efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Form 990

Paid

Return of Organization Exempt From Income Tax

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

DLN: 93493045010268 OMB No 1545-0047

2016

| - | ment of the Treasu l Revenue Service | I INIOI MAUON AUG | out Form 990 and its instructions is at <u>ww</u> | <u>w IRS goi</u> | <u>//10/11/1990</u> | | Inspection | | | | | | |
|--|--|--|---|------------------|---|---|---|--|--|--|--|--|--|
| A F | or the 2016 c | alendar year, or tax year begi | nning 07-01-2016 , and ending 06-3 | 80-2017 | | | | | | | | | |
| ☐ Ad | ck if applicable dress change | C Name of organization Peninsula Open Space Trust | | | D Employer 94-23920 | | ication number | | | | | | |
| | me change tial return | Doing business as | | | | | | | | | | | |
| □detur | n/terminated ended return | Number and street (or P O box if r 222 High Street | mail is not delivered to street address) Room/si | uite | E Telephone (650) 854 | | | | | | | | |
| ☐ Apı | plication pending | City or town, state or province, cou Palo Alto, CA 94301 | untry, and ZIP or foreign postal code | | (030) 03 | 7030 | | | | | | | |
| | | · | | | G Gross rece | • | 5,342,838 ——————————————————————————————————— | | | | | | |
| | | F Name and address of princip Walter T Moore | pal officer | 1 | Is this a group retu | rn for | | | | | | | |
| | | 222 High Street | | | subordinates? Are all subordinates | | ☐Yes ☑No | | | | | | |
| | | Palo Alto, CA 94301 | | | ncluded? | • | ☐ Yes ☐No | | | | | | |
| <u> </u> | k-exempt status | ☑ 501(c)(3) ☐ 501(c)() ◀ | (insert no) 4947(a)(1) or 527 | 1 | [f "No," attach a list | | • | | | | | | |
| J W | ebsite:▶ HT | TP //WWW OPENSPACETRUST OF | RG/ | H(c) | Group exemption n | umber | > | | | | | | |
| K Forn | n of organization | ✓ Corporation ☐ Trust ☐ Ass | sociation Other | L Year of | formation 1977 | 1 State | of legal domicile CA | | | | | | |
| Pa | rt I Sum | mary | | | ' | | | | | | | | |
| | | scribe the organization's mission | | LTCON VA | LLEV | | | | | | | | |
| Ce | PROTECT | AND CARE FOR OPEN SPACE, FAI | RMS AND PARKLAND IN AND AROUND SI | LICON VA | LLEY | | | | | | | | |
| HE I | | | | | | | | | | | | | |
| en | | | | | | | | | | | | | |
| Activities & Governance | 2 Check th | ets 3 | 15 | | | | | | | | | | |
| .×5 | | 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) | | | | | | | | | | | |
| ٠ • | | | | 5 | 15 | | | | | | | | |
| 풀 | | • • | alendar year 2016 (Part V, line 2a) | | | <u> </u> | 56 | | | | | | |
| ÇE. | | • | ecessary) | | • • | 6 | 194 | | | | | | |
| 4 | | | rt VIII, column (C), line 12 | | | 7a | 0 | | | | | | |
| | b Net unre | iated business taxable income fro | om Form 990-T, line 34 | | | 7b | 1 0 | | | | | | |
| | l | | | | | + | C | | | | | | |
| | 0 Carabanhan | one and one of (Post VIII) has 4 | L | | Prior Year | | Current Year | | | | | | |
| ėnu | | - ' | h) | | Prior Year 16,588,51 | + | 8,893,966 | | | | | | |
| ēnuē. | 9 Program | service revenue (Part VIII, line 2 | g) | | Prior Year 16,588,51 295,12 | 9 | 8,893,966 398,617 | | | | | | |
| Ravenue | 9 Program 10 Investme | service revenue (Part VIII, line 2 ent income (Part VIII, column (A) | g) | | Prior Year 16,588,51 295,12 -999,95 | 9 7 | 8,893,966 398,617 14,309,561 | | | | | | |
| Ravenue | 9 Program 10 Investme 11 Other rev | service revenue (Part VIII, line 2 ent income (Part VIII, column (A) venue (Part VIII, column (A), line | g) | | Prior Year 16,588,51 295,12 -999,95 46,83 | 9 7 8 | 8,893,966 398,617 14,309,561 13,284 | | | | | | |
| Ravenua | 9 Program10 Investme11 Other rev12 Total rev | service revenue (Part VIII, line 2 ent income (Part VIII, column (A) venue (Part VIII, column (A), line enue—add lines 8 through 11 (m | g) | | Prior Year 16,588,51 295,12 -999,95 46,83 15,930,52 | 9 7 8 7 | 8,893,966 398,617 14,309,561 13,284 23,615,428 | | | | | | |
| Ravenue | 9 Program10 Investme11 Other rev12 Total rev13 Grants at | service revenue (Part VIII, line 2 ent income (Part VIII, column (A) /enue (Part VIII, column (A), line enue—add lines 8 through 11 (m nd similar amounts paid (Part IX, | g) | | Prior Year 16,588,51 295,12 -999,95 46,83 15,930,52 692,94 | 9 7 8 7 4 | 8,893,966 398,617 14,309,561 13,284 23,615,428 2,246,486 | | | | | | |
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| Expenses Ravenue | 9 Program 10 Investment 11 Other rev 12 Total rev 13 Grants and 14 Benefits 15 Salaries 16a Profession b Total fund | service revenue (Part VIII, line 2 ent income (Part VIII, column (A) venue (Part VIII, column (A), line enue—add lines 8 through 11 (m and similar amounts paid (Part IX, paid to or for members (Part IX, other compensation, employee bonal fundraising fees (Part IX, coliraising expenses (Part IX, column (D), | g) | | Prior Year 16,588,51 295,12 -999,95 46,83 15,930,52 692,94 4,178,89 | 9 7 8 7 7 4 0 0 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 8,893,966 398,617 14,309,561 13,284 23,615,428 2,246,486 0 4,901,960 | | | | | | |
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| Net Assets or Expenses Fund Balances | 9 Program 10 Investme 11 Other rev 12 Total rev 13 Grants al 14 Benefits 15 Salaries, 16a Professio b Total fund 17 Other ex 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net assei | service revenue (Part VIII, line 2 ent income (Part VIII, column (A), line enue—add lines 8 through 11 (m and similar amounts paid (Part IX, paid to or for members (Part IX, other compensation, employee bonal fundraising fees (Part IX, column (D), penses (Part IX, column (A), lines penses Add lines 13–17 (must equilate sexpenses Subtract line 18 feets (Part X, line 16) | g) | Begin | Prior Year 16,588,51 295,12 -999,95 46,83 15,930,52 692,94 4,178,89 7,930,30 12,802,14 3,128,38 nning of Current Yea 283,267,13 9,588,57 273,678,56 | 9 7 8 7 4 0 0 9 9 0 0 2 2 5 5 2 1 1 1 1 0 0 | 8,893,966 398,617 14,309,561 13,284 23,615,428 2,246,486 0 4,901,960 0 7,733,006 14,881,452 8,733,976 End of Year 293,022,267 10,280,333 282,741,934 | | | | | | |
| Net Assets or Expenses Expenses | 9 Program 10 Investme 11 Other rev 12 Total rev 13 Grants al 14 Benefits 15 Salaries, 16a Profession 17 Other ex 18 Total fund 17 Other ex 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asset 111 Sign penalties of p | service revenue (Part VIII, line 2 ent income (Part VIII, column (A), line enue—add lines 8 through 11 (m) and similar amounts paid (Part IX, paid to or for members (Part IX, other compensation, employee bonal fundraising fees (Part IX, column (D), penses (Part IX, column (A), lines enses Add lines 13–17 (must expenses Subtract line 18 for the service (Part X, line 26) | g) | Begin | Prior Year 16,588,51 295,12 -999,95 46,83 15,930,52 692,94 4,178,89 7,930,30 12,802,14 3,128,38 nning of Current Year 283,267,13 9,588,57 273,678,56 | 9 | 8,893,966 398,617 14,309,561 13,284 23,615,428 2,246,486 0 4,901,960 0 7,733,006 14,881,452 8,733,976 End of Year 293,022,267 10,280,333 282,741,934 the best of my | | | | | | |
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| Net Assets or Expenses Expenses | 9 Program 10 Investme 11 Other rev 12 Total rev 13 Grants al 14 Benefits 15 Salaries, 16a Professio b Total fund 17 Other ex 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net assei til Sign penalties of pedge and belienowledge | service revenue (Part VIII, line 2 ent income (Part VIII, column (A), line enue—add lines 8 through 11 (m) and similar amounts paid (Part IX, paid to or for members (Part IX, other compensation, employee bonal fundraising fees (Part IX, column (D), penses (Part IX, column (A), lines penses (Part IX, column (B), lines penses Add lines 13–17 (must expless expenses Subtract line 18 for ets (Part X, line 16) | g) | Begin | Prior Year 16,588,51 295,12 -999,95 46,83 15,930,52 692,94 4,178,89 7,930,30 12,802,14 3,128,38 nning of Current Yea 283,267,13 9,588,57 273,678,56 es and statements, sed on all informations and statements. | 9 | 8,893,966 398,617 14,309,561 13,284 23,615,428 2,246,486 0 4,901,960 0 7,733,006 14,881,452 8,733,976 End of Year 293,022,267 10,280,333 282,741,934 the best of my | | | | | | |
| Moderation of the Research of | 9 Program 10 Investme 11 Other rev 12 Total rev 13 Grants al 14 Benefits 15 Salaries, 16a Profession 17 Other ex 18 Total fund 17 Other ex 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asset 111 Sign penalties of pedge and belief mowledge | service revenue (Part VIII, line 2 ent income (Part VIII, column (A), line enue—add lines 8 through 11 (m) and similar amounts paid (Part IX, paid to or for members (Part IX, other compensation, employee bonal fundraising fees (Part IX, column (D), penses (Part IX, column (A), lines penses (Part IX, column (B), penses (Part IX, column (B), penses Add lines 13–17 (must expless expenses Subtract line 18 for ets (Part X, line 16) | g) | Begin | Prior Year 16,588,51 295,12 -999,95 46,83 15,930,52 692,94 4,178,89 7,930,30 12,802,14 3,128,38 nning of Current Yea 283,267,13 9,588,57 273,678,56 es and statements, sed on all informations and statements. | 9 | 8,893,966 398,617 14,309,561 13,284 23,615,428 2,246,486 0 4,901,960 0 7,733,006 14,881,452 8,733,976 End of Year 293,022,267 10,280,333 282,741,934 the best of my | | | | | | |

Firm's name ► ROBERT LEE & ASSOCIATES LLP Firm's EIN ▶ 27-1155496 **Preparer** Firm's address ▶ 999 W Taylor Street Suite A Phone no (408) 855-6770 **Use Only** San Jose, CA 95126 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

self-employed

| Form | 990 (2016) | | | | | Page 2 | | | | | | | |
|------|------------------------------|-------------------------|------------------|-------------------------------------|--|------------------------|--|--|--|--|--|--|--|
| Par | t IIII Statement | of Program Service | e Accomplis | hments | | | | | | | | | |
| | Check If Sche | dule O contains a respo | onse or note to | any line in this Part III | | 🗸 | | | | | | | |
| 1 | | organization's mission | | • | | | | | | | | | |
| | | | | | and in and around Silicon Valley Si anta Clara and Santa Cruz countie | | | | | | | | |
| 2 | Did the organization | undertake any significa | ant program ser | vices during the year w | hich were not listed on | | | | | | | | |
| | • | or 990-EZ? | | $\cdot \cdot \cdot \cdot \cdot$ | | ☐ Yes 🗹 No | | | | | | | |
| | If "Yes," describe the | ese new services on Sch | nedule O | | | | | | | | | | |
| 3 | Did the organization | cease conducting, or m | nake significant | changes in how it cond | ucts, any program | | | | | | | | |
| | services? | | | | | | | | | | | | |
| | If "Yes," describe the | ese changes on Schedu | le O | | | | | | | | | | |
| 4 | Section 501(c)(3) an | | ons are required | to report the amount | largest program services, as mea of grants and allocations to others | | | | | | | | |
| 4a | (Code |) (Expenses \$ | 5.772.692 | including grants of \$ | 2,110,990) (Revenue \$ | | | | | | | | |
| | See Additional Data | , (| -,, | | _,, | , | | | | | | | |
| 41- | (C-1- | \ | 2 700 202 | | 24.425.) (5 | 247 220 \ | | | | | | | |
| 4b | (Code See Additional Data |) (Expenses \$ | 3,780,282 | including grants of \$ | 34,126) (Revenue \$ | 317,338) | | | | | | | |
| | See Additional Data | | | | | | | | | | | | |
| 4c | (Code |) (Expenses \$ | 1,239,351 | including grants of \$ | 101,370) (Revenue \$ | 81,279) | | | | | | | |
| | See Additional Data | | | | | | | | | | | | |
| 4d | Other program servi | ces (Describe in Schedi | ule O) | | | | | | | | | | |
| | (Expenses \$ | ıncl | uding grants of | \$ |) (Revenue \$ |) | | | | | | | |
| 4e | Total program serv | vice expenses > | 10,792,3 | 25 | | | | | | | | | |
| | | | | | | Form 990 (2016) | | | | | | | |

or X as applicable

Yes

Page 3

No

Nο

Nο

No

Nο

Nο

No

No

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2016)

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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? If "Yes," complete Schedule F, Parts I and IV

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

4

7

8

9

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 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? Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 .

5 6 Yes

10 Yes

Yes

Yes

Yes

Yes

Yes

29

36

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

| Par | rt IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| | | | Yes | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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 | Yes | |

| 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 |
|----|---|
| 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 |
| 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,

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 🥞

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

22 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

Form 990 (2016)

Νo Yes Νo

Nο

Νo

Nο

Page 4

| ///// | 990 (2016) | | | Page |
|-------------|---|------------|----------|------|
| Par | t 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 | | <u> </u> | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 103 | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| | 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 | | V | |
| 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 | Yes | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| 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 | | No |
| 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? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| С | 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 | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| 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? | | | |
| ۸- | Did the annual and annual and annual | 8 | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter | 9b | | |
| | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| _ | against amounts due or received from them) | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| b | 120 | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| 3 | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for | 120 | | |
| 3 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 Enter the amount of reserves the organization is required to maintain by the states in | 13a | | |
| 3 a b | 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 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 | 13a | | |
| 3 a b | 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 Enter the amount of reserves the organization is required to maintain by the states in | 13a 14a | | No |

| OHH | 990 (2010) | | | Page C |
|----------|--|------------|-----------|--------|
| Par | Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions | " respo | nse to li | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | ✓ |
| Se | ction A. Governing Body and Management | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 15 | | Yes | No |
| | 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 | | | |
| ь | Enter the number of voting members included in line 1a, above, who are independent 1b 15 | | | |
| 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 | Yes | |
| 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 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| 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 | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8 b | Yes | |
| 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? <i>If "Yes," provide the names and addresses in Schedule O</i> | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | ∍.) | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| | 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 | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| | 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 | | No |
| 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 | | |
| Se | ction C. Disclosure | 00 | | |
| <u> </u> | List the States with which a copy of this Form 990 is required to be filed ► CA , FL , GA , NM , NY , NC , OK , OR , TN | , VA , | MD , PA | , CT , |
| 18 | WI , IL , HI , CO , WA , MA , MI , MO , NJ Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. | | | |
| | ✓ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records MEATHER KANTOR 222 HIGH STREET PALO ALTO, CA 94301 (650) 854-7696 | | | |

| Form 990 (2016) | | | | | | | | | |
|-----------------|--|-----|--|--|--|--|--|--|--|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VII | | | | | | | | |
| Section | A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | |
| La Complete | e 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

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

(B)

(A)

• List all of the organization's former officers, key employees, or 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

(C)

(D)

Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensated employee Individual trustee or director Former organizations MISC) related Institutional Trustee below dotted employee organizations line) See Additional Data Table

(F)

(E)

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| | 0 (2016) | | | | | | | | | | | | | | Page 8 |
|------------|--|--|--|-----------------------|---------|--------------|---------------------------------|--------|----------|--------------|----------------|--|-----------------------------------|---------|---------------|
| Part V | Section A. Officers, Dire | ctors, Trustees | , Key | Emp | loye | es, | and | High | nest Co | mpens | ate | d Employees | (con | tınued) | |
| | (A) Name and Title | (B) Average hours per week (list any hours | Average hours per week (list any hours expense any hours because of the compensation from the any hours director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from the organization organization (W-2/1/200 MISC) | | | | | | | | | Estima amount of compen from organizat | ated of other sation the | | |
| | | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/103 |)CIM-66 | -) | 2/1099-14130 | related organizations | | |
| See Add | itional Data Table | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| | -Total | | | • • | | | * | | | | | | | | |
| d Tot | al (add lines 1b and 1c) | <u> </u> | | | | | ▶ | | 1 | ,755,361 | | | 0 | | 232,295 |
| | otal number of individuals (including freportable compensation from the | | | e list | ed al | bove | e) who | rece | eived mo | ore thar | 1 \$ 10 | 0,000 | | | |
| | nd the organization list any forme i ne 1a? <i>If "Yes," complete Schedule</i> | | | ee, k | | | oyee, | or hi | ghest co | mpensa | ited • | employee on | 3 | Yes | No No |
| 10 | or any individual listed on line 1a, i ganization and related organizatio dividual | | | | | | | | | | | the | 4 | | |
| 5 D | ıd any person listed on line 1a rece | eive or accrue cor | npensal | tion fi | rom . | any | unrela | ated | organiza | ation or | ındı | ıdual for | - | res | |
| | ervices rendered to the organizatio | • | lete Sch | edule | J fo | r su | ch pei | rson | | | • | | 5 | | No |
| | ion B. Independent Contract omplete this table for your five hig | | d indep | endei | nt co | ntra | ctors | that | received | d more t | han | \$100,000 of co | mper | nsation | |
| fr | om the organization Report comp | ensation for the o | alendar | year | end | ıng | with o | r wit | hin the | organiza | ation | 's tax year (B) | | (0 | :) |
| KO Gene | Name eral Engineering and COnstruction | e and business addre | ess | | | | | | | + | | ption of services Construction, Roa | ds | Compe | |
| 12750 La | Honda Rd | | | | | | | | | Linginios | 9, | construction, rea | us | | 107,713 |
| | e, CA 94062 uz Timberframes | | | | | | | | | Barn CC | nstr | ıctıon | | | 309,626 |
| | ith Grade uz, CA 95060 | | | | | | | | | | | | | | |
| | e Nursery | | | | | | | | | Roadwo | rk, ır | vasıve species rer | noval | | 216,190 |
| | CA 94037 | | | | | | | | | D.== -* | and f | undroicire | | | 106 607 |
| | eration FUndraising Inc kspur Landing Cir 350 | | | | | | | | | Direct n | ııali fl | ındraısıng campaıç | J112 | | 186,697 |
| | .CA 94939 | | | | | | | | | Forestry | / serv | ices, security, | | | 161,345 |
| 247 Sunlı | t Lane | | | | | | | | | invasive | | , | | | |
| | uz, CA 95060 al number of independent contracto | ors (including but | not lim | uted t | o th | ose | listed | ahov | (e) who | receive | d mc | re than \$100 0 | വ of | : | |

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 ▶ 10

| Part ' | VΙΙ | | | | | | | | | | | <u> </u> |
|--|------------|---|---------------------------------|---------|--------------------------|---------|---------------|-------------|-------------------------------|---|---|-----------------|
| | | Check if Schedul | e O contains a | a respo | onse or note to any | | | | | | | Ш |
| | | | | | | | A) revenue | Rela exe | B) ted or empt ction | (C) Unrelated business revenue | (D) Revenue excluded fro tax under sec | om |
| | 1 : | Federated campaign | ns | 1a | | | | rev | enue | | 512-514 | |
| nts nts | | b Membership dues | | 1b | | | | | | | | |
| rar | | · | | | _ | | | | | | | |
| ». G | | Fundraising events | | 1c | | | | | | | | |
| ifts | | d Related organizatio | | 1d | | | | | | | | |
| 3.E | | e Government grants (co | | 1e | 325,573 | | | | | | | |
| e is | 1 | All other contributions, and similar amounts no | , gıfts, grants, ot ıncluded | 1f | 8,568,393 | | | | | | | |
| outi he | | above | | | 0,300,333 | | | | | | | |
| 真页 | 9 | J Noncash contribution in lines 1a-1f \$ | ons included | 1,74 | 9,643 | | | | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | h | Total.Add lines 1a-1 | | | | 0 | 903.000 | | | | | |
| | | Total.Add IIIles 1a-1 | | • • | Business | | ,893,966 | | | | | |
| Service Revenue | 2a | RENTAL INCOME | | | 24065 | 900002 | 20 | 04,760 | 204, | 760 | | |
| -¥- | _ | misc program income | | | | 900099 | | 12,578 | 112, | _ | | |
| Se F | | lecture series income | | | | 611600 | 8 | 31,279 | 81, | 279 | | |
| -r | d | | | | | | | | | | | |
| Š | u e | | | _ | | | | | | | | |
| ıran | f | All other program se | rvice revenue | | | | | | | | | |
| Program | | Total.Add lines 2a-2f | | | 3 | 398,617 | | | | | | |
| | | Investment income (ii | | | nterest and other | 1 | | | Т | | | |
| | | imilar amounts) . | | | Titerest, and other | . | 3,673,090 | | | | 3,67 | 73,090 |
| | 4 | Income from investme | ent of tax-exe | mpt be | ond proceeds > | · [| | | | | | |
| | 5 I | Royalties | | | • | · | | | | | | |
| | _ | _ | (ı) Real | | (II) Personal | | | | | | | |
| | 6a | Gross rents | | | | | | | | | | |
| | b | Less rental expenses | | | | | | | | | | |
| | | D | | | | | | | | | | |
| | С | Rental income or (loss) | | | | | | | | | | |
| | d | Net rental income o | r (loss) . . | | | 1 | | | | | | |
| | | | (ı) Securit | ies | (II) Other | | | | | | | |
| | 7a | 7a Gross amount from sales of 73,363,881 | | | | | | | | | | |
| | | assets other than inventory | , 3,303,001 | | | | | | | | | |
| | | · | | | | | | | | | | |
| | b | Less cost or other basis and | 62,7 | 27,410 | | | | | | | | |
| | c | sales expenses Gain or (loss) | 10,6 | 36,471 | | | | | | | | |
| | | Net gain or (loss) | | - | • | 1 | 10,636,471 | | | | 10,63 | 36,471 |
| | 8a | Gross income from for | undraising eve | ents | | | | | | | | |
| ne | | (not including \$ | | of | | | | | | | | |
| æ | | contributions reporte See Part IV, line 18 | :u on line 1c) | а | | | | | | | | |
| Re | b | Less direct expense | s | b | | | | | | | | |
| Other Revenue | c | Net income or (loss) | from fundrais | ing ev | ents | | | | | | | |
| oth | 9a | Gross income from g See Part IV, line 19 | | es | | | | | | | | |
| | | See Farc IV, line IS | | a | | | | | | | | |
| | b | Less direct expense | s | b | | 1 | | | | | | |
| | c | Net income or (loss) | from gaming | actıvıt | ies ▶ | | | | | | | |
| | 10a | Gross sales of invent | | | | | | | | | | |
| | | returns and allowand | es | а | | | | | | | | |
| | b | Less cost of goods s | old | b | | - | | | | | | |
| | | Net income or (loss) | | | orv | _ | | | | | | |
| | | Miscellaneous | | | Business Code | | | | | | | |
| | 11 | aOTHER INCOME | | | 900099 | 9 | 13,284 | · | 13,284 | | | |
| | | | | | | | | | | | | |
| | b | 1 | | | | | | | | | | |
| | | | | | | | | | | | | |
| | c | : | | | | | | | | | | |
| | | | | | | | | | | | | |
| | d | All other revenue . | | | | | | | | | | |
| | | : Total. Add lines 11a | | | • | 1 | | | | | | |
| | | Total revenue. See | | | | | 13,284 | 1 | | | | |
| | | | | - ' | - | | 23,615,428 | 3 | 411,901 | | 0 14,30 Form 990 (1 | 09,561 2016) |

IV. line 22

and 16

Statement of Functional Expenses

domestic governments See Part IV, line 21

4 Benefits paid to or for members

section 4958(c)(3)(B) .

9 Other employee benefits .

11 Fees for services (non-employees) a Management . . .

d Lobbying

f Investment management fees .

12 Advertising and promotion .

13 Office expenses .

20 Interest . . .

23 Insurance .

a loss on loan

b Land Maintenance

d Property Taxes

e All other expenses

c amortization asset obli

15 Royalties .

17 Travel .

16 Occupancy .

14 Information technology

10 Payroll taxes . .

b Legal .

c Accounting

7 Other salaries and wages

key employees .

1 Grants and other assistance to domestic organizations and

2 Grants and other assistance to domestic individuals. See Part

3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15

Compensation of current officers, directors, trustees, and

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in

8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . .

e Professional fundraising services See Part IV, line 17

q Other (If line 11q amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

Payments of travel or entertainment expenses for any

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O)

| Section 501(c)(3) and 501(c)(4) organizations must complete all comple | olumns All other org | anizations must com | plete column (A) | | |
|--|--------------------------------|------------------------------|---|---------------------|---------|
| Check if Schedule O contains a response or note to any | / line in this Part IX | | | | ✓ |
| 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 | (D) Fundraisinge | xpenses |

417,707

1,066,985

39,958

132,979

73,216

2,298

269,571

213,174

11,903

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25,059

58,519

110

139,791 2,454,583

Form 990 (2016)

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| (4) |) organizations must c | complete all columns | All other org | ganızatı | ons r | nust c | omple | ete c | olum | nn (A | 4) | | | |
|-----|------------------------|------------------------|---------------|----------|-------|--------|-------|-------|------|-------|----|--|---|--|
| e O | contains a response of | or note to any line in | this Part IX | | | | | | | | | | ✓ | |

2,246,486

570,086

1,331,756

58,551

165,968

92,071

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50.000

1,677,313

145,525

19,305

13,960

14,867

45,833

81,562

56,854

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1,555,452

216,111

173,425

164,185

10,792,325

710

362,337

513,173

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6,675

4,622

25,294

35,951

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62

-3,872

1,634,544

2,246,486

1,350,130

2,911,914

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324,374

203,255

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172,897

87,701

2.000.300

1,555,624

216,111

173,425

300,104

14,881,452

2,028,215

| n 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 | n this Part IX |

| CCIOII 30. | (c)(3) and 301(c)(4) organizations must complete all columns | All other of | yanı | ızatı | ו כוונ | iiusi | COI | пріє | ete t | .oiui | 11111 | Α) | | |
|------------|--|--------------|------|-------|--------|-------|-----|------|-------|-------|-------|----|--|--|
| | Check if Schedule O contains a response or note to any line in | this Part IX | | | | | | | | | | | | |

- (D)

Page **11**

.600.000

281,274

5,454,800

9.140.435

84.226.538

293.022.267

872,451

3.622.868

5.785.014

10,280,333

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282,741,934

293.022.267

Form **990** (2016)

9,097,519

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Form 990 (2016)

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Liabilities 22

Fund Balances

Assets or

Net

b Less accumulated depreciation

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Investments—publicly traded securities .

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Investments—other securities See Part IV, line 11 . Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

| | beginning of year | | End of year |
|--|-------------------|---|-------------|
| 1 Cash-non-interest-bearing | | 1 | |
| 2 Savings and temporary cash investments | 514,169 | 2 | 406,777 |
| 3 Pledges and grants receivable, net | 11,128,340 | 3 | 5,000,931 |
| 4 Accounts receivable, net | 630,752 | 4 | 624,173 |
| Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. | | 5 | |
| 6 Loans and other receivables from other disqualified persons (as defined under | | | |

1,143,845

5,618,677 **10c**

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152.832.115

13.305.789

75.348.541

283,267,131

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3.536.499

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258.026.819

15,101,241

273,678,560

283,267,131

550.500

| | _ | | | - | , , | _ | 1 |
|--------|-----|---|-----|-----------|------------|---|------|
| | 4 | Accounts receivable, net | | | 630,752 | 4 | (|
| | 5 | Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L | | | | 5 | |
| s | 6 | Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L | | 6 | | | |
| et | 7 | Notes and loans receivable, net | | | 23,350,000 | 7 | 21,6 |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| A | 9 | Prepaid expenses and deferred charges | | | 538,748 | 9 | 2 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 6,598,645 | | | |
| | | | | | | | |

10b

✓ 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, 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 Yes

No

Form 990 (2016)

3b

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

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

Additional Data

Software ID:

Software Version:

EIN: 94-2392007

Name: Peninsula Open Space Trust

Form 990 (2016)

Form 990, Part III, Line 4a:

Land Acquisition and Transfer In 2017, POST celebrated its 40th year and continued to address urgent conservation needs by completing four land acquisitions and two transfers, bringing our total protected acres to 75,552 acres In July of 2016, POST protected a 96 acre farm three miles south of Pescadero as part of our \$25 million Farmland Futures Initiative, the goal of which is to triple the number of protected farms in San Mateo County This working brussels sprout farm has spectacular oceanfront views and POST's work will ensure that the scenic values are protected and that the land will remain permanently in agriculture In December 2016, POST transferred 21 acres north of Half Moon Bay to San Mateo County Parks including pristine coastal bluff views overlooking one of the state's most prominent marine reserves. The Pillar Point Bluff property has stunning views of both the Pacific and Montara Mountain, a wide and accessible path with a gentle grade, and important habitat for sea lions, salamanders, red-legged frogs, raptors, tide pool organisms, surfers, and dog walkers alike. This transfer completes an important section of the California Coastal trail In June 2017, POST acquired the 191 acre Krauskopf-Conley property and subsequently transferred it to the Midpeninsula Regional Open Space District as an addition to the Long Ridge Open Space Preserve Situated within the largest area of relatively intact forest habitat in the Santa Cruz Mountains, Coast redwoods and Douglas fir dominate the property. The property supports aquatic linkages between forested upland habitat and the Pacific Ocean Upper Oil Creek contains spawning habitat for steelhead trout, federally listed as a Threatened species Oil Creek is also part of the larger Pescadero Creek Watershed, designated as a Core Focus Area for Coho salmon recovery by the National Marine Fisheries Service Sharp-shinned hawks, listed as a "species of concern" in California, have been seen on the property. The woodland provides habitat for animal species associated with the upper elevations of the Pescadero Creek watershed, including deer, coyotes, bobcats, raccoons, and mountain lions. Also in June, 2017, POST purchased an affirmative agricultural easement on a 14 5 acre farm south of Pescadero on the San Mateo coast, ensuring that this property stays permanently in agriculture Also in June, 2017, POST purchased the 30 acre Fisher Flats property and established an important foothold in Coyote Valley, south of San Jose Coyote Valley is the critical landscape that lies between the Santa Cruz and Diablo Mountain ranges. This over 7,000 acre area contains one of the last remaining undeveloped valley floors in the Bay Area and the critical landscape linkage in the south Bay Area. It includes Laguna Seca, historically a 1,000 acre wetland complex. Restoring this valuable resource would enhance habitat, retain floodwaters, and increase aguifer recharge with high quality drinking water at the same time. Coyote Valley also contains significant agricultural resources and recreational opportunities. Long under the threat of development, the valley now provides an opportunity to create a 21st century greenbelt on the fringe of San Jose Coyote Valley as a landscape linkage for wildlife is irreplaceable and essential for the long-term protection of biodiversity in the region according to five regional and statewide planning reports. It connects 1.13 million acres of core wildlife habitat, as defined in the Bay Area Critical Linkages report, in the Santa Cruz Mountains and Diablo Range Conserving it will help to protect over \$3B in regional open space investments and further the resilience of our region Covote Valley provides habitat to a wide range of birds and waterfowl, including many seasonal migrants stopping along the Pacific Flyway, and a number of rare and endangered species including Swainson's Hawk, tiger salamander, Tri-colored Blackbird, Bay Checkerspot Butterfly, Most Beautiful Jewel Flower, Burrowing Owl, and a potential sub-species of American badger as well as regionally rare and unique species, such as gray fox

Form 990, Part III, Line 4b:

Land Management POST currently holds 18,971 acres in fee ownership and holds conservation easements on 13,585 acres The organization has an established stewardship program for the lands it owns that includes resource conservation planning and management, along with active uses of land for conservation grazing and agriculture as well as sustainable forest management and restoration where appropriate POST works to protect and manage lands in its possession through site-specific stewardship plans for the natural resources on each property POST staff and volunteers actively monitor the acreage on which POST holds easements or restrictions. Volunteers also assist with stewardship projects on POST-owned land. In total, POST stewardship volunteers contributed an impressive 1.324 hours of work time in 2017 treating invasive plants that degrade natural systems along the San Mateo coast Other land management and infrastructure accomplishments include the following - Farmland Futures Initiative - Farm Labor Housing In conjunction with the San Mateo County Farm Labor Housing pilot program, POST kicked off two projects to build farm labor housing on two farms. This supports our goal of preserving agricultural land while also providing the necessary infrastructure on those lands for farming operations. Confined to a small footprint within the property, the housing projects help ensure that farmers can retain trained farmworkers critical to their ongoing operations in a region where there is a significant shortage of farm labor housing - Root Down Barn POST rebuilt a decaying barn on Cloverdale Coastal Ranches to improve the long-term operation of Root Down Farm, a pasture based livestock operation on the property, and all future farms to come. The new barn, built to last 300 years using both recycled wood from the old barn as well as locally grown redwood sustainably harvested from our San Vicente Redwoods property, will be an iconic structure on this pastoral landscape for generations - Continued our water infrastructure efforts, having now drilled three wells in order to increase resiliency of both agricultural operations and our natural systems by minimizing use of stream water during peak usage seasons and provide farmers and ranchers with improved, more flexible water infrastructure - POST completed restoration of one mile of Butano Creek by installing structures to help slow the creek down and reconnect the stream channel with its historic floodplain. This section of Butano Creek can now act like a creek again. It will more frequently spill its banks, flood its floodplain and deposit sediment in the floodplain forest as it did for thousands of years. Over 150,000 tons of sediment will be prevented from entering the Pescadero Marsh because of this project helping to alleviate flooding that impacts the town of Pescadero. The project restores over 100 acres of historic wetlands on the property and nearly a mile of creek habitat supporting rare amphibians and reptiles and endangered fish species - On the San Vicente Redwoods property, in collaboration with partners, we continued the implementation of a Timber Harvest Plan, sustainably harvesting redwood on an additional 80 acres of this 8500 acre property. We also began planning our first restoration forestry treatment on about 200-acres in the Deadman Gulch portion of the property. This treatment will help accelerate the development of old-growth forest conditions on the property that provide critical habitat for endangered marbled murrelet, a rare seabird that nests on the limbs of large old trees. Other restoration efforts on the San Vicente Redwoods property include a project to restore about one half mile of San Vicente Creek by placing redwood logs in the stream to slow down water, capture sediment, and reconnect the stream with its historic floodplain. In addition, planning is underway for a major invasive species eradication effort on this property to limit the spread and eventually eliminate Clematis vitalba, a pernicious weedy vine that forms dense mats and blankets trees and is known only to be present only in this watershed in California - Public Access Program POST finalized the Bay to Sea Trail Adaptive Strategy and Plan, incorporating key elements of a master plan and community engagement strategy. We also continue our planning efforts for public access on a number of other POST projects - Wildlife Linkages Program POST has launched a program focusing specifically on creating landscape linkages supporting wildlife movement. We have commissioned a number of studies to make sure our infrastructure and land protection efforts are firmly guided by science. Of particular note, this year we partnered with the UC-Santa Cruz Puma Project and Pathways for Wildlife to undertake a study to track the movement of bobcats in and around Coyote Valley using telemetry and camera tracking. The information gathered through these studies is providing essential data to drive our conservation strategies and investments in this area

Form 990, Part III, Line 4c:

community

programs and community outreach events. We executed six pieces of gated content from which we acquired 9,977 new names on our monthly email list. These people continued to benefit and stay connected to POST throughout the year from our monthly email newsletter content. Additionally, we hosted 27 outreach events of various types (sponsored events, hikes, family events and others) at which we met over 2.573 community members and donors. This includes our annual Wallace Stegner Lecture

Series which in 2017 included National Geographic photographer, extreme athlete, and award winning filmmaker Jimmy Chin, beat generation poet, essayist, environmental activist, and thinker Gary Snyder and journalist, author, and former New York Times columnist Mark Bittman Total attendance at all three lectures was 1,706 individuals

Community Outreach and Education To further our community outreach and education efforts, in fiscal year 2017 the organization executed a variety of content marketing

POST produced and delivered three issues of our Landscapes magazine this year to over 9,000 donors. Through these efforts we added 15,000 new members to our email

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the any hours and a director/trustee) organizations organization for related (W-2/1099-(W-2/1099organization and organizations MISC) MISC) below dotted |

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director

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Officer Highest compensatemplovee Former Individual trustee or director Institutional MISC) organizations MISC) related director below dotted organizations employee line) 4 00 matt MILLER Χ

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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president

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Jan Garrod

suzanne sullivan

Rod Ferguson

Wende Hutton

walter T Moore

karie thomson

Director & Former Chairman

Compensated Employees, and Independent Contractors (C) (E) (D) Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related any hours and a director/trustee) organization organizations for related (W-2/1099-(W-2/1099organization and 욕되 = Highest compensat Former MISC) MISC) employee

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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| Former VP, Land | | | |

1ennifer lynch

Martha tedesco

VP of Marketing

gordon clark

Curtis Riffle

VP of Land

diane cordova

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Nicole Heller

Former VP, Advancement

Senior Dir, Advancement

DIR of Human Resources

director of planned giving

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Megan Derhammer

Director of Major Gifts

Director of Conservation Science

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest $\begin{tabular}{ll} \textbf{Compensated Employees, and Independent Contractors} \\ \end{tabular}$ (C) (E) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other hours per than one box, unless compensation compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W- 2/1099-(W- 2/1099organization and Instr organizations MISC) MISC) related below dotted organizations

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| Name | of th | ne organiza | | | www.ns.ge | <u> </u> | | Employer identific | <u> </u> |
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| Par | | | | | s (All organization | | | See instructions. | |
| | ganız | | • | | t is (For lines 1 thro | • | , | /A>/:> | |
| 1 | | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | |
| 2 | Ц | | | |)(A)(ii). (Attach Sch | · | • | | |
| 3 | | • | · | | ce organization descr | | | | |
| 4 | | name, city, | and state | | | - | | 170(b)(1)(A)(iii). E | <u> </u> |
| 5 | | | ation operated for the (iv). (Complete Part | | of a college or univer | sity owned or op | erated by a gov | rernmental unit descri | bed in section 170 |
| 6 | | A federal, s | tate, or local governi | ment or <u>c</u> | jovernmental unit de | scribed in sectio | on 170(b)(1)(<i>t</i> | ۱)(v). | |
| 7 | ✓ | | ation that normally re O(b)(1)(A)(vi). (Co | | | s support from a | governmental u | ınıt or from the gener | al public described in |
| 8 | | A communi | ty trust described in | section | 170(b)(1)(A)(vi) | (Complete Part I | I) | | |
| 9 | | | | | cribed in 170(b)(1) e instructions Enter t | | | with a land-grant coll college or university | ege or university or a |
| LO | | from activit | ies related to its exe | mpt func | tions—subject to cert ss taxable income (le | ain exceptions, a | and (2) no more | s, membership fees, a than 331/3% of its su sses acquired by the c | pport from gross |
| 1 | | - | | | exclusively to test for | public safety S | ee section 509 | (a)(4). | |
| 12 | | more public | ly supported organiz | ations de | | 09(a)(1) or sec | tion 509(a)(2 | s of, or to carry out th). See section 509(a s 12e, 12f, and 12g | |
| a | | Type I. A so | upporting organizati | on operat Jularly ap | ted, supervised, or co | ontrolled by its si | upported organi | zation(s), typically by of the supporting orga | |
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| С | | Type III fo | unctionally integra | ted. A su | | | | nd functionally integra | ted with, its |
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| f | Enter | | of supported organiz | - | megratea sapporting | o. gaa | | | |
| | | | | | ported organization(| | | _ | |
| (i)Na | ime of | f supported o | organization (ii) | | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv Is the organiz your governin | ation listed in | Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | | Yes | No | | |
| | | | l | | | | | | |
| | | | | | | | | | |
| Total | | | tion Act Notice, see | | | Cat No 11285 | | | 90 or 990-EZ) 2016 |

| Sch | edule A (Form 990 or 990-EZ) 2016 | | | | | | Page 2 |
|-----|--|-----------------------|-----------------------|---------------------|-----------------------------|--------------------|---------------|
| P | art II Support Schedule for | | | | | | |
| | (Complete only if you ch | | | | | | under Part |
| _ | III. If the organization for | alls to quality un | der the tests liste | ed below, pleas | e complete Part | 111.) | |
| | ection 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 | 44 705 040 | 11.005.150 | 5 057 450 | 16 500 517 | 0.000.055 | 55 402 055 |
| | membership fees received (Do not include any "unusual grant") | 11,706,948 | 11,926,162 | 6,067,462 | 16,588,517 | 8,893,966 | 55,183,055 |
| | 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 | | | | | | |
| | Total. Add lines 1 through 3 | 11,706,948 | 11,926,162 | 6,067,462 | 16,588,517 | 8,893,966 | 55,183,055 |
| 5 | The portion of total contributions by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | 2,441,983 |
| | line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| | amount shown on line 11, column (1) | | | | | | |
| | Public support. Subtract line 5 | | | | | | 52,741,072 |
| | from line 4 ection B. Total Support | | | | | | |
| | Calendar year | | 413242 | | 4.0004.5 | 4.3004.5 | |
| | (or fiscal year beginning in) ▶ | (a)2012 | (b) 2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
| 7 | Amounts from line 4 | 11,706,948 | 11,926,162 | 6,067,462 | 16,588,517 | 8,893,966 | 55,183,055 |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties and | 4,027,586 | 3,046,845 | 3,067,889 | 3,349,902 | 3,959,129 | 17,451,351 |
| | income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the business is regularly carried on | | | | | | |
| 10 | | | | | | | |
| | or loss from the sale of capital | | | | | | |
| 11 | assets (Explain in Part VI) Total support. Add lines 7 through | | | | | | |
| | 10 | | | | | | 72,634,406 |
| 12 | Gross receipts from related activities, | etc (see instructio | ns) | | | 12 | |
| 13 | First five years. If the Form 990 is for | or the organization | s first, second, thir | d, fourth, or fifth | tax year as a secti | on 501(c)(3) orgai | nization, |
| | check this box and stop here | | | | | ▶ □ | |
| S | ection C. Computation of Publi | | | | | | |
| 14 | Public support percentage for 2016 (III | ne 6, column (f) di | vided by line 11, co | olumn (f)) | | 14 | 72 610 % |
| 15 | Public support percentage for 2015 Sc | hedule A, Part II, l | ine 14 | | | 15 | 74 880 % |
| 16a | 33 1/3% support test—2016. If the | organization did r | ot check the box o | n line 13, and line | e 14 is 33 1/3% or | more, check this b | ox |
| | and stop here. The organization qual | ifies as a publicly s | upported organizat | ion | | | ▶ ☑ |
| b | 33 1/3% support test—2015. If th | e organization did | not check a box on | line 13 or 16a, a | nd line 15 is 33 1/3 | 3% or more, check | this |
| | box and stop here. The organization | qualifies as a pub | licly supported orga | anızatıon | | | ▶ □ |
| 17a | 10%-facts-and-circumstances tes | | | | | | |
| | is 10% or more, and if the organization | | | | | | |
| | in Part VI how the organization meets | the lacts-allu-CIFC | umstances test I | ne organization q | uaimes as a public | iy supported | ▶ □ |
| L | organization 10%-facts-and-circumstances tes | st—2015. If the or | ganization did not | check a hox on lin | ne 13 16a 16b or | 17a and line | ▶ ⊔ |
| ט | 15 is 10% or more, and if the organiz | | | | | | |
| | Explain in Part VI how the organization | on meets the "facts | -and-circumstance | s" test. The organ | nization qualifies as | a publicly | |
| | supported organization | | | | | | ▶□ |

| Section A. Public Support | | | | | | | | |
|--|----|--|--|--|--|--|--|--|
| the organization fails to qualify under the tests listed below, please complete Part II.) | | | | | | | | |
| (Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I | ίT | | | | | | | |

| Se | ection A. Public Support | | | | | | |
|----------|--|--------------------|---------------------|----------------------|---------------------|--------------------|---------------------------|
| | Calendar year | (a)2012 | (b) 2013 | (c)2014 | (d)2015 | (e) 2016 | (f)Total |
| 1 | (or fiscal year beginning in) ► Gifts, grants, contributions, and | | | | | | |
| _ | membership fees received (Do not | I | | | | | |
| | ınclude any "unusual grants`") | <u> </u> | | | | | |
| 2 | Gross receipts from admissions, | I | | | | | |
| | merchandise sold or services performed, or facilities furnished in | I | | | | | |
| | any activity that is related to the | I | | | | | |
| | organization's tax-exempt purpose | I | | | | | |
| _ | Cross receipts from activities that are | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business | I | | | | | |
| | under section 513 | I | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | I | | | | | |
| 5 | to or expended on its behalf The value of services or facilities | | | | | | |
| , | furnished by a governmental unit to | I | | | | | |
| | the organization without charge | ļ | | | | | |
| 6 | Total. Add lines 1 through 5 | <u></u> | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | I | | | | | |
| | 5 received from disqualified persons | <u> </u> | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | I | | | | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line | I | | | | | |
| | 13 for the year | I | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| 31 | ection B. Total Support | Г | 1 | T | Т | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a)2012 | (b) 2013 | (c)2014 | (d) 2015 | (e) 2016 | (f)Total |
| 9 | Amounts from line 6 | | | | | | |
| .0a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and | | | | | | |
| ь | income from similar sources Unrelated business taxable income | | | | | | |
| U | (less section 511 taxes) from | | | | | | |
| | businesses acquired after June 30, | | | | | | |
| | 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business | | | | | | |
| 11 | activities not included in line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, | | | | | | |
| | 11, and 12) First five years. If the Form 990 is fo | r the organization | te first second the | hird fourth or fift | | ction 501/c)(2) a: | raanization |
| 14 | check this box and stop here | Tale organización | r a mac, second, ti | ma, iourtii, or iiit | ii tax yeai as a se | CCOT 301(C)(3) 01 | yanızatıon, ► □ |
| <u> </u> | ection C. Computation of Public | Support Perce | ntage | | | | |
| 15 | Public support percentage for 2016 (lin | | | column (f)) | | 15 | |
| 16 | Public support percentage from 2015 S | | · · | (.,, | | 16 | |
| | ection D. Computation of Invest | <u> </u> | | | | 10 | |
| 17 | Investment income percentage for 20: | | | line 13, column (f |)) | 17 | |
| 18 | Investment income percentage from 2 | | | ,(| •• | 18 | |
| | 331/3% support tests—2016. If the | | | on line 14, and lir | ie 15 is more than | | e 17 is not |
| | more than 33 1/3%, check this box and | | | | | | ▶ □ |
| | 33 1/3% support tests—2015. If the | | | | | | . — |

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

ightharpoons

ightharpoons

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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

7

8

10a

Schedule A (Form 990 or 990-EZ) 2016

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? 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 | 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 | | | |
| | ın section 509(a)(1) or (2) | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) | | | |
| | below | 1 - ' | | l |

| | (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) | L |
|---|--|---|
| | W 20010 305 (4)(1) 01 (2) | L |
| | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) | Ĺ |
| | below | ſ |
| • | 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 | |

| | III Section 309(a)(1) or (2) | 2 | i | |
|----|---|----|---|--|
| 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 | 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 | | | |

| | 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 | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | |
| | checked 12a or 12b ın Part I, answer (b) and (c) below | | |
| | Did the eventualities have obtained and discussion in deciding whather to make make to the fewers commented | \Box | |

| | | 30 | l | | |
|---|---|----|---|--|--|
| 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 | | | | |
| a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | | | |
| | checked 12a or 12b ın Part I, answer (b) and (c) below | | | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported | | | | |
| | organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations | 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 foleigh supported organization was used exclusively for section 170(e)(2)(b) purposes | 4c | |
|----|---|----|--|
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by | | |
| | amendment to the organizing document) | 5a | |
| 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? | 5b | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | |
| 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 | | |

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

| Par | ** Supporting Organizations (continued) | | | |
|-----|--|--------------|----------|----------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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 | | |
| C- | ection B. Type I Supporting Organizations | | | |
| se | ection 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 of | ır 🗆 | 1.03 | "" |
| | elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa | | | |
| | 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 | | |
| | | | • | • |
| Se | ection C. Type II Supporting Organizations | | Yes | N. |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees | of [| res | No |
| 1 | were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the | or | | |
| | supporting organization was vested in the same persons that controlled or managed the supported organization(s) | | | |
| | | | | |
| | | 1 | | |
| | | | | • |
| Se | ection D. All Type III Supporting Organizations | | Τ., | |
| | Did the appropriate any would be each of the grown which are not the best first first of the COL seconds of the | , | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of | | | |
| | 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? | <u> </u> | - | <u> </u> |
| 2 | Were any of the organization's officers, directors, or trustoss either (1) appointed or elected by the supported arrangement | n 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) | <u> </u> | | |
| _ | Divinion of the valeting described in (2) did the surround of | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t | | | |
| | year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard | 3 | | |
| | | | 1 | |
| | ection 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 instr | actions) | | |
| a | | | | |
| b | | | | |
| С | The organization supported a governmental entity Describe in Part VI how you supported a government entity (| see instru | ictions) |) |
| | | | | |
| 2 | Activities Test Answer (a) and (b) below. | _ | Yes | No |
| 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 supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was | 3 | | |
| | responsive to those supported organizations, and how the organization determined that these activities constituted | <u> </u> | | |
| | 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. | _ | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI. | of 3a | | |
| h | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its | <u> </u> | 1 | |
| , | supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard | 3b | | |
| | | , | 1 | |

| - | Add lifles 1 till odgif 5 | | | |
|---|--|------------|----------------|--------------------------------|
| 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) | 1 | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1 b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | | | | |

| d | Total (add lines 1a, 1b, and 1c) | 1d | |
|---|--|----|--------------|
| е | Discount claimed for blockage or other factors (explain in detail in Part VI) | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| | | | |
| | 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 | |

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

e Excess from 2016. . . .



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Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No 1545-0047

DLN: 93493045010268

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-

EZ)

▶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.

| • S • S If the • S • S If the (Pro) | ection 501(c)(3) organizations Cor Section 501(c) (other than section 5 Section 527 organizations Complet corganization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that | n Form 990, Part IV, Line 4, or Form thave filed Form 5768 (election under thave NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy T s), then | te Part I-C rts I-A and C below 990-EZ, Part VI, Iir section 501(h)) Co under section 501(h | Do not complete Part I-B ne 47 (Lobbying Activities omplete Part II-A Do not co)) Complete Part II-B Do | s), then omplete Part II-B not complete Part II-A | | | |
|---|--|--|---|---|---|--|--|--|
| | me of the organization insula Open Space Trust | , | | Employer ider | ntification number | | | |
| | | | | 94-2392007 | | | | |
| Par | t I-A Complete if the orga | nization is exempt under sect | ion 501(c) or is | a section 527 organi | zation. | | | |
| 1 2 | Political expenditures | nization's direct and indirect political co | ampaign activities ir | n Part IV ▶ | \$ | | | |
| 3 222 | Volunteer hours t I-B Complete if the organ | nization is exempt under sect | ion 501(c)(3) | | | | | |
| | | ex incurred by the organization under | | | | | | |
| 1 2 | • | ex incurred by the organization under | | | \$ | | | |
| 3 | · · | tion 4955 tax, did it file Form 4720 for | | r | Yes No | | | |
| 4a | Was a correction made? | ·····, ·····, | , | | | | | |
| | | | | | ∐ Yes ☐ No | | | |
| b Par | If "Yes," describe in Part IV t I-C Complete if the organ | nization is exempt under sect | ion 501(c), exce | ept section 501(c)(3) |). | | | |
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ | | | | | | | |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities | | | | | | | |
| 3 | Total exempt function expenditure | es Add lines 1 and 2 Enter here and | on Form 1120-POL, | line 17b ► | \$ | | | |
| 4 | Did the filing organization fileFori | m 1120-POL for this year? | | | Yes No | | | |
| 5 | organization made payments For of political contributions received | employer identification number (EIN) each organization listed, enter the ar that were promptly and directly delive ee (PAC) If additional space is needed | nount paid from the ered to a separate p | e filing organization's funds solitical organization, such a | ch the filing Also enter the amount | | | |
| | (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- | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| For P | aperwork Reduction Act Notice, see t | l the instructions for Form 990 or 990-EZ | • Cat | No 50084S Schedule C (| Form 990 or 990-EZ) 2016 | | | |

250,000

195,791

197,527

223,518

Schedule C (Form 990 or 990-EZ) 2016

866,836

1.300.254

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Grassroots ceiling amount

activity

Volunteers?

Part IV

Return Reference

form 990, schedule c, part II-a

Supplemental Information

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Media advertisements?

1

(b)

Amount

(a)

Yes

No

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 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? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 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 expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year b Carryover from last year 2b 2c С Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 5 Taxable amount of lobbying and political expenditures (see instructions)

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

Conservation Action Fund \$50,000 Payment for initial filing and related expenses for natural resources,

park, water bond initiative for 2018 ballot, and \$12,000 payment to lobbying consultant

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,

DLN: 93493045010268 OMB No 1545-0047

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** Peninsula Open Space Trust 94-2392007 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 3 Aggregate value of grants from (during year) 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 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? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 an 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 13,585 00 Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 146,803 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)? □ No 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2016

| Par | t IIII | Organizations Maint | taining Coll | ections of Art | t, Histor | ical Tı | eası | ires, or Other | Similar Ass | sets (cor | ntinued) | |
|---|---|---|---------------------|------------------------|----------------|-------------|---------|----------------------|----------------|--------------|-----------|-----------|
| 3 | | the organization's acquisit (check all that apply) | ion, accession | , and other reco | rds, check | any of | the fo | llowing that are a | significant us | se of its co | ollection | |
| а | | Public exhibition | | | d | | Loan | or exchange prog | rams | | | |
| b | | Scholarly research | | | е | | Othe | r | | | | |
| С | | Preservation for future ger | nerations | | | | | | | | | |
| 4 | Provid Part X | de a description of the orga | inization's coll | ections and expla | ain how th | ey furth | ner the | e organization's ex | empt purpos | e in | | |
| 5 | | g the year, did the organize s to be sold to raise funds r | | | | | | | ılar | ☐ Yes | □ r | lo |
| 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. | | | | | | | | | Part | | | |
| 1a | | | | | | | | lo | | | | |
| ь | If "Ye | s," explain the arrangemer | nt in Part XIII | and complete the | e following | table | | | An | nount | | _ |
| С | | ning balance | | · | _ | | | 1c | | | | _ |
| d | Addıtı | ons during the year | | | | | | 1d | | | | _ |
| е | Dıstrıl | butions during the year | | | | | | 1e | | | | _ |
| f | Endin | g balance | | | | | | 1f | | | | _ |
| 2a | Did th | ne organization include an a | amount on For | m 990, Part X, II | ne 21, for | escrow | or cu | istodial account lia | bility? | ☐ Yes | | — Io |
| b | If "Ye | s," explain the arrangemer | nt in Part XIII | Check here if th | e explanat | on has | been | provided in Part > | (III | | | |
| Pa | art V | Endowment Funds. | Complete If | the organizatio | on answe | red "Y | es" oı | n Form 990, Par | t IV, line 10 |). | | |
| | | | | (a)Current year | | rior yea | _ | (c)Two years back | (d)Three year | |)Four yea | |
| | _ | ing of year balance | | 676,9 | 66 | 697 | ,739 | 705,715 | 6 | 36,219 | | 659,763 |
| | | utions | | 63.0 | F.0 | | 164 | 17.414 | | 00 502 | | -60,100 |
| | | estment earnings, gains, a | nd losses | 63,0 | 58 | | 164 | 17,414 | | 88,583 | | 56,535 |
| | | or scholarships | | | | | | | | | | |
| е | | expenditures for facilities ograms | | 22,0 | 74 | 20 | ,937 | 25,390 | | 19,087 | | 19,979 |
| f | Admini | strative expenses | | | | | | | | | | |
| g | End of | year balance | [| 717,9 | 50 | 676 | ,966 | 697,739 | 7 | 05,715 | | 636,219 |
| 2 | Provid | le the estimated percentag | e of the curre | nt year end bala | nce (line 1 | g, colu | mn (a |)) held as | | | | |
| а | Board | designated or quasi-endov | wment 🟲 | 0 % | | | | | | | | |
| b | Perma | anent endowment ► 77 | 7 000 % | | | | | | | | | |
| С | Temp | orarily restricted endowme | ent ▶ 23 0 | 00 % | | | | | | | | |
| | The p | ercentages on lines 2a, 2b, | , and 2c shoul | d equal 100% | | | | | | | | |
| 3a | | | | | | | | | | | | |
| | (i) un | related organizations . | | | | | | | | 3a(i | | No |
| b | ` ' | elated organizations s" on 3a(ii), are the related | d organization: | s listed as requir | ed on Sche | edule R | · . | | | 3a(i 3b | | No |
| 4 | Descr | ibe in Part XIII the intende | d uses of the | organızatıon's er | ndowment | funds | | | | | | |
| Pa | rt VI | Land, Buildings, and | | | | | | | | | | |
| | 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 (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value | | | | | | | | | | | |
| | Descri | ption of property | (investmen | | ost or other | Dasis (C | itner) | (c)Accumulated di | epreciation | (a) | Book valu | e |
| 1a | Land | | | | | 2,35 | 1,899 | | | | | 2,351,899 |
| b | Building | gs | | | | 3,93 | 9,386 | | 957,273 | | | 2,982,113 |
| c | Leaseh | old improvements | | | | | | | | | | |
| d | Equipm | nent | | | | 30 | 7,360 | | 186,572 | | | 120,788 |
| е | Other | | | | | | | | | | | |
| Tat | - I Add I | lines 15 through 16 (Calvins | (d) | ual Form 000 D | art V activ | mn (D) | line | 10(a)) | | | | E 454 000 |

| | See Form 990, Part X, line 12. | , | | | 990, Part IV, line 11b. |
|--|---|----------------|-------------------------|-------------------|---|
| | (a) Description of security or category (including name of security) | (| b) Book value | | hod of valuation -of-year market value |
| (1)Financial | derivatives | | | | |
| (3)Other | neld equity interests | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| Total. (Columi Part VIII | n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete if the or | rganizat | ion answe | red 'Yes' on Form | 990. Part IV. line 11c. |
| | See Form 990, Part X, line 13. | | | | |
| | (a) Description of investment | (b) Boo | k value | | thod of valuation -of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | n (b) must equal Form 990, Part X, col (B) line 13) | | | | |
| (1) Other red (2) ASSET O (3) Land held (3) | | | | | (b) Book value 43,560 1,651,030 82,531,948 |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answe | | · · · | 990 Part IV line | ▶ 84,226,538 |
| | See Form 990, Part X, line 25. (a) Description of liability | | (b) Book | | 110 0/ 11// |
| 1. (1) Federal II | ncome taxes | | (B) Book | variac | |
| Agency Trust | t Funds | | | 271,928 | |
| Liability unde | er CRUT | | | 2,570,330 | |
| asset retirem | nent Obligations | | | 2,327,611 | |
| Stewardship (5) | liabilities | | | 615,145 | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | | | | | |
| Total. (Columi | n (b) must equal Form 990, Part X, col (B) line 25) | ▶ | | 5,785,014 | |

Explanation

Schedule D (Form 990) 2015

Return Reference

See Additional Data Table

| Page 5 | | Schedule D (Form 990) 2015 | | | |
|---------------|-------------------|------------------------------|--|--|--|
| | ation (continued) | Part XIII Supplemental Infor | | | |
| | Explanation | Return Reference | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Schedule D (Form 990) 2016

Additional Data

Software Version: **EIN:** 94-2392007

Name: Peninsula Open Space Trust

Part II, Line 3

| Supplemental Information | |
|--------------------------|--|
| D . D . | |

Software ID:

Explanation

Return Reference

POST purchased easements for an expense of \$150,000 for the year ending 6/30/2017

| Supplemental Information | |
|--------------------------|--|
| Return Reference | Explanation |
| Part II, Line 5 | POST monitors all of its conservation easements at least annually in order to 1) observe the condition of the property in order to determine whether it is in compliance with easement terms, 2) create a record of easement stewardship and property condition over time, and 3) maintain a working relationship with the landowner. It is POST's policy to uphold its conservation easements as written and to identify, investigate, evaluate and respond to any potential violations as quickly as possible. In the case of a material violation, POST will require cessation, repair, and/or mitigation of any damage to protected conservation values. POST is prepared to take legal action to defend its rights as easement holder if ne cessary. POST has a conservation easement stewardship fund to provide resources for legal defense. The conservation easement document does clearly describe the process for enforcing the terms of the easement should any violation be identified to ensure that corrective actions are taken to cure the violation. |

| Supplemental Information | |
|--------------------------|---|
| Return Reference | Explanation |
| Part II, Line 9 | The Organization periodically receives or purchases conservation easements which limit the allowable uses of the related property to open space uses consistent with the Organizatio n's mission. Contributed conservation easements received are recorded as land contribution s based on the estimated value given up by the land owner by restricting the use of the property with an easement. Conservation easements purchased bear no future benefit to the Organization and are therefore included as part of land and easement transactions expense in the year they are acquired. In connection with the transfer or sale of land, the Organization may retain a conservation easement on the land. Because these easements bear no possible future financial benefit to the Organization, they are not recorded on the Organization n's statement of financial position. Sometimes, the Organization may sell a conservation e asement to a nonprofit or public agency partner while retaining ownership of the property. |

| Supplemental Information | |
|--------------------------|---|
| Return Reference | Explanation |
| Part V, Line 4 | Lane stewardship endowment These funds may be used for expenses to maintain trails, remove invasive and exotic species, undertake erosion prevention and repair, and restore plant and animal habitats. Wilbur's Watch endowment This grant is restricted to activities related to the maintenance of the trail at Wilbur's Watch on POST's Cloverdale property. This includes such items as annual stewardship such as mowing, pampas grass removal, and monitoring, replacement of items such as the bench, telescope, and signage, and repair of the trail |

| Supplemental Information | |
|--------------------------|---|
| Return Reference | Explanation |
| Part X, Line 2 | The Organization evaluates its uncertain tax positions and will recognize a loss contingen cy when it is probable that a liability has been incurred as of the date of the financial statements and the amount of the loss can be reasonably estimated. The amount recognized is subject to estimate and management judgment with respect to the likely outcome of each uncertain tax position. The amount that is ultimately sustained for an individual uncertain tax position for all uncertain tax positions in the aggregate could differ from the amount recognized. As of June 30, 2017 management did not identify any uncertain tax positions. |

| Supplemental Information | |
|---|-------------------------------------|
| Return Reference | Explanation |
| Part XI, Line 2d - Other Adjustments | Investment management Fees -394,824 |

| Supplemental Information | |
|--|-------------------------------------|
| Return Reference | Explanation |
| Part XII, Line 2d - Other Adjustments | Investment Management fees -394,824 |

| efile GRAPHIC print - DO | NOT PROCESS | As Filed Data - | | | | | DLN: 93493045010268 | |
|--|------------------------|------------------------------------|--|---|---|---|---|--|
| Schedule I (Form 990) Department of the Treasury | Co | Governments mplete if the organiza | and Individuals ation answered "Yes," o Attach to Form | er Assistance to Organizations, d Individuals in the United States answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Form 990) and its instructions is at www.irs.gov/form990. | | | OMB No 1545-0047 2016 Open to Public Inspection | |
| Name of the organization | | | | | | Employer iden | tification number | |
| Peninsula Open Space Trust | | | | | | 94-2392007 | | |
| Part I General Inform | nation on Grants | and Assistance | | | | ' | | |
| Does the organization man the selection criteria used | | | | | for the grants or assistance | e, and | ☑ Yes ☐ No | |
| 2 Describe in Part IV the org | ganızatıon's procedur | es for monitoring the us | se of grant funds in the Ur | ited States | | | | |
| | | | nd Domestic Governme ditional space is needed | nts. Complete if the or | ganization answered "Yes" | on Form 990, Part IV, | line 21, for any recipient | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description o non-cash assistand | | |
| | | = | | | | | 6 | |
| 3 Enter total number of other | er organizations liste | d in the line 1 table. | | | | • | 2 | |
| For Paperwork Reduction Act Noti | ce, see the Instructio | ns for Form 990. | | Cat No 50055 | iP | | Schedule I (Form 990) 2016 | |

(6)(7) Return Reference Part I, Line 2

completely spent at the time of the final report, ensuring that the granting organization is made fully aware of POST's use of the granted funds. For grants made, POST

monitors the use of these funds through close coordination with the grantee to ensure funds are utilized for the intended purpose as agreed upon between the organizations. In some cases, a grant agreement is signed by both parties in which we may require the grantee to submit updates on the use of funds by specific dates If a third party is involved as the grantor, and POST serves as the pass-through entity, we will manage and be held responsible for the reporting requirements set by

Additional Data

PESCADERO, CA 94060 committee for green foothills

3921 east bayshore road

palo alto, CA 94303

Software ID: Software Version: EIN: 94-2392007

94-2223302

Form 990 Schedule T. Part TJ. Grants and Other Assistance to Domestic Organizations and Domestic Governments

501(C)(4)

Name: Peninsula Open Space Trust

iic. Telilisala Open Space Trust

| roilli 990,3cheudle 1, Part | of in 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|--|---|----------------------------------|------------------------------------|--|---|---|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| pie ranch | 26-1631976 | 501(C)(3) | 5,000 | | | | Sponsorship of Whole | | |

Sponsorship Nature's

unrestricted contribution

Inspiration and

to CGF

32,500

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance california council of land trusts 01-0826246 501(C)(3) 6.500 Operation support

Table Advisors Annual

Fundraising Event and

programat

| 1029 J STREET SUITE 120 SACRAMENTO, CA 95814 | 01 0020210 | | 0,500 | | operation support |
|---|------------|-----------|-------|--|------------------------|
| Trust Conservation Innovation | 91-2166435 | 501(C)(3) | 5,000 | | Sponsorship of Kitchen |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

405 14th Street Suite 164

Oakland, CA 94612

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0480736 501(C)(3) 7.000 Puente Sponsorship of Puente PO Box 554 Fall Harvest Fundraiser Pescadero, CA 94060 and donation to Puente for the

Support Schools in Lieu

of Property taxes

55.327

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Government

La honda Pescadero Unified

School District

PO Box 189 Pescadero, CA 94060 94-3138629

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Midpeninsula Regional Open 26-3602066 450,000 Appraisal Transfer of land Government Space District

330 Distel Circle Los Altos, CA 94022 Sempervirens Fund 94-2155097 501(C)(3) 435.990 Grant for construction

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Los Altos, CA 940223640

419 South San Antonio Rd performed on Castle Suite 211 Rock Property

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 51-0197006 501(C)(3) 300,000 Donated related to Conley Property

Sonoma Land Trust 822 Fifth STreet Santa Rosa, CA 95404

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

455 County Center Redwood City, CA 94063

San Mateo County Parks 94-3306697 Government 925,000 Appraisal Transfer of Land efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493045010268

Employer identification number

OMB No 1545-0047

2015

Open to Public Inspection

Schedule J

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.

Department of the Treasury Internal Revenue Service

Name of the organization Peninsula Open Space Trust

(Form 990)

94-2392007 **Questions Regarding Compensation** Yes No 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 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 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 Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations 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 organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4с Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5а Νo 5h Any related organization? Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? 6b Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III 7 Νo Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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 1a, applicable column (D) and (E) amounts for that individual

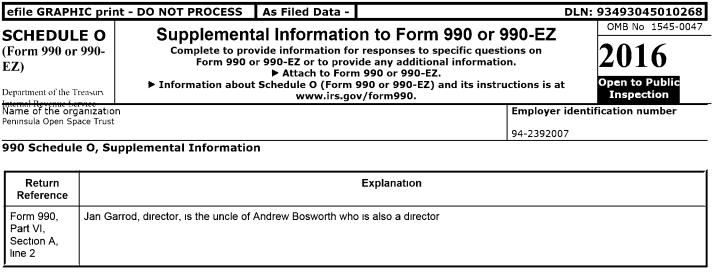
| (A) Name and Title | | (B) Breakdown of | FW-2 and/or 1099-MIS | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in | |
|--|------|--------------------------|---|-----------------|--------------------------------|------------------------|----------------------|--|--|
| | | Base (1) compensation | (ii) (III) Bonus & Incentive Other reportable compensation compensation | | other deferred compensation | benefits | (B)(ı)-(D) | column(B) reported as deferred on prior Form 990 | |
| 1 walter T Moorepresident | (i) | 283,711 | 0 | 138 | 15,900 | 28,265 | 328,014 | 0 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2 heaTHER KANTOR treasurer/CFO | (i) | 217,935 | 0 | 138 | 13,616 | 36,839 | 268,528 | 0 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3 patricia suvari Former VP, Land | (i) | 134,187 | 0 | 25 | 6,376 | 13,108 | 153,696 | 0 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4 jennifer lynch Former VP, Advancement | (i) | 183,329 | 0 | 0 | 15,006 | 1,126 | 199,461 | 0 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5 Martha tedesco VP of Marketing | (i) | 146,392 | 0 | 138 | 3,806 | 23,071 | 173,407 | 0 | |
| - | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

| Return Reference | Explanation | | | | |
|--|---------------|--|--|--|--|
| 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 IIII Supplemental Inform | nation | | | | |
| Schedule J (Form 990) 2015 | Page 3 | | | | |

Schedule J (Form 990) 2015

| efil | e GRAPHIC pr | int - DO NOT PR | ROCESS | As Filed Data - | | DLN | 9349304 | 5010 | 268 |
|----------|--|------------------------|-------------|--|--|-------------------|----------------------------|--------|-------|
| | IEDULE M | | N | loncash Contri | hutions | | OMB No 1 | .545-0 | 047 |
| (For | m 990) | ▶Complete if the | | ons answered "Yes" on Fo | | 9 or 30. | 20 | 16 | |
| | | ▶ Attach to Form | _ | | | | | | |
| D | | | | le M (Form 990) and its i | nstructions is at <u>www.ir</u> s | s.gov/form990 | Open to | n Puh | lic |
| | tment of the Treasury al Revenue Service | | | | | | Inspe | | |
| | e of the organizat | | | | | Employer iden | | | |
| Penin | sula Open Space Tru | st | | | | 94-2392007 | | | |
| Pa | rt I Types | of Property | | | | 94-2392007 | | | |
| | .,,,,,, | perty | (a) | (b) | (c) | | (d) | | |
| | | | | Number of contributions or items contributed | Noncash contribution amounts reported on Form 990, Part VIII, line | | d of determinentribution a | | :s |
| | | | | | 1g | | | | |
| 1 | Art—Works of art | | | | | | | | |
| 3 | Art—Historical tre Art—Fractional in | | | | | + | | | |
| 4 | Books and public | | | | | | | | |
| | Clothing and hou | | | | | | | | |
| | goods | | | | | | | | |
| | Cars and other v | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 9 | Intellectual proper Securities—Public | • | X | 62 | 632 95 | Blavg hi/low gift | date | | |
| _ | Securities—Close | | | 02 | 032,730 | Savg III/IOW girt | uate | | |
| | Securities—Partr | nership, LLC, | | | | | | | |
| 12 | Securities—Misce | ellaneous | | | | | | | |
| 13 | Qualified conserve contribution—Histructures | istoric | | | | | | | |
| 14 | Qualified conserv | | Х | 2 | 1,105,400 | 0 Appraisal | | | |
| | contribution—Of | | | | | | | | |
| | Real estate—Res | | | | | | | | |
| 16 17 | Real estate—Cor Real estate—Oth | | | | | + | | | |
| 18 | Collectibles . | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medic | al supplies . | | | | | | | |
| 21 | Taxıdermy . | | | | | | | | |
| | Historical artifact | | | | | | | | |
| | Scientific specim | | | | | | | | |
| 24 | Archeological art | ifacts | X | 2 | 11 20 | F | | | |
| | Other ► (lies) | | _ ^ | 2 | 11,20 | 5 market value | | | |
| 26 | Other ► (|) | | | | | | | |
| 27 | Other ▶ (| | | | | | | | |
| 28 | Other ► (|) | | | | ļ., | | | |
| 29 | | | | ition during the tax year for 3, Part IV, Donee Acknowled | | 29 | | | |
| 20- | During the ver- | did the erganization | n rocewa L. | contribution any property r | concreted in Dark T. lines 4 +4 | rough 30 that | | Yes | No |
| 30a | | | · · | | • | - | | | |
| | | · | | ate of the initial contribution | | to be used | | | , |
| | | | | od? | | | · 30a | | No |
| b | If "Yes," describ | e the arrangement i | ın Part II | | | | | | ļ |
| 31 | Does the organi | zation have a gift ac | ceptance p | olicy that requires the reviev | v of any non-standard cont | ributions? | 31 | Yes | |
| 32a | Does the organi contributions? | | urd parties | or related organizations to so | olicit, process, or sell nonce | ash • • • • | 32a | Yes | - |
| b | If "Yes," describ | e ın Part II | | | | | | | |
| 33 | If the organizati | on did not report an | amount in | column (c) for a type of pro | perty for which column (a) | ıs checked, | | | |
| | describe in Part | II | | | | | | | |
| For D | anerwork Peduction | on Act Notice, see the | Instruction | s for Form 990 | Cat No. 512271 | Sche | dule M (Form | 0001 | 2016) |

| Schedule M (Form 990) (2016) | Page 2 | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in I | | | | | | | | |
| 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. | | | | | | | | |
| Return Reference | Explanation | | | | | | | |
| Part I, Column (b) | Contributors donated wine and food for events | | | | | | | |
| · | POST employs Sandhill Global Advisors to handle sales of all noncash contributions of stocks or securities At present sales of other noncash items such as conservation lands or easements are handled by the organization Sales of non-conservation lands may be handled either by the organization or, in certain cases, by commercial real estate brokers | | | | | | | |
| | Schedule M (Form 990) (2016) | | | | | | | |



Return Explanation
Reference

Form 990,
Part VI,
Section B,
Inne 11b

Each year, prior to submission, the Audit Committee shall ensure that POST's Form 990 is reviewed by a member of the committee or a designee of the committee with appropriate qualifications. In addition, the draft submission will be made available to the board for review and comment

Return
Reference

Form 990. When joining the organization's board or staff, and on an annual basis, board members, mem

Part VI,
Section B,
Iline 12c
When joining the organization's board or staff, and on an annual basis, board members, members, members of the finance and audit committee not currently serving on the Board, and all staff
fill out a conflict of interest statement. If a change in a person's material interest in
a matter that could affect POST occurs, that person must amend the conflict of interest st
atement. All disclosure statements shall be reviewed by the Chair of the Board Governance

990 Schedule O, Supplemental Information

Committee and President

Return Explanation
Reference

Form 990,
Part VI,
Section B,
line 15

It is the policy of the Compensation Committee to annually review the compensation of all officers utilizing a compensation study prepared by an independent compensation consultant with market data from Bay Area companies. The Committee considers multiple factors that a ffect compensation comparisons such as geographical cost of living, experience, qualificat ions, and performance achievements. This review is contemporaneously documented in the compensation committee minutes.

Return Explanation
Reference

Form 990,
Part VI,
Section C,
Inne 19

Return Explanation Reference

Form 990. Other Professional Fees Program service expenses 1,677,313 Management and general expens Part IX. line

es 81,331 Fundraising expenses 269,571 Total expenses 2.028.215

Return Explanation

| Reference | |
|--------------|--|
| Form 990, | The organization has an audit committee that is charged with the oversight of the audit. This process has not changed from prior |
| Dad VII Lina | l va ava |

Part XII, Line | years

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493045010268 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Peninsula Open Space Trust 94-2392007 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) **(e)** End-of-year assets Total income or foreign country) entity

| Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year. | Complete if the orga | nızatıon answered | "Yes" on Form 990 | , Part IV, line 34 be | cause it had one or | more | |
|---|--|---|----------------------------|--|--------------------------------------|---------------------|--------|
| (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 | Section (13) col | 512(b) |
| | | | | | | Yes | No |
| (1)LAKE LUCERNE MUTUAL WATER COMPANY 222 HIGH STREET | Develop, distribute, supply, and deliver water for irrigation use only | CA | 501(C)(12) | | | | No |
| PALO ALTO, CA 94301 94-2689518 | | | | | | | |
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| | | | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 99 | 0. | Cat No 5013 | 35Y | | Schedule R (Form | 990) 20 | 016 |

| | | (b) | 1 1 | | 1 45 | 1 40 | 1 . | | | 1 () | | ., 1 | |
|---|-------------------------|-------------|---|--|---|-------------------------------------|---------------------------------------|-------------------|-------------------------|---|--------------------------|---------------------------------|---|
| (a) Name, address, and EIN of related organization | | | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | Predominant income(related unrelated, excluded from tax under sections 512- | | | Olsprop alloca | | Code V-UBI amount in bot 20 of Schedule K-1 (Form 1065) | Gene man | j) eral or aging ener? | (k) Percenta ownersh |
| | | | | | 514) | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
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| Identification of Related Organiza because it had one or more related or | | | | | | zation ansv | vered "Yes | " on Fo | orm 9 | 90, Part IV | , line | 34 | |
| Identification of Related Organiza because it had one or more related or (a) Name, address, and EIN of related organization | | L do (state | (c) egal micile or foreign | st during th | (d) controlling entity Type | (e) | vered "Yes (f) Share of total income | Share | (g) of end- year assets | of- Perce | , line i) ntage ership | Se (1 | (I) ection 512 3) control entity |
| because it had one or more related or (a) Name, address, and EIN of | rganizations treated as | L do (state | on or trus (c) egal micile | st during th | (d) controlling entity Type | (e) le of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | 1) ntage | Se (1 | control |
| because it had one or more related or (a) Name, address, and EIN of | rganizations treated as | L do (state | (c) egal micile or foreign | st during th | (d) controlling entity Type | (e) le of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | 1) ntage | Se (1 | 3) control entity? |
| because it had one or more related or (a) Name, address, and EIN of | rganizations treated as | L do (state | (c) egal micile or foreign | st during th | (d) controlling entity Type | (e) le of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | 1) ntage | Se (1 | 3) control entity? |
| because it had one or more related or (a) Name, address, and EIN of | rganizations treated as | L do (state | (c) egal micile or foreign | st during th | (d) controlling entity Type | (e) le of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | 1) ntage | Se (1 | 3) control entity? |
| because it had one or more related or (a) Name, address, and EIN of | rganizations treated as | L do (state | (c) egal micile or foreign | st during th | (d) controlling entity Type | (e) le of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | 1) ntage | Se (1 | 3) control entity? |
| because it had one or more related or (a) Name, address, and EIN of | rganizations treated as | L do (state | (c) egal micile or foreign | st during th | (d) controlling entity Type | (e) le of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | 1) ntage | Se (1 | 3 |

| chedule R (Form 990) 2016 | | Pa | ge 3 |
|--|------------|-----|-------------|
| 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 orgranization 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 | | No |
| b Gift, grant, or capital contribution to related organization(s) | 1 b | | No |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| d Loans or loan guarantees to or for related organization(s) | 1d | Yes | |
| e Loans or loan guarantees by related organization(s) | 1e | | No |
| f Dividends from related organization(s) | 1f | | No |
| g Sale of assets to related organization(s) | 1 g | | No |
| h Purchase of assets from related organization(s) | 1h | i | No |
| i Exchange of assets with related organization(s) | 1 i | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1 j | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| I Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | i | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | No |
| o Sharing of paid employees with related organization(s) | 10 | | No |
| p Reimbursement paid to related organization(s) for expenses | 1p | | No |
| q Reimbursement paid by related organization(s) for expenses | 1 q | | No |
| r Other transfer of cash or property to related organization(s) | 1r | | No |
| s Other transfer of cash or property from related organization(s) | 1s | | No |

| I Performance of se | rvices or membership or fundraising solicitations for related organization(s) | | | | 11 | No |
|-----------------------------|---|----------------------------------|------------------------|---------------------------------|-------------|----|
| m Performance of se | rvices or membership or fundraising solicitations by related organization(s) | | | | 1m | No |
| n Sharing of facilities | s, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | No |
| o Sharing of paid er | mployees with related organization(s) | | | | 10 | No |
| p Reimbursement p | oald to related organization(s) for expenses | | | | 1p | No |
| q Reimbursement p | oald by related organization(s) for expenses | | | | 1q | No |
| r Other transfer of o | cash or property to related organization(s) | | | | 1r | No |
| s Other transfer of | cash or property from related organization(s) | | | | 1s | No |
| 2 If the answer to a | ny of the above is "Yes," see the instructions for information on who must complete this line | e, including covered r | elationships and tra | nsaction thresholds | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining am | ount involv | ed |
| (1)lake lucerne mutual wate | er company | D | 43,560 | FMV | | |
| | | | | | | |
| | | | | | | |

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| 1 | | | | | | | | | | | | | |
|--|--------------------------------|----------|--|-----|---|------------------------------------|--|--------------------------------------|----|--|------------|---------|---------------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | domicile | (d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514) | or | (e) re all partners section 501(c)(3) rganizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtiona allocations? | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | ng ? | (k) Percentage ownership |
| | | | 514) | Yes | No | ! i | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
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