Hearthstone CPA Group P.S. Certified Public Accountants 4312 Kitsap Way, Suite 102 Bremerton, WA 98312

August 14, 2017

Tom Eckmann, Board President North Kitsap Fishline P.O. Box 1517 Poulsbo, WA 98370

Dear Tom:

Enclosed is the organization's 2016 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2017.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Larry Hurley, CPA

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

2016

Department of the Treasury Internal Revenue Service

Name of exempt organization

For calendar year 2016, or fiscal year beginning ______, 2016, and ending ______, 20

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

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Employer identification number

_***

NORTH KITSAP FISHLINE

Name and title of officer
BECKY HALL
TREASURER
Part I Type of Return and Return Information (Whole Dollars Only)
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box

Check the box for the return for which you are using this Form 88/9-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,750,069.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X Lauthorize HEARTHSTONE CPA GROUP P.S.	to enter my PIN 44431
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2016 electronically filed is being filed with a state agency(ies) regulating charities as part of the enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on indicated within this return that a copy of the return is being filed with a program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	91310333333 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 201 confirm that I am submitting this return in accordance with the requirements of P <i>e-file</i> Providers for Business Returns.	, , , , , , , , , , , , , , , , , , , ,
ERO's signature	Date 08/14/17
ERO Must Retain This Form Do Not Submit This Form To the IRS	

	000	
_	990	
Form	JJU	

Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2017

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

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

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



AF	or th	e 2016 calendar year, or tax year beginning and e	ending						
Ba	Check if applicab	le: C Name of organization		D Employer identific	cation number				
	Addre	NORTH KITSAP FISHLINE							
	Name	ge Doing business as		**_*	_ * * * * * * *				
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Final return	V PO BOX 1517		360-	779-5190				
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,750,069.				
	Amer	FOOLSBO, WA 90370		H(a) Is this a group re					
	Appli tion pend	F Name and address of principal officer: DECKI IIADD		for subordinates	? Yes X No				
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
		xempt status: X 501(c)(3)	or 🛄 527		list. (see instructions)				
		ite: WWW.NKFISHLINE.ORG		H(c) Group exemption					
		f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1983 N	State of legal domicile: WA				
Pa	art I	Summary	D 3 3 177						
e	1	Briefly describe the organization's mission or most significant activities: FOOD	BANK	AND EMERGEN	CY SERVICES				
an									
/err	2	Check this box if the organization discontinued its operations or dispos			sets. 18				
& Governance	3				18				
	4	Number of independent voting members of the governing body (Part VI, line 1b)			10				
ties	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			200				
Activities &	6	Total number of volunteers (estimate if necessary)			0.				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	D	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		2,798,755.	2,431,610.				
Revenue	9			0.	0.				
vel	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,005.	4,430.				
å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		302,448.	314,029.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,105,208.	2,750,069.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		212,687.	238,315.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
be		Total fundraising expenses (Part IX, column (D), line 25) > 26, 91	L4.						
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,227,875.	2,240,560.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,440,562.	2,478,875.				
	19	Revenue less expenses. Subtract line 18 from line 12		664,646.	271,194.				
or		·		ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		2,584,869.	2,842,482.				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		699,147.	685,566.				
		Net assets or fund balances. Subtract line 21 from line 20		1,885,722.	2,156,916.				
Pa	art II	Signature Block							

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

Sign Here	Signature of officer BECKY HALL, TREASURER Type or print name and title		Date					
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN				
Paid	LARRY HURLEY, CPA		08/14/17 self-employed	P00097252				
Preparer	Firm's name HEARTHSTONE CPA		Firm's EIN 🕨 🔺	*_***				
Use Only	Firm's address 4312 KITSAP WAY,	SUITE 102						
	BREMERTON, WA 98	312	Phone no. 360 -	479-4611				
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)							
632001 11-1	1-16 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2016)				

Form	1990 (2016) NORTH KITSAP FISHLINE	**_*****	Page 2
	rt III Statement of Program Service Accomplishments		r ugo =
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:	CEDUTOEC	
	TO SERVE PEOPLE IN NEED BY PROVIDING FOOD AND EMERGENCY	SERVICES.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	manaurad by avpance	-
4			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,857,461. including grants of \$) (Revenue) (Revenue))
	FOOD BANK PROVIDES INDIVIDUALS AND FAMILIES, INCLUDING		-
	WITH EMERGENCY FOOD AND SERVICES. THE ORGANIZATION COLI		
	FOOD FROM LOCAL STORES AND PROVIDES CHILDREN WITH SCHOOL	L SUPPLIES A	ND
	TOYS AT CHRISTMAS.		
	100 100		
4b	(Code:) (Expenses \$ 482,499. including grants of \$) (Revenue))
	THRIFT STORE PROVIDES REVENUE TO COVER OVERHEAD COSTS NE		
	FOOD BANK AND EMERGENCY SERVICES PROGRAM. IT ALSO PROVI		
	INCLUDING THE HOMELESS, WITH CLOTHES FOR GROWING CHILDRE	EN AND ADULT	S TO
	ATTEND JOB INTERVIEWS.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ie \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,339,960.		
		- 0	

 Form 990 (2016)
 NORTH KITSAP FISHLINE

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			<u>-</u> -
	complete Schedule G. Part III	10	l I	IX

Form **990** (2016)

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Form	990	(2016)	

NORTH KITSAP FISHLINE

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	05h		x
26		25b		- 23
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
2E-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
U	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2016)

Form	990 (2016) NORTH KITSAP FISHLINE		**_***	* * *	P	age 5
Pa	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					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	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		ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country:		,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	A		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	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 se	ervices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con-			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	e			
				8		
9	Sponsoring organizations maintaining donor advised funds.			•		
a				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	40-				
a h	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	10a 10b				
b 11	Section 501(c)(12) organizations. Enter:					
'' a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
, D	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand					
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		

Form 990	(2016)
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NORTH KITSAP FISHLINE

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright WA		1.0	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a far public increase in a direct barry and these qualitations are sublicities and the section of the se	avallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (<i>explain in Schedule O</i>)	. .	airt	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	a finan	cial	
~~	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: ►			
	PO BOX 1517, POULSBO, WA 98370			
	TO DOW TOTI' TOODOO' WY DODIO			

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees	, Highest Compensate	эd
	Employees, and Independe	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			from	from related	other		
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	trustee			Isatec		(W-2/1099-MISC)	(w-2/1099-1013C)	organization
	organizations	truste	al tru:		yee	npe		(and related
	below	/id ual	Institutional t	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) TOM ECKMANN	3.00									_
PRESIDENT		Х		Х			Ĩ	0.	0.	0.
(2) BECKY HALL	6.00									_
TREASURER		Х		X	\cup			0.	0.	0.
(3) ROGER ZEGERS	4.00					\cup				_
SECRETARY		Х		х				0.	0.	0.
(4) BRUCE MCCAIN	4.00									_
BUILDING COMMITTEE CHAIR		х						0.	0.	0.
(5) KAREN TIMKEN	4.00									
FUNDRAISER CHAIR		х						0.	0.	0.
(6) MARY NADER	40.00	P								
EXECUTIVE DIRECTOR		Х						57,400.	0.	0.
(7) BETTY HERMAN	1.00									
PAST VICE PRESIDENT	1	Х						0.	0.	0.
(8) TOM NELSON	1.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(9) RODNEY REED	1.00									•
BOARD MEMBER		х						0.	0.	0.
(10) DANIELLE MURPHY	1.00									•
BOARD MEMBER		X						0.	0.	0.
(11) NICHOLAS JOHNSON	1.00									0
BOARD MEMBER		X						0.	0.	0.
(12) ROBERT LINZ	1.00									0
BOARD MEMBER	1 00	X						0.	0.	0.
(13) TRACY RUSSELL	1.00									0
BOARD MEMBER		X						0.	0.	0.
(14) MICHAEL PHILBRICK	1.00									0
BOARD MEMBER		X						0.	0.	0.
(15) STUART GROGAN	1.00									0
BOARD MEMBER	1 00	X			<u> </u>		<u> </u>	0.	0.	0.
(16) JUDY GRANLEE-GATES	1.00									0
BOARD MEMBER	1 00	X						0.	0.	0.
(17) JUDY DOUGHERTY	1.00									0
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2016) NORTH KI	TSAP FIS	SHI	JIN	ΙE					**_**	* * '	* * *	Pag	e 8
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C		es (continued)				
(A) Name and title	(B) (C Average hours per week officer and a di					than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) mated ount of ther	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	fro orga and	ensatic m the nizatior related nization	n I
(18) BECKY ERICKSON	1.00									_			_
BOARD MEMBER		X						0.		0.			0.
								5					
					\cup			57 400		0.			<u> </u>
1b Sub-total c Total from continuation sheets to Part V	I. Section A							57,400.		0.			$\frac{0.}{0.}$
d Total (add lines 1b and 1c)								57,400.		0.			0.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	iose	liste	d at	oove	e) wł	no r	eceived more than \$100	,000 of reportable	•		Vac	0
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				•	•			c			3		No X
 For any individual listed on line 1a, is the su and related organizations greater than \$15 	um of reportab	le co	mpe	ensa	tion	n and	d ot				4		x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>corr</i>	-				-			-			5	2	х
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for										pensa			
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C) ompen:		
							_						
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lir	niteo	d to		se lis)	stec	d above) who received m	nore than				

nt VI	(2016) NORTH KITSAP FISHLINE II Statement of Revenue				**** Pag
	Check if Schedule O contains a response or note to any lin	e in this Part VIII			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 514
1 a	Federated campaigns 1a 23,270.				
	Membership dues 1b				
c	Fundraising events 1c 80,305.				
d	Related organizations 1d				
е	Government grants (contributions) 1e 55,826.				
f	All other contributions, gifts, grants, and				
	similar amounts not included above If 2, 272, 209.				
g	Noncash contributions included in lines 1a-1f: \$ 1,848,027.				
h	Total. Add lines 1a 1f	2,431,610.			
	Business Code				
2 a					
b					
c					
2 a b c d e					_
е					
I '	All other program service revenue				
g	Total. Add lines 2a-2f				
3	Investment income (including dividends, interest, and	4 420	4 420		
	other similar amounts)	4,430.	4,430.		
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
	(i) Real (ii) Personal				
6 a					
b	· · · · · · · · · · · · · · · · · · ·				
	Rental income or (loss)				
	Net rental income or (loss)				_
/ a	Gross amount from sales of (i) Securities (ii) Other				
h	assets other than inventory				
0	Less: cost or other basis				
	and sales expenses				
	Net gain or (loss)				
	Gross income from fundraising events (not				
0 0	including \$ 80,305. of				
	contributions reported on line 1c). See				
	Part IV, line 18				
b	Less: direct expenses b 0.				
	Net income or (loss) from fundraising events	0.			
	Gross income from gaming activities. See				
	Part IV, line 19 a				
b	Less: direct expenses b				
	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns				
	and allowances a 311,529.				
b	Less: cost of goods sold b 0.				
	Net income or (loss) from sales of inventory	311,529.			311,52
	Miscellaneous Revenue Business Code				
11 a	MISCELLANEOUS 900099	2,500.	2,500.		_
b					
с					
	All other revenue	0 500			
	Total. Add lines 11a-11d	2,500.			

-	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		•		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	57 400	17 100	10 000	
_	trustees, and key employees	57,400.	17,400.	40,000.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	159,454.	157,120.	2,334.	
7	Other salaries and wages	139,434.	137,120.	2,554.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
~			*		
9	Other employee benefits	21,461.	17,271.	4,190.	
0	Payroll taxes	21,401.	11,271.	4,150.	
1	Fees for services (non-employees):				
a h	Management				
b		58,471.	42,863.	15,608.	
с С	Accounting	50,471	42,005.	15,000.	
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Э	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	3,207.	3,207.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	37,066.	37,066.		
17	Travel	187.	-	187.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	28,342.	28,342.		
21	Payments to affiliates	-			
22	Depreciation, depletion, and amortization	39,233.	26,286.	12,947.	
23	Insurance	12,801.	11,521.	1,280.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FOODBANK DONATIONS	1,507,509.	1,507,509.		
b	THRIFT STORE DONATIONS	292,849.	292,849.		
с	FOOD AND EMERGENCY SERV	136,317.	136,317.		
d	UTILITIES	32,961.	29,995.	2,966.	
е	All other expenses	91,617.	32,214.	32,489.	26,914
25	Total functional expenses. Add lines 1 through 24e	2,478,875.	2,339,960.	112,001.	26,914
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)

NORTH KITSAP FISHLINE

_*** Page **11**

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	253,947.	1	301,721.
	2	Savings and temporary cash investments	930,414.	2	1,068,241.
	3	Pledges and grants receivable, net	69,041.	3	63,163.
	4	Accounts receivable, net		4	791.
	5	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			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts.		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ϋ́	8	Inventories for sale or use	84,580.	8	86,117.
	9	Prepaid expenses and deferred charges	3,196.	9	6,764.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a1,686,573.Less: accumulated depreciation10b377,023.			
	b	Less: accumulated depreciation	1,237,328.	10c	1,309,550.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	6,363.	14	6,135.
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,584,869.	16	2,842,482.
	17	Accounts payable and accrued expenses	9,244.	17	13,923.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iab		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties	689,903.	23	671,643.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	699,147.	26	685,566.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ces		complete lines 27 through 29, and lines 33 and 34.	1,336,730.		2,049,017.
an	27	Unrestricted net assets	548,992.	27	107,899.
Ba	28	Temporarily restricted net assets	J40,992.	28	107,099.
Fund Balances	29	Permanently restricted net assets		29	
ц		Organizations that do not follow SFAS 117 (ASC 958), check here			
ts or	20	and complete lines 30 through 34.		20	
Net Assets	30 21	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	1,885,722.	32	2,156,916.
	33 24	Total net assets or fund balances	2,584,869.	33 34	2,842,482.
	34	Total liabilities and net assets/fund balances	2,JUT,009.	34	
					Form 990 (201

Form 990 (2016)
Part X Balance Sheet

	990 (2016) NORTH KITSAP FISHLINE	**_	* * * * * * *	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,75		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,47	8,8	75.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,88	5,7	22.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,15	6,9	16.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				37
	review, or compilation of its financial statements and selection of an independent accountant?				X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-			v
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2016)

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Department of the Treasury

(Form 9	90 or	990-	EΖ
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

ZU I 0)
Open to Publ	ic

OMB No. 1545-0047

2100

Internal Revenue	Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/n	orm990.	Inspection
Name of the	organization	Employer	identification number
	NORTH KITSAP FISHLINE		*_****
Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructio	ns.	
he organiza	tion is not a private foundation because it is: (For lines 1 through 12, check only one box.)		
1 🗌 A	church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).		
2 🗌 A	school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)		
з 🗌 А	hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).		
4 🗌 A	medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter	the hospital's name,
ci	ty, and state:		
5 🗌 Ai	n organization operated for the benefit of a college or university owned or operated by a governmenta	unit descrit	oed in
s	ection 170(b)(1)(A)(iv). (Complete Part II.)		
6 🗌 A	federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).		
7 X AI	n organization that normally receives a substantial part of its support from a governmental unit or from	the general	public described in
se	ection 170(b)(1)(A)(vi). (Complete Part II.)		
8 🗌 A	community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9 🗌 Ai	n agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with	a land-grant	college
or	r university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state	of the collec	le or
ur	niversity:		
1 0 🗌 AI	n organization that normally receives: (1) more than 33 1/3% of its support from contributions, member	rship fees, a	and gross receipts from
ac	ctivities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of	of its suppor	t from gross investment
in	come and unrelated business taxable income (less section 511 tax) from businesses acquired by the	organization	after June 30, 1975.

See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

С Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

Schedule A (Form 990 or 990 EZ) 2016 NORTH KITSAP FISHLINE

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1893253.	2040416.	2363047.	2742014.	2351305.	11390035.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1893253.	2040416.	2363047.	2742014.	2351305.	11390035.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						11390035.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	1893253.	2040416.	2363047.	2742014.	2351305.	11390035.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,612.	1,325.	1,043.	4,005.	4,430.	12,415.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	35,202.	26,721.	52,013.	86,608.		287,336.
11	Total support. Add lines 7 through 10						11689786.
12	Gross receipts from related activities,	etc. (see instruction	ons)		•	12 1	,127,502.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (line 6, column (f) d	vided by line 11, o	olumn (f))		14	97.44 %
	Public support percentage from 2015					15	98.08 %
1 6a	33 1/3% support test - 2016. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	$\operatorname{{\boldsymbol{stop}}}$ here. The organization qualifies		•				X
b	33 1/3% support test - 2015. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	o or more, check th	nis box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	t VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explair	in Part VI how the	e
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 NORTH KITSAP FISHLINE

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	-						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4							
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				Ň		
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	(a) 2012	(b) 2013	(0) 2014	(0) 2013	(6) 2010	(1) 10121
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ł	• Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	2-7					
Ċ	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				L	- 501()(2)	
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) orgai	nization,
<u></u>	check this box and stop here						>
-	ction C. Computation of Publ					<u> </u>	
	Public support percentage for 2016 (I			column (f))		15	%
						16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	16 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	a 33 1/3% support tests - 2016. If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3	33 1/3% , and line	e 17 is not
ł	more than 33 1/3%, check this box a 3 3 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
-							

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		V.	N-
1		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4		
	4c		
	5a		
	6 4		
	5b 5c		
	6		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		

..

n

	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		
	A family member of a person described in (a) above?	11b		
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec			Vee	Na
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	- 1		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2	Activities Test. Answer (a) and (b) below.	luctions	Yes	No
- a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
5	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.	2.0		
-				

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

3b

Schedule A (Form 990 or 990-EZ) 2016 NORTH KITSAP FISHLINE

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

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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	V		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	intear	ated Type III supporting or	ranization (see

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

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
c	From 2013			
	From 2014			
	From 2015			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
1	Excess distributions carryover to 2017. Add lines 3j			
0	and 4c			
8	Breakdown of line 7:			
<u>a</u>	Exercise from 2012			
	Excess from 2013			
	Excess from 2014			
-	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 NORTH KITSAP FISHLINE	**-****** Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additi (See instructions.)	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

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

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

NORTH KITSAP FISHLINE

Organization type (check of	one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

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Part I	Contributors (See instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SAFEWAY 19245 10TH AVE NE POULSBO, WA 98370	\$165,616.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CENTRAL MARKET 20148 10TH AVE. NE POULSBO, WA 98370	\$544,613.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WALMART 21200 OLHAVA WAY NW POULSBO, WA 98370	\$ 208,183.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

NORTH KITSAP FISHLINE

Employer identification number

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Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	95,732 POUNDS OF FOOD CONTRIBUTIONS ESTIMATED AT \$1.73 PER POUND.		
		\$165,616.	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	314,805 POUNDS OF FOOD CONTRIBUTIONS ESTIMATED AT \$1.73 PER POUND.		
		\$544,613.	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	120,337 POUNDS OF FOOD CONTRIBUTIONS ESTIMATED AT \$1.73 PER POUND.		
		\$208,183.	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	000 000 E7 or 000 DE\ (2016

ame of orga	anization	Employer identification number				
	KITSAP FISHLINE		**_****			
Part III	the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious	olumns (a) through (e) and the following s, charitable, etc., contributions of \$1,000 or less	tection 501(c)(7), (8), or (10) that total more than \$1,000 for line entry. For organizations for the year. (Enter this info. once.) \$\$			
(a) No.	Use duplicate copies of Part III if additiona	al space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_	 Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
—		(e) Transfer of gift				
	Transferee's name, address, ar	01	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
—		(e) Transfer of gift				
	Transferee's name, address, ar	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
\vdash	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee			

	Form 990) Complete if the		al Financial Statements anization answered "Yes" on Form 990, 9, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		F	OMB No. 1	16	
	tment of the Treasury		Attach to Form 990.	/fa ==== 0.0	Open to Pu Inspection			;
	al Revenue Service I e of the organizati		rm 990) and its instructions is at www.irs.gov/	1		entificatio		hor
Nam	le of the organizati	NORTH KITSAP FISHL	INE	L III		- * * * * *		Jei
Pa	rt I Organiza		ed Funds or Other Similar Funds or A	Accol	Ints.Cor	nplete if t	he	
		on answered "Yes" on Form 990, Part IV, lir				inpiece ii c		
	0.9424.0			(b) Fun	ds and o	ther acco	unts	
1	Total number at e	nd of year		. ,				
2		of contributions to (during year)						
3		of grants from (during year)	i					
4		at end of year						
5			writing that the assets held in donor advised fu	nds				
-	-		exclusive legal control?			Yes		No
6			advisors in writing that grant funds can be used					
-			or donor advisor, or for any other purpose confe					
	impermissible priv			0		Yes		No
Pa			ganization answered "Yes" on Form 990, Part IV					
1		servation easements held by the organizat						
		n of land for public use (e.g., recreation or e		y impor	tant land	area		
	Protection c	of natural habitat	Preservation of a certified h	• •				
	Preservation	n of open space						
2	Complete lines 2a	through 2d if the organization held a quali	ified conservation contribution in the form of a c	onserva	ation eas	ement on	the last	
	day of the tax yea	• • •				ne End of t		
а				2a				
b				2b				
с			ructure included in (a)	2c				
d			after 8/17/06, and not on a historic structure					
				2d				
3			leased, extinguished, or terminated by the orga	nizatior	n during t	he tax		
	year 🕨							
4	Number of states	where property subject to conservation ea	asement is located					
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of					
	violations, and ent	forcement of the conservation easements	it holds?			Yes		No
6	Staff and voluntee	er hours devoted to monitoring, inspecting	, handling of violations, and enforcing conservat			luring the	year	
	▶							
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	asemer	nts during	the year		
	▶\$							
8	Does each conser	rvation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(B)(i)				
	and section 170(h	ı)(4)(B)(ii)?				Yes		No
9			ion easements in its revenue and expense state		and balar	ice sheet,	and	
	include, if applicat	ble, the text of the footnote to the organiza	tion's financial statements that describes the or	rganizat	tion's acc	ounting fo	or	
	conservation ease							
Pa		_	of Art, Historical Treasures, or Other	Simil	ar Asse	ets.		
	Complete i	f the organization answered "Yes" on Forn	n 990, Part IV, line 8.					
1a	If the organization	elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue statement a	and bala	ance she	et works o	of art,	
	historical treasure	s, or other similar assets held for public ex	hibition, education, or research in furtherance o	f public	service,	provide, i	n Part X	III,
	the text of the foo	tnote to its financial statements that descr	ibes these items.					
b	If the organization	elected, as permitted under SFAS 116 (As	SC 958), to report in its revenue statement and	balance	e sheet w	orks of ar	t, histori	cal
	treasures, or othe	r similar assets held for public exhibition, e	ducation, or research in furtherance of public se	ervice, p	orovide th	ne followir	ig amou	ints
	relating to these it							
	(i) Revenue inclu	Ided on Form 990, Part VIII, line 1		🕨 :	\$			
	.,			🕨 :	\$			
2	If the organization	received or held works of art, historical tre	easures, or other similar assets for financial gain	, provid	le			
	the following amo	unts required to be reported under SFAS 1	116 (ASC 958) relating to these items:					

b	Assets included in Form 990, Part X
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
632051	08-29-16

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2016

▶ \$

▶ \$

Sche	dule D (Form 990) 2016 NORTH K	ITSAP FI	SHLINE				**_;	* * * * * * *	* Page 2
Pa	t III Organizations Maintaining C	Collections o	f Art, His	torical Tr	reasures, o	or Other	Similar As	sets(contin	ued)
3	Using the organization's acquisition, access	ion, and other re	cords, chec	k any of the	following tha	it are a sign	ificant use of	its collectior	n items
	(check all that apply):								
а	Public exhibition		d 🗌	Loan or exc	hange progra	ams			
b	Scholarly research		e 🗌	Other					
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and ex	kplain how t	hey further f	the organizati	on's exemp	ot purpose in l	Part XIII.	
5	During the year, did the organization solicit of	or receive donation	ons of art, h	istorical trea	asures, or oth	er similar as	ssets		
	to be sold to raise funds rather than to be m							Yes	No No
Pa	t IV Escrow and Custodial Arran		mplete if the	e organizatio	on answered '	"Yes" on Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	lian or other inter	mediary for	contributio	ns or other as	sets not ind	cluded		
	on Form 990, Part X?							Yes	l No
b	If "Yes," explain the arrangement in Part XIII	and complete th	ne following	table:					
								Amount	
	Beginning balance						1c		
	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on F						?	Yes	No No
	If "Yes," explain the arrangement in Part XIII.						<u></u>	<u></u>	
Pai	t V Endowment Funds. Complete	1			1				
		(a) Current ye	ar (b) F	Prior year	(c) I wo year	rs back (d)	Three years ba	ick (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end ba	lance (line 1	lg, column (a)) held as:				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
с	Temporarily restricted endowment		%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%							
3a	Are there endowment funds not in the posse	ession of the org	anization th	at are held a	and administe	ered for the	organization	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as re	equired on S	Schedule R?)			3b	
4	Describe in Part XIII the intended uses of the		endowment	funds.					
Pa	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form	n 990, Part I	V, line 11a.	See Form 990), Part X, lin	e 10.		
	Description of property	(a) Cost	or other	(b) Cos	t or other	(c) Accu	umulated	(d) Book	value
		basis (inv	restment)		(other)	depre	ciation		
1a	Land				6,315.				5,315.
	Buildings				59,905.		8,624.		L,281.
	Leasehold improvements				57,182.		2,648.		1,534.
	Equipment				6,568.		1,455.		5,113.
	Other			20	6,603.	6	4,296.		2,307.
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990,	Part X, colui	mn (B), line	10c.)		►	1,309	9,550.
							Sched	lule D (Form	990) 2016

a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line (c) Method of valuation: Co	st or end-of-year market valu
Financial derivatives			,
Closely-held equity interests			
Other			
(A) (D)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market valu
(1)			
(2)			
(3)		· · · ·	
(4)			
(5)			
(6)			
(7)		N	
(8)			
(9)			
Complete if the organization answered "Yes" o		FITU. See FOITH 990, Fatt A, IIIle	15.
(a) L	Description		(b) Book value
(1)	Description		(b) Book value
	description		(b) Book value
(1)			(b) Book value
(1) (2)			(b) Book value
(1) (2) (3)			(b) Book value
(1) (2) (3) (4)			(b) Book value
(1) (2) (3) (4) (5)			(b) Book value
(1) (2) (3) (4) (5) (6) (7)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	. 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	. 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	. 15.)	a 11e or 11f. See Form 990, Part >	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	. 15.)	a 11e or 11f. See Form 990, Part >	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	. 15.)	a 11e or 11f. See Form 990, Part >	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	. 15.)	a 11e or 11f. See Form 990, Part >	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	. 15.)	a 11e or 11f. See Form 990, Part >	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Atal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	. 15.)	a 11e or 11f. See Form 990, Part >	
(1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	. 15.)	a 11e or 11f. See Form 990, Part >	
(1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	. 15.)	a 11e or 11f. See Form 990, Part >	
(1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	. 15.)	a 11e or 11f. See Form 990, Part >	
(1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	2 15.)	a 11e or 11f. See Form 990, Part >	(b) Book value

Sche	Schedule D (Form 990) 2016 NORTH KITSAP FISHLINE			**_:	****** Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,750,069.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,750,069.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2,750,069.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses pe	er Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,478,875.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,478,875.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,478,875.
Pa	t XIII Supplemental Information.				

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

(Form 990 or 990-EZ) Complete if th Department of the Treasury	ental Information Regarding e organization answered "Yes" on organization entered more than \$1 Attach to Form 990 about Schedule G (Form 990 or 990-EZ	Form 5,000) or Fo	990, I on Fo rm 99	Part IV, line 17, 18, or rm 990-EZ, line 6a. 10-EZ.	19, or if 1	the	OMB No. 1545-0047
Name of the organization					Emp		ntification number
Fundraising Activities	ITSAP FISHLINE Complete if the organization answe	arad "Y	(00" 0	n Form 000 Dort IV li			
Part I required to complete this part		ereu i	es o	n Form 990, Part IV, II	IE I/. FOR	III 990-E2	lilers are not
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	itrol of	(iv) Gross receipts from activity	(v) Amou to (or reta fundra listed in	ined by) aiser	(vi) Amount paid to (or retained by) organization
		Yes	No				
	9	6					
	2						
Total 3 List all states in which the organization		contrib		s or has been notified	it is exem	pt from r	egistration
or licensing.							~

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

Schedule G (Form 990 or 990-EZ) 2016

Form 990 or 990-EZ) 2016 NORTH 4				* * * * * * *	
Fundraising Events. Complete if the fundraising event contributions and g					
	(a) Ever AUCTION	(b) Event #2	(c) Other events NONE	(d) Total ev	

			AUCTION		NONE	(add col. (a) through				
			FUNDRAISER	OTHER EVENTS		-				
Ð			(event type)	(event type)	(total number)	col. (c))				
Revenue	1	Gross receipts	76,184.	4,121.		80,305.				
-	2	Less: Contributions	76,184.	4,121.		80,305.				
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
õ	5	Noncash prizes								
pense	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
	8	Entertainment								
	9	Other direct expenses								
	10	Direct expense summary. Add lines 4 through								
	11	Net income summary. Subtract line 10 from li	ine 3. column (d)							
Pa	11 Net income summary. Subtract line 10 from line 3, column (d) art III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than									

\$15,000 on Form 990-EZ, line 6a.

		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % │── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
	ls t	he organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		
2						
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

Sch	nedule G (Form 990 or 990-EZ) 2016 NORTH KITSAP FISHLINE **-	******	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	b An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
ł	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
	c If "Yes," enter name and address of the third party:		
-			
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	
ł	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
-	organization's own exempt activities during the tax year > \$		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open To Public

16

Department of the Treasury Internal Revenue Service

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

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

. Inspection Employer identification number

ſ 20

Name of the organization	l			
	NORTH	KITSAP	FISHL	INE

-									
*	* _	*	*	*	*	*	*	*	

Pa	rt I Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	:s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		296,552.RESALE VALU				
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or				×			
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	300	1,505,342.	FAIR VALUE			
20	Drugs and medical supplies							
21	Taxidermy		· · · · · · · · · · · · · · · · · · ·					
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25		Other (DONATED TOYS) X 340 25,500.FAIR VALUE						
26	Other (GIFTS AND SER)	X	9	15,287.	FAIR VALUE			
27	Other (DONATED SCHOO)	Х	50	5,346.	FAIR VALUE			
28	Other ► ()			<u> </u>				
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		,	•				v
	exempt purposes for the entire holding period?	?				30a		X
	 b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 							v
31						31		X
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							v
	contributions?					32a		X
	If "Yes," describe in Part II.				I I			
33	If the organization didn't report an amount in c	oiumn (c) fo	r a type of propert	y for which column (a) is che	CKEO,			
	describe in Part II.							1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

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

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/i	ZU1b Open to Public				
Name of the organizatio	NORTH KITSAP FISHLINE	Employer identification number **_******				
FORM 990, PA	RT VI, SECTION B, LINE 11B:					
THE COMPLETE	D FORM 990 WAS PROVIDED TO THE EXECUTIVE DIRE	CTOR WHO REVIEWED,				
SIGNED, AND	FILED THE RETURN. A COPY WAS MADE AVAILABLE	TO THE BOARD OF				
DIRECTORS.						
FORM 990, PA	RT VI, SECTION B, LINE 12C:					
ANY SITUATIO	N THAT MAY POTENTIALLY CREATE A CONFLICT OF I	NTEREST IS BROUGHT				
UP BY THE BO	ARD MEMBERS AND DISCUSSED AT BOARD MEETINGS.	APPROPRIATE				
ACTIONS ARE	TAKEN TO AVOID CONFLICTS OF INTEREST.					
FORM 990, PA	RT VI, SECTION C, LINE 18:					
COPIES OF FO	RM 1023 AND FORM 990 CAN BE REQUESTED BY CONT	ACTING THE				
ORGANIZATION	. THE ORGANIZATION'S GOVERNING DOCUMENTS, PO	LICIES, AND				
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. COPIES						
OF THE DOCUMENTS CAN BE PROVIDED IN ELECTRONIC FORMAT.						
FORM 990, PA	RT VI, SECTION C, LINE 19:					
THE ORGANIZA	TION'S GOVERNING DOCUMENTS, POLICIES, AND FIN	ANCIAL STATEMENTS				
ARE MADE AVA	ILABLE TO THE PUBLIC UPON REQUEST. ANYONE WH	O IS INTERESTED IN				
VIEWING THES	E DOCUMENTS CAN CONTACT THE ORGANIZATION. CO	PIES OF THE				
DOCUMENTS CAN BE PROVIDED IN ELECTRONIC FORMAT.						

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		I			Enter filer's identifying number		
Type or print	r Name of exempt organization or other filer, see instructions. En			Employe	Employer identification number (EIN) o		
File by the	NORTH KITSAP FISHLINE				**_**	****	
File by the due date fo filing your return. See	PO BOX 1517			Social se	ocial security number (SSN)		
instructions	City, town or post office, state, and ZIP code. For POULSBO, WA 98370	a foreign add	Iress, see instructions.				
Enter the	Return Code for the return that this application is for	r (file a separa	ate application for each return)			01	
Applicat	ion	Return	Application			Return	
Is For		Code	Is For	Code			
Form 99) or Form 990-EZ	01	Form 990-T (corporation)	07			
Form 99	D-BL	02	Form 1041-A	08			
Form 47	20 (individual)	03	Form 4720 (other than individual)				
Form 99)-PF	04	Form 5227	10			
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 99	D-T (trust other than above) THE ORGANIZAT	06	Form 8870			12	
● If this box ▶	organization does not have an office or place of busin is for a Group Return, enter the organization's four d . If it is for part of the group, check this box equest an automatic 6-month extension of time until the organization named above. The extension is for t	igit Group Exe and atta	emption Number (GEN) I uch a list with the names and EINs o MBER 15, 2017 , to file	f this is fo f all memb	r the whole over the exte	nsion is for.	
►	X calendar year 2016 or tax year beginning he tax year entered in line 1 is for less than 12 month Change in accounting period	,	d ending on: Initial return	Final retur	 'n		
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 47	720, or 6069,	enter the tentative tax, less any				
no	nrefundable credits. See instructions.			3a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
es	imated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,							
by using EFTPS (Electronic Federal Tax Payment System). See instructions.			3c	\$	0.		
Caution instruction	: If you are going to make an electronic funds withdra ons.	wal (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	9-EO for payment	
LHA I	For Privacy Act and Paperwork Reduction Act Noti	ice, see instri	uctions.		Form 8	868 (Rev. 1-2017)	