

Accountants and Consultants • A Division of SingerLewak

November 14, 2024

North Kitsap Fishline PO Box 1517 Poulsbo, WA 98370

North Kitsap Fishline:

Enclosed is the organization's 2023 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-TE 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-TE to us by November 15, 2024.

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

Very truly yours,

Michael Lind, CPA

| Form 88 | 79-TE | | I | RS E-file Signat for a Tax Ex | ure Authorization cempt Entity | - | OMB No. 1545-0047 |
|---|--|---|---|---|---|--|--|
| | | For calendar y | vear 2023, | or fiscal year beginning | , 2023, and ending | , 20 | 2022 |
| Department o | f the Treasury | | | Do not send to the IRS | 6. Keep for your records. | | 2023 |
| Internal Rever | nue Service | | (| Go to www.irs.gov/Form887 | 9TE for the latest information. | | |
| Name of file | | | | | | EIN or SSN | |
| | NORTH | KITSAP | | | | 91-124 | 4431 |
| Name and t | itle of officer or pe | rson subject to | | RYAN BARTLETT | | | |
| David | Truce of | | | TREASURER | | | |
| Part I | | | | urn Information | | | |
| Form 5330 or 10a bel whichever | D filers may enter low, and the amo | r dollars and o ount on that li | cents. F ine for t | For all other forms, enter who he return being filed with this | enter the applicable amount, if ar le dollars only. If you check the bo form was blank, then leave line e return, then enter -0- on the app | ox on line 1a, 2a, 3a 1b, 2b, 3b, 4b, 5b, 6 | , 4a, 5a, 6a, 7a, 8a, 9a, b, 7b, 8b, 9b, or 10b, |
| 1a Fo | orm 990 check h | nere | Х | b Total revenue, if any (Fo | rm 990, Part VIII, column (A), line | 12) 1 | ь <u>4,674,898.</u> |
| 2a Fo | orm 990-EZ che | ck here | | b Total revenue, if any (Fo | rm 990-EZ, line 9) | 2 | b |
| 3a Fo | orm 1120-POL | check here | | | L, line 22) | | b |
| 4a Fo | orm 990-PF che | ck here | | b Tax based on investme | nt income (Form 990-PF, Part V, | | b |
| 5a Fo | orm 8868 check | here | | b Balance due (Form 8868 | 3, line 3c) | | b |
| 6a Fo | orm 990-T chec | k here | | b Total tax (Form 990-T, P | art III, line 4) | | b |
| 7a Fo | orm 4720 check | here | | • | art III, line 1) | | b |
| 8a Fo | orm 5227 check | here | | b FMV of assets at end of | tax year (Form 5227, Item D) | | b |
| 9a Fo | orm 5330 check | here | | b Tax due (Form 5330, Par | t II, line 19) | | b |
| 10a Fo | orm 8038-CP ch | | | b Amount of credit payme | ent requested (Form 8038-CP, Pa | art III, line 22) 1 | 0b |
| Part II | Declarat | ion and Si | ignatı | re Authorization of Of | ficer or Person Subject to | o Tax | |
| financial ir later than payment o | nstitution to debi 2 business days of taxes to receiv | t the entry to prior to the p e confidentia | this ac baymen Il inform | count. To revoke a payment, t (settlement) date. I also auth ation necessary to answer in | ware for payment of the federal ta I must contact the U.S. Treasury norize the financial institutions inv quiries and resolve issues related n and, if applicable, the consent to | Financial Agent at 1- olved in the processi to the payment. I ha | 888-353-4537 no ng of the electronic ve selected a |
| | k one box only | | | TD | | | 44431 |
| Δ | I authorize SI | NGERLEN | VAK | | | to enter my PIN | |
| | | | | ERO firm name | | | Enter five numbers, but do not enter all zeros |
| | with a state age on the return's c As an officer or return. If I have i | ncy(ies) regula lisclosure cor person subjec ndicated with | ating ch nsent so ct to tax nin this | narities as part of the IRS Fed creen. with respect to the entity, I w | I have indicated within this return /State program, I also authorize th will enter my PIN as my signature n is being filed with a state agenc ure consent screen. | on the tax year 2023 | RO to enter my PIN electronically filed |
| | | | C | OPY | | Date | |
| Part III | officer or person subject Certifica | tion and A | Auther | ntication | | | |
| | | | | c filing identification | | | |
| | FIN) followed by | • | | • | 96531523 Do not enter all | | |
| | g this return in ac | | | | e 2023 electronically filed return in Iodernized e-File (MeF) Information | | |
| ERO's signa | ature <u>MIC</u> | HAEL LI | IND, | CPA | Date | 11/14/24 | |
| | | | E | RO Must Retain This | Form - See Instructions | | |
| | | Do N | ot Su | bmit This Form to the | IRS Unless Requested To | | |
| For Priva | cy Act and Pape | erwork Redu | ction A | ct Notice, see instructions. | | | Form 8879-TE (2023) |

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

| mustuse | Form 7004 to request an extension of time to file incom | e tax retur | ns | o, <u>_</u> oo | , | |
|---|---|---------------|-----------------------------------|----------------|----------------------|-----------|
| | lentification | | no. | | | |
| Type or | Name of exempt organization, employer, or other file | r see instri | ictions | Taxnaver | r identification num | ber (TIN) |
| Print | | | | Taxpayor | | |
| File by the | NORTH KITSAP FISHLINE | | | | 91-12444 | 31 |
| due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, s PO BOX 1517 | ee instruct | ions. | | | |
| instructions. | City, town or post office, state, and ZIP code. For a for POULSBO, WA 98370 | oreign add | ress, see instructions. | | | |
| Enter the | Return Code for the return that this application is for (fil | e a separa | te application for each return) | | | 01 |
| Applicati | | | Application Is For | | | Return |
| Арріїсаці | | Code | Application is for | | | Code |
| Eorm 000 | or Form 990-EZ | 01 | Form 4720 (other than individual) | | | 09 |
| | | 03 | | | | 10 |
| | 0 (individual) | | Form 5227 | | | |
| Form 990 | | 04 | Form 6069 | | | 11 |
| | -T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | | | 12 |
| | -T (trust other than above) | 06 | Form 5330 (individual) | | | 13 |
| | -T (corporation) | 07 | Form 5330 (other than individual) | | | 14 |
| Form 104 | 1-A ou enter your Return Code, complete either Part II or Par | 08 | | | | |
| Pla <u>Pla</u> Part II - Au The bo | n Name | izations (s | see instructions) | | | |
| | organization does not have an office or place of business | s in the l In | | | | |
| | is for a Group Return, enter the organization's four-digit | | | | | |
| box | . If it is for part of the group, check this box | | | | | |
| | quest an automatic 6-month extension of time until \mathbf{N} | | | | | |
| | organization named above. The extension is for the org | | | e the exem | ipi organization re | |
| X | | anizations | return for. | | | |
| | | 00 | | | , | 0 |
| | tax year beginning | , 20 | , and ending | | , , 4 | 20 |
| 2 If th | ne tax year entered in line 1 is for less than 12 months, c] Change in accounting period | heck reaso | on: Initial return | Final retur | n | |
| 3a lfth | nis application is for Forms 990-PF, 990-T, 4720, or 6069 |), enter the | tentative tax, less | | | |
| any | nonrefundable credits. See instructions. | | | 3a | \$ | |
| | | | | | | 0. |
| b If th | nis application is for Forms 990-PF, 990-T, 4720, or 6069 |), enter any | refundable credits and | | | 0. |
| | nis application is for Forms 990-PF, 990-T, 4720, or 6069 imated tax payments made. Include any prior year overp | - | | 3b | \$ | |
| esti | | ayment all | owed as a credit. | 3b | \$ | 0. |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

| | EXTENDED | TO NO | VEMBER | 15, | 2024 | L |
|--------|-----------|--------|--------|--------|-------|-------|
| Return | of Organi | zation | Exemp | ot Fro | om li | ncome |

OMB No. 1545-0047

Open to Public

Tax

| Form 990 |
|----------------------------|
| Department of the Treasury |

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

| inten | arrier | | | | | | |
|---------------|---------------------|--|--------------------------------------|------------------------------|-----------------------------|--|--|
| <u>A</u> | or th | e 2023 calendar year, or tax year beginning and | ending | | | | |
| | Check if pplicat | | COPY | D Employer identified | cation number | | |
| | Addr chan | ge NORTH KITSAP FISHLINE | NORTH KITSAP FISHLINE | | | | |
| | chan | ge Doing business as | | 91-12444 | 31 | | |
| | Initia | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | | | |
| | Final | | | 360-779- | | | |
| | termi ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 4,674,898. | | |
| | Amer | POULSBO, WA 98370 | | H(a) Is this a group re | eturn | | |
| | Appli tion | F Name and address of principal officer: KIAN DARILEII | | for subordinates | ? Yes 🔀 No | | |
| | pend | SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No | | |
| 11 | Tax-e> | xempt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) c | or 📃 527 | If "No," attach a | list. See instructions | | |
| <u>ا ل</u> | Nebs | | | 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 | | | | | |
| Ø | 1 | Briefly describe the organization's mission or most significant activities: FISHI | LINE C | OORDINATES F | RESOURCES | | |
| Governance | | TO PLACE INDIVIDUALS ONTO A PATH TOWARDS | SUSTAI | NABILITY. | | | |
| srna | 2 | Check this box if the organization discontinued its operations or dispos | ed of more | than 25% of its net ass | ets. | | |
| Š | 3 | | he governing body (Part VI, line 1a) | | | | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 11 | | |
| es | 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | | 27 | | |
| Activities & | 6 | Total number of volunteers (estimate if necessary) | | 6 | 382 | | |
| Acti | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. | | |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. | | |
| | | | | Prior Year | Current Year | | |
| e | 8 | Contributions and grants (Part VIII, line 1h) | | 3,891,507. | 4,047,161. | | |
| enu | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 5,983. | 12,483. | | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 682,436. | 615,254. | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 4,579,926. | 4,674,898. | | |
| | 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. | | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 932,760. | 1,085,997. | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | |
| ăX | b | Total fundraising expenses (Part IX, column (D), line 25) 224,60 | | 2 1 5 1 2 0 6 | 2 544 524 | | |
| ш | 1 '' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 3,151,396. | 3,544,534. | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 4,084,156. | 4,630,531. | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 495,770. | 44,367. | | |
| Net Assets or | | | Ве | ginning of Current Year | End of Year | | |
| Sset | 20 | Total assets (Part X, line 16) | ······ | 7,869,117. | 7,843,464. | | |
| etA | 21 | Total liabilities (Part X, line 26) | ······ | 387,974. 7,481,143. | 317,955. | | |
| | art II | Net assets or fund balances. Subtract line 21 from line 20 | | /,401,143. | 7,525,509. | | |
| | | - | and atotains | nto and to the bast of mo | unowlodge and hallof the | | |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedules | | | knowledge and belief, it is | | |
| true | <u>, corre</u> | ct, and complete. Declaration of preparer (other than officer) is based on all information of wh | nch preparer | nas any knowledge. | | | |

| | СОРҮ | | | | | | | | |
|------------|---|-----------------------|-----------|--------------------------|--|--|--|--|--|
| Sign | Signature of officer | | | Date | | | | | |
| Here | RYAN BARTLETT, TREASURER | | | | | | | | |
| | Type or print name and title | | | | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | | | | | | |
| Paid | MICHAEL LIND, CPA | MICHAEL LIND, | CPA 11/14 | | | | | | |
| Preparer | Firm's name SINGERLEWAK LLP | | | Firm's EIN 95-2302617 | | | | | |
| Use Only | Firm's address 4312 KITSAP WAY # | 102 | | | | | | | |
| | BREMERTON, WA 983 | 12 | | Phone no. 360. 479. 4611 | | | | | |
| May the IF | RS discuss this return with the preparer shown abo | ove? See instructions | | X Yes No | | | | | |
| LHA For | HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023) | | | | | | | | |

| Form | NORTH KITSAP FISHLINE | 91-1244431 | Page 2 |
|------|--|-------------------------|---------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: | | |
| | SEE SCHEDULE O | | |
| | | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | Ye | s 🛛 No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Ye | s 🛛 No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | rs, the total expenses, | and |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$3, 214, 663. including grants of \$) (Reven | ue \$ |) |
| | | | |
| | SEE SCHEDULE O | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| 4b | (Code:) (Expenses \$933,154. including grants of \$) (Reven | |) |
| | SECOND SEASON THRIFT STORE PROVIDES REVENUE TO OFFSET OV | | S |
| | NECESSARY TO RUN NORTH KITSAP FISHLINE. SECOND SEASON DI | | |
| | EMERGENCY TOTE BAGS FILLED WITH FOOD, BLANKETS, AND OTHE | | |
| | SUPPLIES ON DAYS WHEN THE FOOD BANK IS CLOSED. VOUCHERS | ARE AVAILAB | LE |
| | FOR ELIGIBLE CLIENTS WHO NEED CLOTHING AND/OR HOUSEWARES | | ON, |
| | ALL CLIENTS RECEIVE 30% OFF EVERY DAY AT THE THRIFT STOR | Е | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Reven | ue \$ |) |
| | | | |
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| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| ти | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 4,147,817. | / | |
| TC | | | 000 (0000) |

| Form | 990 | (2023) |
|------|-----|--------|

 Form 990 (2023)
 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? See instructions | 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? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 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 Rev. Proc. 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? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | <u> </u> |
| 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 donor-restricted endowments | | | v |
| | or in 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, | | х | |
| | Part VI | 11a | ~ | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | x |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 44. | | x |
| А | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 | 11c | | |
| u | | 11d | | x |
| ~ | Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11e | х | - 23 |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | - 23 | |
| ' | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 1 2 2 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | <u> </u> | | |
| 120 | Schedule D, Parts XI and XII | 12a | х | |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | 120 | | |
| | 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 |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? 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 | | | |
| | 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. See instructions | 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," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | 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 |

Form 990 (2023)

Form 990 (2023)

| | | | Yes | No |
|-------------|--|------------|----------|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? 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 | | | |
| | 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete | | | |
| | Schedule L. Part I | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) 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 the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| u | "Yes," complete Schedule L, Part IV | 28a | | x |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | x |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 200 | | <u> </u> |
| U | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in noncash 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 | | | <u> </u> |
| 00 | | 30 | | x |
| 31 | contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> | 31 | | X |
| 32 | Did the organization requidate, terminate, or dissorve and cease operations: <i>If Yes, complete Schedule N, Part I</i> | -51 | | <u> </u> |
| 52 | | 32 | | x |
| 22 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | |
| 33 | | 33 | | x |
| 34 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u> </u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 34 | | x |
| 25 a | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 35a | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | <u>35a</u> | | <u> </u> |
| b | | 0.5 h | | |
| 26 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | ├── |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 0 | | x |
| 07 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 07 | | x |
| ~~ | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | 37 | | |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | х | |
| Pa | Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance | 38 | Λ | L |
| 1 4 | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | X | |
| 4. | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| | | - | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | - | | |

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

| Form | 990 (2023) NORTH KITSAP FISHLINE 91-1244 | 431 | P | age 5 |
|----------|--|------------|-----|--------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 27 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | <u> </u> |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | <u> </u> |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <u> </u> |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| 40- | amounts due or received from them.) | 10- | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 120 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| L | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| D | 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 | | | |
| | | | | |
| | Enter the amount of reserves on hand | 14- | | X |
| 14a h | Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14a 14b | | - 23 |
| ы 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| 15 | | 15 | | x |
| | excess parachute payment(s) during the year? | 15 | | |
| 16 | | 16 | | х |
| .0 | Is the organization an educational institution subject to the section 4968 excise tax on het investment income? | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| •• | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |

| Form | 990 | (2023) |) |
|------|-----|--------|---|
| | | | |

91-1244431 Page 6

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 on 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 1a1 | | | |
| | 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 on Schedule 0. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 11 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | 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 | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | 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 on Schedule O | 9 | | x |
| 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 on 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 | |
| | 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 | | | |
| | on Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | l |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed WA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s | s only) | availat | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |

| | | | • | (- | | | |
|----|---|----------------|---------------|---------------|---------------------|----------------|-----------------|
| 19 | Describe on Schedule O whether (and if so, how) the o | organization m | ade its gover | rning documer | nts, conflict of in | terest policy, | , and financial |
| | statements available to the public during the tax year. | | | | | | |

| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records |
|----|--|
| | THE ORGANIZATION - 360-779-4191 |
| | PO BOX 1517, POULSBO, WA 98370 |

| Form 990 (2 | | KITSAP FISHLINE | |
|-------------|------------------------------|---------------------------|--------------------------------------|
| Part VII | Compensation of Office | ers, Directors, Trustees, | , Key Employees, Highest Compensated |
| | Employees, and Indepe | ndent 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

| (A) | (B) | | (C) | | (D) | (E) | (F) | | | |
|----------------------------|----------------------|--------------------------------|----------------------|----------|--------------|---------------------------------|--------|---------------------------------|------------------------------|--------------------------|
| Name and title | Average | (do | | Pos | itior |) than c | ane | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss per | rson i | s both | n an | compensation | compensation | amount of |
| | week | | cer ar | id a d | Irecto | r/trus [:] | tee) | from | from related | other |
| | (list any | Individual trustee or director | | | | | | the | organizations | compensation |
| | hours for related | e or di | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | from the organization |
| | organizations | ruste | l trus | | /ee | npen | | 1099-NEC) | 1039-1120) | and related |
| | below | dual t | nstitutional trustee | <u> </u> | Key employee | st co | L. | | | organizations |
| | line) | Indivi | Instit | Officer | Key e | Highest compensated employee | Former | | | 0 |
| (1) CHARLIE THOMPSON | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | 1 | | | | X | | 123,933. | Ο. | 5,187. |
| (2) HEATHER TORRES | 2.00 | | | | | | | - | | |
| PAST PRESIDENT | | х | | | | | | 0. | Ο. | 0. |
| (3) RYAN BARTLETT | 2.00 | | | | | | | | | |
| TREASURER | | х | | х | | | | 0. | Ο. | 0. |
| (4) TRACY RUSSELL | 2.00 | | | | | | | | | |
| SECRETARY | | х | | х | | | | 0. | Ο. | 0. |
| (5) SHARON STILES | 3.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0. | Ο. | 0. |
| (6) KIM MCKOY | 2.00 | | | | | | | | | |
| VICE PRESIDENT | | X | | Х | | | | 0. | 0. | 0. |
| (7) JAGODA PERICH-ANDERSON | 6.00 | | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (8) JOANN ANDERSON | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) BRUCE MCCAIN | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (10) NATE WALTERS | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (11) PAUL DICKENSON | 3.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) MIRANDA FORT | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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| | 990 (2023) NORTH KIT | | 91-12 | 444 | 31 | Page 8 | | | | | | | |
|-----------------|---|--|--|-------|------|---|--|--|--------------------------------|--|-----------------------|-----------------------|--------------------|
| Par | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) | | | | | | | | | | | | <u> </u> |
| | (A) Name and title | Average hours per week officer and a director/trustee) | | | an | (D) Reportable compensation from | (E) Reportable compensatior from related | 1 | Estima amour oth | ated nt of | | | |
| | | (list any hours for related organizations below line) | t any sted com pensated trations power tations trations trations trations trations trations trations trations trations trations trated trate tra | | | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MIS(1099-NEC) | C/ | compen from organiz and re organiz | the ation lated | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| с | Subtotal Total from continuation sheets to Part VII | , Section A | | | | | | | 123,933. 0. 123,933. | | 0. 0. 0. | | 187. 0. 187. |
| _ <u>d</u> 2 | Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization | | | | | | | | | | 0.1 | , | <u> </u> |
| 3 | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su | - | | - | • | | | Ŭ | | • | | Ye 3 | s No X |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$150 | m of reportable | e co | mpe | ensa | tion | and | oth | er compensation from t | he organization | | 4 | x |
| 5 Sec | Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors | | | | | | | | • | | | 5 | X |
| 1 | Complete this table for your five highest cor the organization. Report compensation for t | • | • | | | | | | | • | ensatio | n from | |
| | (A) Name and business | address | NC | ONE | 2 | | | | (B) Description of s | ervices | Cor | (C) npensat | tion |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ir \$100.000 of compensation from the organiz | • | ot lin | nitec | to t | thos 0 | | ted | above) who received me | ore than | | | |

| | n 990 () rt VII | | | SAP | FISHLINE | | | 91-1244 | 431 Page 9 |
|---|-----------------------------|--|--|--------------------------|----------------------------------|-----------------------|--|---|---|
| ľů | | | | sponso | or poto to any lin | o in this Part VIII | | | |
| | | Check if Schedule O o | | sponse | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b d f g h | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f | 1 1 <t< th=""><th>d e f 3, g \$2,</th><th></th><th>4,047,161.</th><th></th><th></th><th></th></t<> | d e f 3, g \$2, | | 4,047,161. | | | |
| Program Service Revenue | • | All other program service | revenue | | | | | | |
| | g 3 4 5 | Total. Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of Royalties | ding dividend | s, intere bond p | est, and roceeds | 11,783. | 11,783. | | |
| | с | Gross rents Less: rental expenses Rental income or (loss) | (i) F 6a 6b 6c | leal | (ii) Personal | | | | |
| enue | 7a b | Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses | (i) Sec 7a 7b | urities | (ii) Other 700. 0. 700. | | | | |
| Other Reve | d | Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$ 145 contributions reported on | ng events (not 906 c line 1c). See | of | | 700. | | | 700. |
| | | Part IV, line 18 Less: direct expenses Net income or (loss) from Gross income from gamin Part IV, line 19 Less: direct expenses | fundraising e 1g activities. S | 8b events See 9a | 0. | 0. | | | |
| | с 10 а b | Net income or (loss) from Gross sales of inventory, I and allowances Less: cost of goods sold Net income or (loss) from | gaming activ less returns | ities 10a 10b | 569,097. | 569,097. | | | 569,097. |
| Miscellaneous Revenue | 11 a b c | MISCELLANEOUS | | | Business Code 900099 | 46,157. | 46,157. | | |
| Mis | d | All other revenue | | <u></u> | | 46,157. 4,674,898. | 57,940. | 0. | 569,797. |

| | Check if Schedule O contains a respons 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, | 100 000 | 00 471 | 10 500 | 11 070 |
| ~ | trustees, and key employees | 123,933. | 90,471. | 18,590. | 14,872 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 789,961. | 576,671. | 118,494. | 94,796. |
| 8 | Pension plan accruals and contributions (include | | | | 51,150 |
| 5 | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 84,213. | 61,476. | 12,632. | 10,105. |
| 10 | Payroll taxes | 87,890. | 64,160. | 13,184. | <u> 10,105</u> 10,546. |
| 11 | Fees for services (nonemployees): | - | | | - |
| а | Management | | | | |
| b | Legal | | | | |
| с | Accounting | 66,366. | 19,910. | 46,456. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | 82,777. | 82,777. | | |
| 16 | | 02,111. | 04,777• | | |
| 17 10 | Travel Payments of travel or entertainment expenses | | | | |
| 18 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 183,709. | 157,990. | 22,045. | 3,674. |
| 23 | Insurance | 33,542. | 27,840. | 5,031. | 671. |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| а | FOODBANK DONATIONS | 1,859,502. | 1,822,205. | 253. | 37,044. |
| b | THRIFT STORE DONATIONS | 570,039. | 570,039. | | |
| c | FOOD AND EMERGENCY SERV | 418,134. | 418,134. | | |
| d | MAINTENANCE | 106,106. | 99,740. | 6,366. | |
| е | All other expenses | 224,359. | 156,404. | 15,060. | 52,895 |
| 25 | Total functional expenses. Add lines 1 through 24e | 4,630,531. | 4,147,817. | 258,111. | 224,603. |
| 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 Part IX Statement of Functional Expenses

Form 990 (2023)

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

| Par | rt 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 | 541,893. | 1 | 381,817. |
| | 2 | Savings and temporary cash investments | 2,185,224. | 2 | 2,490,236. |
| | 3 | Pledges and grants receivable, net | 285,257. | 3 | 67,278. |
| | 4 | Accounts receivable, net | 19,858. | 4 | 57,758. |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| s | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | 121,113. | 8 | 214,789. |
| Ąŝ | 9 | Prepaid expenses and deferred charges | 23,701. | 9 | 22,236. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D10a5,392,148.Less: accumulated depreciation10b1,000,124. | | | |
| | b | Less: accumulated depreciation 10b 1,000,124. | 4,418,689. | 10c | 4,392,024. |
| | 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 | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 273,382. | 15 | 217,326. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 7,869,117. | 16 | 7,843,464. |
| | 17 | Accounts payable and accrued expenses | 104,953. | 17 | 97,794. |
| | 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 any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| iab. | | controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 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 | 283,021. | 05 | 220,161. |
| | 00 | of Schedule D | 387,974. | 25 26 | 317,955. |
| | 26 | Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X | 507,574. | 20 | 517,555. |
| S | | and complete lines 27, 28, 32, and 33. | | | |
| nce | 27 | | 7,195,886. | 27 | 7,400,473. |
| sala | 28 | Net assets without donor restrictions | 285,257. | 28 | 125,036. |
| Ыd Е | 20 | Organizations that do not follow FASB ASC 958, check here | 20072071 | 20 | |
| Fun | | and complete lines 29 through 33. | | | |
| ŗ | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | 7,481,143. | 32 | 7,525,509. |
| Z | 33 | Total liabilities and net assets/fund balances | 7,869,117. | 33 | 7,843,464. |

7,843,464. Form **990** (2023)

Form 990 (2023) Part X Balance Sheet

| Low | 000 | (0000 |
|------|-----|--------|
| Form | 990 | (2023) |

| Form | 1990 (2023) NORTH KITSAP FISHLINE | 91 | -1244431 | 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 | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,67 | 4,8 | 98. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,63 |),5 | 31. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 4 | 4,3 | 67. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 7,48 | 1,1 | 43. |
| 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 on Schedule O) | 9 | | | -1. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 7,52 | 5,5 | 09. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | |
| | | | | 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 on Schedule | О. | | | |
| 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 | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | 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 the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule (| D. | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed aud | dit | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form 990 (2023)

| SCHEDULE A | ١ |
|------------|---|
|------------|---|

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

| 2023 |
|------------------------------|
| Open to Public Inspection |

OMB No. 1545-0047

Name of the organization

| Nam | lame of the organization Employer identification number | | | | | | | | |
|-------|---|--|----------------------------|---|-------------------------------|-----------------|------------------|---------------|----------------------------|
| _ | | | H KITSAP F | | | | | | 1-1244431 |
| Par | tI | Reason for Public C | Charity Status. | All organizations must c | omplete th | nis part.) S | ee instruction | S. | |
| The c | organ | zation is not a private found | ation because it is: (F | For lines 1 through 12, c | neck only o | one box.) | | | |
| 1 | | A church, convention of chu | urches, or associatio | n of churches described | in sectio | n 170(b)(1 | l)(A)(i). | | |
| 2 | | A school described in secti | ion 170(b)(1)(A)(ii). (/ | Attach Schedule E (Form | n 990).) | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | inization described in se | ection 170 | (b)(1)(A)(ii | i). | | |
| 4 | | A medical research organiza | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | | |
| 5 | | An organization operated for | | lege or university owned | or operate | ed by a go | vernmental u | nit describe | ed in |
| | | section 170(b)(1)(A)(iv). (C | | | | | | | |
| 6 | | A federal, state, or local gov | - | | | | | | |
| 7 | Х | | | | | | | | |
| | | section 170(b)(1)(A)(vi). (C | | | | | | | |
| 8 | | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college | | | | | | | |
| 9 | | | | | | - | | - | - |
| | | or university or a non-land-g | rant college of agrici | ulture (see instructions). | Enter the r | name, city | , and state of | the college | or |
| 10 | | university: | lly receives (1) more | than 33 1/30/ of its supp | ort from o | optribution | s momborsh | in foos and | d gross receipts from |
| 10 | An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment | | | | | | | | |
| | | income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. | | | | | | | |
| | | See section 509(a)(2). (Cor | | | | oco doqui | | | |
| 11 | | An organization organized a | | velv to test for public sat | etv. See | section 50 |)9(a)(4). | | |
| 12 | | An organization organized a | - | • | • | | | rrv out the | purposes of one or |
| | | more publicly supported or | - | - | | | | • | |
| | | lines 12a through 12d that of | - describes the type of | f supporting organization | and com | olete lines | 12e, 12f, and | 12g. | |
| а | |] Type I. A supporting orga | nization operated, su | upervised, or controlled | by its supp | orted orga | anization(s), ty | pically by | giving |
| | | the supported organization | on(s) the power to reg | gularly appoint or elect a | majority o | f the direc | tors or trustee | es of the su | ipporting |
| | | organization. You must c | omplete Part IV, Se | ections A and B. | | | | | |
| b | | Type II. A supporting orga | anization supervised | or controlled in connect | ion with its | s supporte | d organizatio | n(s), by hav | ring |
| | | control or management o | f the supporting orga | anization vested in the sa | ame persoi | ns that co | ntrol or manag | ge the supp | ported |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| с | | Type III functionally inte | | | | | | ly integrate | d with, |
| | | its supported organization | | - | | | | | |
| d | | Type III non-functionally | • · · | | | | | ° ° | |
| | | that is not functionally int | | | • | | - | an attentiv | veness |
| | _ | requirement (see instructi | • | • | | | | | |
| е | | Check this box if the orga | | | | | Type I, Type | II, Type III | |
| 4 | F oto | functionally integrated, or | raanizationa | , | ng organiza | ation. | | | |
| f | | r the number of supported or ride the following information | • | d organization(s) | | | | | |
| | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | nization listed | (v) Amount of | monetary | (vi) Amount of other |
| | | organization | | (described on lines 1-10 above (see instructions)) | in your governi Yes | No | support (see ir | structions) | support (see instructions) |
| | | | | above (see instructions) | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Tota | | | | | | | | | 1 |

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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 2724961. | 3869599. | 3427901. | 3711646. | 3901255. | <u>17635362.</u> | |
| 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 | 2724961. | 3869599. | 3427901. | 3711646. | 3901255. | 17635362. | |
| 5 | The portion of total contributions | | | | | | | |
| | by each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, | | | | | | | |
| | column (f) | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 17635362. | |
| | ction B. Total Support | | | L | L | | L | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | |
| | Amounts from line 4 | 2724961. | 3869599. | 3427901. | 3711646. | | 17635362. | |
| | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | 5,531. | 7,025. | 5,729. | 5,983. | 12,483. | 36,751. | |
| 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.) | 219,945. | 246,917. | 209,944. | 232,997. | 192,063. | 1101866. | |
| 11 | Total support. Add lines 7 through 10 | | - / - | | - / | | 18773979. | |
| | Gross receipts from related activities, | etc. (see instructio | ons) | | | | ,501,919. | |
| | First 5 years. If the Form 990 is for th | | | | | | | |
| | organization, check this box and stor | - | | | | | | |
| Sec | ction C. Computation of Publi | | | | | | | |
| | Public support percentage for 2023 (I | | | olumn (f)) | | 14 | 93.94 % | |
| 15 | Public support percentage from 2022 | | | | | 15 | 94.01 % | |
| 16a | 33 1/3% support test - 2023. If the c | | | | | ore, check this bo | | |
| | stop here. The organization qualifies | | | | | | | |
| b | 33 1/3% support test - 2022. If the c | | | | | | | |
| | and stop here. The organization qual | | | | | | | |
| 17a | 10% -facts-and-circumstances test | - 2023. If the org | anization did not c | | | | | |
| | and if the organization meets the fact | s-and-circumstance | es test, check this | box and stop he | r e. Explain in Part | VI how the organiz | ation | |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pu | blicly supported or | rganization | - | | |
| b | 10% -facts-and-circumstances test | • | • • | , | • | | | |
| | more, and if the organization meets th | 0 | | | | - | | |
| | organization meets the facts-and-circu | | | | | | | |
| 18 | Private foundation. If the organization | | | | | | | |
| | Schedule A (Form 990) 2023 | | | | | | | |

| Schedule A | Form 990 |) 2023 |
|------------|----------|--------|
| | | |

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

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

| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e |) 2023 | (f) Total |
|------|--|-----------------------|-----------------------|----------------------|---------------------|-----------|--------------|-----------|
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that | | | | | | | |
| | are not an unrelated trade or bus- | | | | | | | |
| | iness under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | | |
| | 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 | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | | |
| 10 | 3 received from disgualified persons | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | |
| c | Add lines 7a and 7b | | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | | |
| | tion B. Total Support | • | • | • | • | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e |) 2023 | (f) Total |
| | Amounts from line 6 | | | | | | • | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | |
| b | Unrelated business taxable income | | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | | |
| | acquired after June 30, 1975 | | | | | | | |
| c | Add lines 10a and 10b | | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | |
| 14 | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section (| 501(c)(3) | organizatio | on, |
| | check this box and stop here | | | | | | | |
| Sec | ction C. Computation of Public | ic Support Per | rcentage | | | | | |
| 15 | Public support percentage for 2023 (I | line 8, column (f), d | livided by line 13, o | column (f)) | | 15 | | % |
| 16 | Public support percentage from 2022 | Schedule A, Part | III, line 15 | | | 16 | | % |
| | tion D. Computation of Inves | | | | | | | |
| 17 | Investment income percentage for 20 | 023 (line 10c, colur | mn (f), divided by li | ne 13, column (f)) | | 17 | | % |
| | Investment income percentage from | | | | | 18 | | % |
| | 33 1/3% support tests - 2023. If the | | | | | <u> </u> | , and line 1 | |
| | more than 33 1/3%, check this box a | | | | | | , | |
| h | 33 1/3% support tests - 2022. If the | - | - | | | | 33 1/3% a | Ind |
| | line 18 is not more than 33 1/3%, che | | | | | | | |
| 20 | | | | | | | | |
| 20 | Private foundation. If the organization | in did not check a | box of time 14, 19 | a, or rep, check t | Ins bux and see ins | SUUCTION | ıə | |

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

| Schedule A | (Form 990) 2023 | NORTH | KITSAP | FISHLINE | |
|------------|-----------------|-----------------------------|----------|----------|--|
| Part IV | Supporting O | rganizations _{(co} | ntinued) | | |

1

2

| | | | 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 on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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 officers, directors, or trustees were allocated among the</i> | | | |

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

| supervised, or co | ontrolled the supportin | a organization. |
|-------------------|-------------------------|-----------------|
| Section C. Type I | I Supporting Org | anizations |

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

| Section D. All Type III Supporting Organizations | |
|--|--|
| | |

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

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the | e Integral Part Test during the year | (see instructions). |
|---|--|--------------------------------------|---------------------|
| • | | | |

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

| с | | The organization supported a governmental entity. | Describe in Part VI how w | you supported a governmental entity | (see instructions). |
|---|--|---|---------------------------|-------------------------------------|---------------------|
|---|--|---|---------------------------|-------------------------------------|---------------------|

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

2a

2b

3a

Yes No

| | All other Type III non-functionally integrated supporting organizations mus | t 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): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 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 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 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 | | |

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

Schedule A (Form 990) 2023

| Form 990) 2023 NORTH KIT |
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SAP FISHLINE Schedule A (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.

| _ | dule A (Form 990) 2023 NORTH KITSAP | | · | | L-1244431 _{Pa} |
|---------------|---|-------------------------------|-------------------------------|--------------|----------------------------------|
| | rt V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | inizations (continu | ued) | |
| | ion D - Distributions | | | | Current Year |
| | Amounts paid to supported organizations to accomplish exer | | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| | Administrative expenses paid to accomplish exempt purpose | is of supported organization | S | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 6 | |
| <u>6</u> 7 | Other distributions (<i>describe in</i> Part VI). See instructions. Total annual distributions. Add lines 1 through 6. | | | 7 | |
| <u>/</u> 8 | Distributions to attentive supported organizations to which the | o organization is responsive | | ' | |
| 0 | (provide details in Part VI). See instructions. | le organization is responsive | | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | |
| | Line 8 amount divided by line 9 amount | | | 10 | |
| 10 | | (i) | (ii) | | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistribution Pre-2023 | ns | Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| а | From 2018 | | | | |
| b | From 2019 | | | | |
| С | From 2020 | | | | |
| d | From 2021 | | | | |
| е | From 2022 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2023 distributable amount | | | | |
| i | Carryover from 2018 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2023 distributable amount | | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h | | | | |
| | | | | | |

and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

| Schedule A | (Form 990) 2023 | | | FISHLIN | | | 91-1244431 | Page 8 |
|------------|--|-----------------------------------|------------------------------------|-----------------------------------|---|---|--|-------------|
| Part VI | Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and | , 2, 3b, 3c, 4t lines 2 and 3; | o, 4c, 5a, 6, 9a Part IV, Secti | a, 9b, 9c, 11a, on E, lines 1c | 11b, and 11c; Part I , 2a, 2b, 3a, and 3b; | V, Section B, lines 1 Part V, line 1; Part \ | I and 2; Part IV, Section /, Section B, line 1e; Pa | C, rt V, |
| | (See instructions.) | | | | | | | |
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

91-1244431

| NORTH | KITSAP | FISHLINE |
|-------|--------|----------|
| | | |

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | $\fbox{3}$ 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

.

Name of organization

Employer identification number

NORTH KITSAP FISHLINE

91-1244431

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additiona | l space is needed. | |
|--------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u> 1</u> | SAFEWAY 19245 10TH AVE NE POULSBO, WA 98370 | \$ <u>95,302.</u> | 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 | \$642,244. | 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 | \$253,926. | 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 |
| <u>4</u> | TRADER JOE'S 9991 MICKELBERRY RD NW SILVERDALE, WA 98383 | \$77,840. | 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 |
| 5 | PUGET SOUND ENERGY 355 110TH AVE NE BELLEVUE, WA 98004 | \$100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | SLUYS 18924 FRONT ST NE POULSBO, WA 98370 | \$ <u>1,790.</u> | Person Payroll Noncash X (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2023)

Name of organization

Schedule B (Form 990) (2023)

NORTH KITSAP FISHLINE

Page **2**

Employer identification number

91-1244431

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|--|----------------------------|---|--|--|
| (a) | (b) | (c) | (d) | | |
| <u>No.</u> | Name, address, and ZIP + 4 POULSBO FARMERS MARKET 18901 8TH AVE NE POULSBO, WA 98370 | Total contributions | Type of contribution 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.) | | |
| (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.) | | |

Name of organization

Employer identification number

91-1244431

NORTH KITSAP FISHLINE

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|--|--|---|----------------------|
| 1 | 48,255 POUNDS OF FOOD CONTRIBUTIONS ESTIMATED AT \$1.97 PER POUND. | | |
| | | \$95,302. | 12/31/23 |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 2 | 331,568 POUNDS OF FOOD CONTRIBUTIONS ESTIMATED AT \$1.94 PER POUND. | | |
| | | \$642,244. | 12/31/23 |
| (a) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 3 | 128,884 POUNDS OF FOOD CONTRIBUTIONS ESTIMATED AT \$1.97 PER POUND. | | |
| | | \$253,926. | 12/31/23 |
| (a) No. °om art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 4 | 39,389 POUNDS OF FOOD CONTRIBUTIONS ESTIMATED AT \$1.98 PER POUND. | | |
| | | \$77,840. | _12/31/23 |
| (a) No. ·om art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 6 | 907 POUNDS OF FOOD CONTRIBUTIONS ESTIMATED AT \$1.97 PER POUND. | | |
| | | \$1,790. | 12/31/23 |
| (a) No. [.] om art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 7 | 2,788 POUNDS OF FOOD CONTRIBUTIONS ESTIMATED AT \$2.04 PER POUND. | | |
| | | | |

Schedule B (Form 990) (2023)

| Name of or | rganization | | Employer identification number | | |
|---------------------------|--|--|--|--|--|
| | KITSAP FISHLINE | | 91-1244431 | | |
| Part III | Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, ct Use duplicate copies of Part III if additional s | through (e) and the following line en naritable, etc., contributions of \$1,000 or | section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) \$ | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | (e) Transfer of gi | gift | | |
| - | Transferee's name, address, an | d ZIP + 4 | Relationship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| - | Transferee's name, address, an | (e) Transfer of gi d ZIP + 4 | 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, and ZIP + 4 Relationship of transferor to transferee | | | | |
| - | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| - | | (e) Transfer of gi | gift | | |
| - | Transferee's name, address, an | d ZIP + 4 | Relationship of transferor to transferee | | |
| | | | | | |

| | | Our set and a set of the set of t | l Firen siel Otatom ante | | OMB No. 1545-0047 |
|------------|----------------------|--|--|------------------|---|
| SC | HEDULE D | | al Financial Statements | | |
| (For | n 990) | | nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | 2023 |
| | ment of the Treasury | A | ttach to Form 990. | | Open to Public |
| - | I Revenue Service | | 0 for instructions and the latest information. | _ | Inspection |
| Nam | e of the organizati | NORTH KITSAP FISHL | - | | loyer identification number 91-1244431 |
| Pa | | - | d Funds or Other Similar Funds or Ac | coun | ts. Complete if the |
| | organizatio | n answered "Yes" on Form 990, Part IV, lin | | | |
| | | | (a) Donor advised funds | (b) Fund | ds and other accounts |
| 1 | | nd of year | | | |
| 2 | | f contributions to (during year) | | | |
| 3 | | f grants from (during year) | | | |
| 4 | | t end of year | | | |
| 5 | - | | writing that the assets held in donor advised fund | | |
| ~ | | | exclusive legal control? | | Yes No |
| 6 | • | C | dvisors in writing that grant funds can be used o r donor advisor, or for any other purpose conferr | | |
| | impermissible priv | | , | 0 | Yes No |
| Pa | | | ganization answered "Yes" on Form 990, Part IV, | | |
| 1 | | servation easements held by the organization | | | |
| | | n of land for public use (for example, recrea | · · · · · · · · · · · · · · · · · · · | oricallv | important land area |
| | | of natural habitat | Preservation of a certi | | • |
| | Preservation | n of open space | | | |
| 2 | Complete lines 2a | through 2d if the organization held a qualif | ied conservation contribution in the form of a co | nservat | ion easement on the last |
| | day of the tax year | r. | | | Held at the End of the Tax Year |
| а | Total number of co | onservation easements | | 2a | |
| b | Total acreage rest | ricted by conservation easements | | 2b | |
| с | Number of conser | vation easements on a certified historic stru | ucture included on line 2a | 2c | |
| d | | vation easements included on line 2c acqu | | | |
| | | | | 2d | |
| 3 | Number of conser | vation easements modified, transferred, rel | eased, extinguished, or terminated by the organi | zation o | during the tax |
| | year | | | | |
| 4 | | where property subject to conservation eas | | | |
| 5 | U U | tion have a written policy regarding the per | | | Yes No |
| 6 | | orcement of the conservation easements it | holds? handling of violations, and enforcing conservatio | | |
| 0 | Stall and voluntee | a nours devoted to monitoring, inspecting, | handling of violations, and emotioning conservatio | in case | ments during the year |
| 7 | Amount of expens | es incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation eas | sement | s during the year |
| | | | | | |
| 8 | Does each conser | vation easement reported on line 2d above | satisfy the requirements of section 170(h)(4)(B)(i) |) | |
| | and section 170(h) |)(4)(B)(ii)? | - | | Yes No |
| 9 | | | on easements in its revenue and expense statem | | |
| | balance sheet, and | d include, if applicable, the text of the footn | note to the organization's financial statements that | at desc | ribes the |
| | | ounting for conservation easements. | | | |
| Pa | | | Art, Historical Treasures, or Other S | imilar | Assets. |
| | | f the organization answered "Yes" on Form | | | |
| 1 a | 0 | | 8, not to report in its revenue statement and bala | | |
| | | · · · | blic exhibition, education, or research in furtherar | nce of p | SIIGUO |
| Ŀ | | | ncial statements that describes these items. | obcot | worke of |
| b | - | | 8, to report in its revenue statement and balance | | |
| | | ing amounts relating to these items. | exhibition, education, or research in furtherance | | 110 301 VICE, |
| | • | | | c | \$ |
| | | | | | ÷ |
| 2 | ., | | asures, or other similar assets for financial gain, r | | |
| | - | unts required to be reported under FASB A | | | |
| а | - | | | 9 | \$ |
| | | | | | |

| b | Assets included in Form 990, Part X |
|--------|--|
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. |
| 332051 | 09-28-23 |

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| Sche | | ITSAP FISH | | | | | | 91-12 | | | age 2 |
|----------|--|---------------------------------|--------------------|-------------|---------------------|------------|------------------------|---------------------------------------|-----------------|----------|--------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Histor | ical Tre | asures, o | r Othe | r Simil | ar Asset | s (conti | nued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check a | ny of the f | ollowing that | t make s | ignificar | nt use of its | | | |
| | collection items (check all that apply). | | | | | | | | | | |
| а | Public exhibition | c | I 🗌 Lo | an or exc | hange progra | am | | | | | |
| b | Scholarly research | e | | | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how they | further th | ne organizatio | on's exe | mpt puri | oose in Parl | XIII. | | |
| 5 | During the year, did the organization solicit o | - | - | | - | | | | | | |
| - | to be sold to raise funds rather than to be ma | | | | | | | Г | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | | | | | | | | | |
| | reported an amount on Form 990, Pa | | | gamzanor | | | | , , , , , , , , , , , , , , , , , , , | | | |
| 1a | Is the organization an agent, trustee, custodi | | diary for co | ontribution | is or other as | sets not | include | d | | | |
| | on Form 990, Part X? | | | | | | | _ | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIII | | | | | | | ····· ∟ | | | |
| | | | nowing tab | | | | | | Amoun | t | |
| с | Beginning balance | | | | | | 10 | | | | |
| | Additions during the year | | | | | | | | | | |
| | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | <u>16</u> | | | | |
| | Did the organization include an amount on F | | | | | | ·· | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | ····· ∟ | | | |
| Par | | | | | | | 0 | | | | |
| | | (a) Current year | (b) Pric | | (c) Two yea | | | e years back | (e) Fou | r vears | back |
| 1a | Beginning of year balance | | | , | | | . , | , | | , | |
| h | Contributions | | | | | | | | | | |
| 0 | Net investment earnings, gains, and losses | | | | | | | | | | |
| с А | | | | | | | | | | | |
| d | Grants or scholarships Other expenditures for facilities | | | | | | | | | | |
| е | | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | . (line 1 m | l | | | | | | | |
| 2 | Provide the estimated percentage of the curr | • | e (line 1g, o | column (a) |)) held as: | | | | | | |
| a | Board designated or quasi-endowment | | % | | | | | | | | |
| a | Permanent endowment | % | | | | | | | | | |
| С | | <u>%</u> | | | | | | | | | |
| • | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | | |
| Ja | Are there endowment funds not in the posse | ssion of the organiza | ation that a | ire neid ar | ia administer | rea for tr | ne | | | Yes | No |
| | organization by: | | | | | | | | | 163 | |
| | (i) Unrelated organizations? | | | | | | | | 3a(i) | | |
| | | | | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | . 3 b | | |
| 4 Dar | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm | | wment fun | Ids. | | | | | | | |
| I UI | Complete if the organization answere | |) Dart IV I | ino 112 S | ee Form 990 | Dart X | line 10 | | | | |
| | | | | | | | | | | | |
| | Description of property | (a) Cost or c basis (investr | | • • | or other (other) | | Accumula epreciatio | | (d) Boo | k valu | ie |
| | Land | | neng | | 4,000. | ue | preciatio | | E٥ | 1 0 | 00. |
| | Land | | | | | | 540 | 051 | 3,28 | | |
| | Buildings | | | | <u>6,286.</u> | | <u>549,</u> | | | | |
| | Leasehold improvements | | | | 3,403. | | | 102. | | | 01. |
| | Equipment | | | / 8 | 8,459. | | 356, | 9/1. | 43 | 1,4 | 88. |
| | Other | | | | | | | | 4 20 | <u> </u> | 24 |
| Tota | . Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | <u>X. line 10c</u> | . column | <u>(B))</u> | | | | 4,39 | ∠,0 | <u> </u> |

Schedule D (Form 990) 2023

| Schedule D (Form 990) 2023 Part VII Investments | | FISHLINE |
|---|-------|----------|
| | 11103 | |

| (a) Description of security or Category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
|---|----------------------------|--------------------------------------|----------------------------|
| 1) Financial derivatives | | | |
| 2) Closely held equity interests | | | |
| 3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (G) (H) | | | |
| otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" of | on Form 990 Part IV line | 11c See Form 990 Part X line 13 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | of year market value |
| | | (c) Method of Valdation. Cost of end | oryear market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX Other Assets | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| (a) [| Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (6) | | | |
| (9) | | | |
| (9) | | | |
| otal. (Column (b) must equal Form 990, Part X, line 15, col. | <u>(</u> B)) | | |
| otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities | | | |
| Part X Other Liabilities Complete if the organization answered "Yes" of the programmer of the organization | | | (b) Book value |
| otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" construction of liability | | | (b) Book value |
| Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" complete if the organization of liability (1) Federal income taxes | | | |
| Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE | | | • • |
| Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE (3) | | | • • |
| Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE | | | • • |
| otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE (3) | | | • • |
| otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) OPERATING LEASE (3) (4) | | | • • |
| otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" colspan="2">other Liabilities Complete if the organization answered "Yes" colspan="2">other Liabilities (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE (3) (4) (5) | | | (b) Book value 220 , 16 |
| otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" complete if the organization of liability (1) Federal income taxes (2) OPERATING LEASE (3) (4) (5) (6) | | | |

Iotal. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

| Sche | dule D (Form 990) 2023 NORTH KITSAP FISHLINE | | 91- | 1244431 Page 4 |
|------|---|-------------------|----------------|----------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial State | ements With Reven | ue per Return | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | e 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 4,674,898. |
| 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 | | | 4,674,898. |
| 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.) | | | 4,674,898. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Stat | tements With Expe | nses per Retur | n |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | e 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 4,630,530. |
| 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 | | | 4,630,530. |
| 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 | 1. | |
| с | Add lines 4a and 4b | | 4c | 1. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, | <u>)</u> | 5 | 4,630,531. |
| Pa | rt XIII Supplemental Information | | | |

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

PART X, LINE 2:

| ON JANUARY 1, 2010, THE ORGANIZATION ADOPTED THE RECOGNITION REQUIREMENTS |
|---|
| FOR UNCERTAIN INCOME TAX POSITIONS AS REQUIRED BY GENERALLY ACCEPTED |
| ACCOUNTING PRINCIPLES, WITH NO CUMULATIVE EFFECT ADJUSTMENT REQUIRED. |
| INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR |
| EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE |
| INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON |
| EXAMINATION BY TAXING AUTHORITIES. THE ORGANIZATION HAS ANALYZED TAX |
| POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND ALL |
| STATES WHERE IT OPERATES. THE ORGANIZATION BELIEVES THAT INCOME TAX |
| FILLING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT |
| ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT |
| 332054 09-28-23 Schedule D (Form 990) 2023 |

| Schedule D (Form 990) 2023 NORTH KITSAP FISHLINE | 91-1244431 Page 5 | | | | | |
|--|-------------------|--|--|--|--|--|
| Part XIII Supplemental Information (continued) | | | | | | |
| ON THE ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF OPERAT | IONS OR CASH | | | | | |
| FLOWS. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY REA | SERVES, OR | | | | | |
| RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX | | | | | | |
| POSITIONS AT DECEMBER 31, 2023 AND 2022. | | | | | | |
| | | | | | | |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | | | | | | |
| ROUNDING | | | | | | |

| SCHEDULE G | Suppleme | ntal Information Regarding | Fund | Iraisi | ng or Gaming A | ctivi | ties | OMB No. 1545-0047 | |
|---|--|---|--|--|--|------------|---|------------------------------|--|
| (Form 990) | | Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. | | | | | | | |
| Department of the Treasury | | Attach to Form 990 | | | | | | Open to Public Inspection | |
| Internal Revenue Service Name of the organization | | o www.irs.gov/Form990 for instru | ctions | and th | ne latest information | ו. | Employer | identification number | |
| Name of the organization | | ITSAP FISHLINE | | | | | 91-124 | | |
| | | Complete if the organization answe | ered "Y | 'es" or | n Form 990, Part IV, li | ine 17 | | | |
| Indicate whether the a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list | e organization rais tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv | ed funds through any of the followin e Solicita f Solicita g Specia or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu | ttion of ttion of l fundra (includ professi uant to | non-g gover aising o ling of onal fu agreer | overnment grants nment grants events ficers, directors, trust undraising services? | ne fun | draiser is to | | |
| (i) Name and addres or entity (func | | (ii) Activity | fund have c or cor | Did raiser ustody ntrol of utions? | (iv) Gross receipts from activity | tò (o 1 | Amount pai r retained b undraiser ed in col. (i | by) to (or retained by) | |
| | | | Yes | No | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
| 3 List all states in whi or licensing. | ich the organizatio | n is registered or licensed to solicit | contrib | utions | or has been notified | it is e | exempt from | registration | |
| | | | | | | | | | |
| | | | | | | | | | |

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91-1244431 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | 5 5 | | | 0 | 0 |
|-----------------|------|--|-----------------|-------------------------|------------------|-------------------------|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | AUCTION | | NONE | (add col. (a) through |
| | | | FUNDRAISER | | | col. (c) |
| | | | (event type) | (event type) | (total number) | |
| nue | | | | | | |
| Sevenue | 1 | Gross receipts | 145,906. | | | 145,906. |
| ď | | | | | | |
| | 2 | Less: Contributions | 145,906. | | | 145,906. |
| | _ | | . , | | | |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | | | | | | |
| | 4 | Cash prizes | | | | |
| | | | | | | |
| | 5 | Noncash prizes | | | | |
| es | | | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| ă | | | | | | |
| сE | 7 | Food and beverages | | | | |
| Dire | | • | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | |
| | 10 | Direct expense summary. Add lines 4 through | 9 in column (d) | | | |
| | 11 | Net income summary. Subtract line 10 from li | () | | | |
| Pa | rt I | | | | | · |
| | | \$15,000 on Form 990-EZ, line 6a. | | . , , , | | |
| | | . , | | (b) Pull tabs/instant | () 01 | (d) Total gaming (add |
| ne | | | (a) Bingo | hingo/progressive hingo | (c) Other gaming | col (a) through col (c) |

| nue | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c) |
|-----------------|---|------------------------|-------------------------|------------------|---------------------------|
| Revenue | 1 Gross revenue | | | | |
| es | 2 Cash prizes | | | | |
| xpens | 3 Noncash prizes | | | | |
| Direct Expenses | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | Yes % No | Yes % | Yes % | |
| | 7 Direct expense summary. Add lines 2 through | 5 in column (d) | | | |
| | 8 Net gaming income summary. Subtract line 7 f | rom line 1, column (d) | | | |
| 9 | Enter the state(s) in which the organization conduc | ts gaming activities: | | | |
| | Is the organization licensed to conduct gaming act If "No," explain: | | | | |
| | | | | | |
| | Were any of the organization's gaming licenses rev If "Yes," explain: | | • • | /ear? | Yes No |
| U | | | | | |

332082 09-13-23

| 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | 4431 | Page 3 |
|--|----------|---------|
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | Yes | No |
| | _ | |
| to administer charitable gaming? | Yes | No |
| 13 Indicate the percentage of gaming activity conducted in: | 1 | |
| a The organization's facility | | % |
| b An outside facility 13t | | % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| Name | | |
| | | |
| Address | | |
| | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | No |
| | | |
| b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount | | |
| of gaming revenue retained by the third party \$ | | |
| c If "Yes," enter name and address of the third party: | | |
| Name | | |
| | | |
| Address | | |
| | | |
| 16 Gaming manager information: | | |
| | | |
| Name | | |
| Gaming manager compensation \$ | | |
| | | |
| Description of services provided | | |
| | | |
| | | |
| | | |
| Director/officer Employee Independent contractor | | |
| | | |
| 17 Mandatory distributions:a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | Yes | No No |
| 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 \$ | | |
| | nes 9, 9 | b, 10b, |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I | | |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
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| - are re | (continuea) | | |
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| SCHEDULE | Μ |
|------------|---|
| (Form 990) | |

Noncash Contributions

OMB No. 1545-0047

Open to Public

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L

91-1244431

3

| Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. |
|--|
| Attach to Form 990. |
| Go to www.irs.gov/Form990 for instructions and the latest information. |

Department of the Treasury Internal Revenue Service

| nation. | | Inspection | | |
|---------|----------|-----------------------|--|--|
| | Employer | identification number | | |

Name of the organization

| NORTH | KITSAP | FISHLINE |
|----------|------------|----------|
| 1101(111 | ICT I DIII | TTOUDTUD |

| Pa | t I Types of Property | | | | | | | |
|----------|--|-------------------------------|---|--|---|-----|-----|----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of 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 | X | | 570,039. | RESALE VALU | E | | |
| 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 | | | | | | | |
| •• | | | | | | | | |
| 12 | trust interests Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| 10 | | | | | | | | |
| 14 | Historic structures Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | | X | 300 | 1,818,375. | FATR VALUE | | | |
| 20 | Food inventory Drugs and medical supplies | | | 1,010,0,0,0 | | | | |
| 20 | | | | | | | | |
| 22 | Taxidermy | | | | | | | |
| 22 23 | Historical artifacts | | | | | | | |
| 23 24 | Scientific specimens | | | | | | | |
| 24 25 | Archeological artifacts Other (GIFTS AND SERVI) | x | 70 | 135 063 | FAIR VALUE | | | |
| | | | 10 | 155,005. | FAIR VALUE | | | |
| 26 | Other () | | | | | | | |
| 27 | Other () | | | | | | | |
| 28 | Other () Number of Forms 8283 received by the organi | | the tax year far a | | | | | |
| 29 | , , , | | | | | | | |
| | for which the organization completed Form 82 | os, Part V, L | onee Acknowledg | ement 29 | | | Yes | Na |
| 20- | During the year, did the organization receive b | v oontributio | | artad in Dart L lines 1 through | h 00 that it | | res | No |
| 30a | | | | | | | | |
| | must hold for at least 3 years from the date of | • | | | | 20- | | х |
| L. | exempt purposes for the entire holding period | <i>(</i> | | | | 30a | | |
| | If "Yes," describe the arrangement in Part II. | o aliau that w | a visco the service of | of any nonotondard contribut | ianal | 04 | | х |
| 31 | Does the organization have a gift acceptance | - | - | • | | 31 | | |
| 32a | Does the organization hire or use third parties | | • | · • · | | | | v |
| | | | | | | 32a | | X |
| | If "Yes," describe in Part II. | | | | les d | | | |
| 33 | If the organization didn't report an amount in c | column (c) fo | r a type of property | / for which column (a) is cheo | cked, | | | |
| | describe in Part II. | | | | | | | |

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023 NORTH KITSAP FISHLINE
Part II Supplemental Information. Provide the information of 91-1244431 Page 2 **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)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 91 - 1244431

NORTH KITSAP FISHLINE

FORM 990 PART III LINE 1

FISHLINE IS A NORTH KITSAP HUB THAT PROVIDES FOOD AND ACCESS TO

RESOURCES THAT OFFER STABILITY, IMPROVE HEALTH AND WELL-BEING, AND HELP

PEOPLE ONTO A PATH TO SELF-SUSTAINABILITY.

FORM 990 PART III LINE 4A

ESTABLISHED IN 1967, NORTH KITSAP FISHLINE IS ONE OF THE OLDEST FOOD BANKS IN THE UNITED STATES. WE RECOGNIZE THAT FOOD INSECURITY OFTEN COINCIDES WITH OTHER CRISES SUCH AS SUBSTANCE ABUSE, MENTAL HEALTH ISSUES, JOB LOSS, HOUSING INSTABILITY HEALTH PROBLEMS, AND FINANCIAL DIFFICULTIES. TO HELP MITIGATE MULTIPLE CHALLENGES, FISHLINE OFFERS TAILORED SERVICES TO HELP SUPPORT INDIVIDUALS ON THEIR LIFE'S JOURNEY. WE STRIVE TO BE ACCESSIBLE AND EQUITABLE BY OFFERING EVENING HOURS FOR THOSE WHO WORK TRADITIONAL DAYTIME JOBS.

OUR COMPREHENSIVE SERVICE CENTER CREATES A COLLABORATIVE SPACE FOR PARTNER AGENCIES TO WORK WITH OTHER NON-PROFITS AND REDUCE SERVICE DUPLICATION. FISHLINE'S FREE SERVICES ENCOMPASS HUNGER RELIEF, MENTAL HEALTH COUNSELING, CLOTHING, SHOWERS, OUTDOOR PROVISIONS, AND FINANCIAL ASSISTANCE FOR RENT, MORTGAGE, SCHOOL SUPPLIES, CHILDREN ACTIVITY FEES TRANSPORTATION ASSISTANCE, AND HOLIDAY AND BIRTHDAY AND EOUIPMENT. GIFTS. IN ADDITION, OUR CASE MANAGERS PROVIDE WARM HAND-OFF REFERRALS TO PARTNER AGENCIES, AND FREQUENTLY HELP CLIENTS THROUGH THE ENROLLMENT For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 LHA 332211 11-14-23

Name of the organization

NORTH KITSAP FISHLINE

Page 2 Employer identification number 91-1244431

PROCESS TO RECEIVE OTHER TYPES OF SUPPORT.

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

THE COMPLETED FORM 990 WAS PROVIDED TO THE FINANCE COMMITTEE AND EXECUTIVE

DIRECTOR WHO BOTH REVIEWED THE RETURN. THE BOARD TREASURER SIGNED AND

FILED THE RETURN.

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

ANY POTENTIAL CONFLICT OF INTEREST IS BROUGHT UP BY THE BOARD DEVELOPMENT

COMMITTEE AND THE EXECUTIVE COMMITTEE AND DISCUSSED AT BOARD MEETINGS.

APPROPRIATE ACTIONS ARE TAKEN TO ADDRESS CONFLICTS OF INTEREST.

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

AN INDEPENDENT THIRD PARTY IS USED FOR HIRING AND DETERMINING PROPER

COMPENSATION FOR THE EXECUTIVE DIRECTOR.

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

COPIES OF FORM 1023 AND FORM 990 CAN BE REQUESTED BY CONTACTING THE

ORGANIZATION. THE ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES, AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. COPIES

OF THE DOCUMENTS CAN BE PROVIDED IN ELECTRONIC FORMAT.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS

ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. ANYONE WHO IS INTERESTED IN

VIEWING THESE DOCUMENTS CAN CONTACT THE ORGANIZATION. COPIES OF THE

DOCUMENTS CAN BE PROVIDED IN ELECTRONIC FORMAT.

| Name of the organization NORTH KITSAP FISHLINE | Employer identification number 91-1244431 |
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| ORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| ROUNDING | -1. |
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| 332212 11-14-23 | Schedule O (Form 990) 20 |

Page **2**

Schedule O (Form 990) 2023