X
p Reimbursement paid to related organization(s) for expenses.....		X
q Reimbursement paid by related organization(s) for expenses.....		X
r Other transfer of cash or property to related organization(s).....		X
s Other transfer of cash or property from related organization(s).....		X

Part VII Supplemental Information.

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

Form **8879-EQ**

IRS e-File Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning 7/01, 2016, ending 6/30, 20017

Department of the Treasury
Internal Revenue Service

- Do not send to the IRS. Keep for your records.

2016

- Information about Form 8879-EQ and its instructions is at www.irs.gov/Form8879.

Name of exempt organization

Employer identification number

PENINSULA FAMILY SERVICE

94-1186169

Name and title of officer

Heather Cleary

CEO

Part I Type of Return and Return Information Whole Dollars Only

Check the box for the return for which you are using this Form 8879-EQ and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here....	▶	b Total revenue, if any (Form 990, Part VIII, column (A), line 12).....	Ib	<u>12,725,359.</u>
2a Form 990-EZ check here....	▶	b Total revenue, if any (Form 990-EZ, line 9).....	2b	_____
3a Form 1120-POL check here....	▶	b Total tax (Form 1120-POL, line 22).....	3b	_____
4a Form 990-PF check here....	▶	b Tax based on investment income (Form 990-PF, Part VI, line 5)...	4b	_____
5a Form 8868 check here...	▶	b Balance Due (Form 8868, line 3c).....	Sb	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete.

I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to