

EXTENDED TO NOVEMBER 15, 2018

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **FRIENDSHIP SHELTER, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 4252
 City or town, state or province, country, and ZIP or foreign postal code
LAGUNA BEACH, CA 92652

D Employer identification number: **33-0219404**

E Telephone number: **(949) 494-6928**

G Gross receipts \$: **4,324,280.**

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

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

J Website: **WWW.FRIENDSHIPHELPER.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1987** **M** State of legal domicile: **CA**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance			
1	Briefly describe the organization's mission or most significant activities: FRIENDSHIP SHELTER HELPS HOMELESS ADULTS ACHIEVE SELF-SUFFICIENCY AND BECOME MORE PRODUCTIVE		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	58
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,920,040.	3,730,320.
9	Program service revenue (Part VIII, line 2g)	243,690.	340,886.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,140.	2,734.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,120.	4,130.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,168,990.	4,078,070.
Expenses		Prior Year	Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,539,960.	1,810,160.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 87,140.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,546,150.	2,121,440.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,086,110.	3,931,600.
19	Revenue less expenses. Subtract line 18 from line 12	82,880.	146,470.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,018,150.	3,334,930.
21	Total liabilities (Part X, line 26)	2,023,970.	2,191,541.
22	Net assets or fund balances. Subtract line 21 from line 20	994,180.	1,143,389.

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: _____

Type or print name and title: _____

Paid Preparer Use Only

Print/Type preparer's name: **ERNIE YAMANE** Preparer's signature: *E Yamane* Date: **10/29/18** Check if self-employed: PTIN: **P00427413**

Firm's name: **KMJ CORBIN & COMPANY, LLP** Firm's EIN: **81-0569753**

Firm's address: **555 ANTON BLVD, SUITE 1000 COSTA MESA, CA 92626** Phone no. **714-380-6565**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FRIENDSHIP SHELTER HELPS HOMELESS ADULTS ACHIEVE SELF-SUFFICIENCY AND BECOME MORE PRODUCTIVE MEMBERS OF THE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,544,220. including grants of \$) (Revenue \$ 340,886.) FRIENDSHIP SHELTER HELPS HOMELESS ADULTS ACHIEVE SELF-SUFFICIENCY AND BECOME MORE PRODUCTIVE MEMBERS OF THE COMMUNITY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 3,544,220.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: MIKE AUSTIN - 949-494-6928 P.O. BOX 4252, LAGUNA BEACH, CA 92652

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELLEN DORSE PRESIDENT AND CHAIR	4.00	X		X				0.	0.	0.
(2) M.STEVE COONTZ VICE PRESIDENT	4.00	X		X				0.	0.	0.
(3) ANDREA SHELLY TREASURER	4.00	X		X				0.	0.	0.
(4) GARY JENKINS SECRETARY	4.00	X		X				0.	0.	0.
(5) MARK BINDER DIRECTOR	4.00	X						0.	0.	0.
(6) WENDY AIRD DIRECTOR	4.00	X						0.	0.	0.
(7) ILENE GLASSMAN DIRECTOR	4.00	X						0.	0.	0.
(8) LINDA HEALY DIRECTOR	4.00	X						0.	0.	0.
(9) KEITH KESLER DIRECTOR	4.00	X						0.	0.	0.
(10) EDSON MCCLELLAN DIRECTOR	4.00	X						0.	0.	0.
(11) BARBARA MCMURRAY DIRECTOR	4.00	X						0.	0.	0.
(12) CINDY ORTIZ-PLANT DIRECTOR	4.00	X						0.	0.	0.
(13) MEG PEARSON DIRECTOR	4.00	X						0.	0.	0.
(14) TEDDIE RAY DIRECTOR	4.00	X						0.	0.	0.
(15) STEVE ROBBINS DIRECTOR	4.00	X						0.	0.	0.
(16) CINDY SHOPOFF DIRECTOR	4.00	X						0.	0.	0.
(17) BILL SMOLKA DIRECTOR	4.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHAENA STABLER DIRECTOR	4.00	X						0.	0.	0.
(19) ZEDA STONE DIRECTOR	4.00	X						0.	0.	0.
(20) DOUGLAS A. WILSON DIRECTOR	4.00	X						0.	0.	0.
(21) JOSH WOLFF DIRECTOR	4.00	X						0.	0.	0.
(22) DAWN PRICE EXECUTIVE DIRECTOR	40.00			X				124,476.	0.	0.
1b Sub-total								124,476.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								124,476.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	557,730.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,693,580.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	479,010.				
	g Noncash contributions included in lines 1a-1f: \$		63,380.				
	h Total. Add lines 1a-1f		3,730,320.				
	Program Service Revenue	2 a TRANSITIONAL HOUSING R	Business Code 532000	340,886.	340,886.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			340,886.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,734.			2,734.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 557,730. of contributions reported on line 1c). See Part IV, line 18	a	246,210.				
		b Less: direct expenses	b	246,210.			
		c Net income or (loss) from fundraising events		0.			
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a FORGIVENESS OF NOTE PA		532000	4,130.			4,130.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			4,130.				
12 Total revenue. See instructions.			4,078,070.	340,886.	0.	6,864.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	124,476.	87,133.	37,343.	
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	1,685,684.	1,440,067.	159,137.	86,480.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	28,770.		28,770.	
d Lobbying				
e 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 O.)				
12 Advertising and promotion				
13 Office expenses	37,790.	7,560.	30,230.	
14 Information technology				
15 Royalties				
16 Occupancy	1,241,270.	1,226,820.	14,450.	
17 Travel	86,280.	86,280.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	53,140.	53,140.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	160,540.	157,330.	3,210.	
23 Insurance	123,230.	120,670.	1,900.	660.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLIENT SERVICES	127,420.	127,420.		
b REPAIRS & MAINTENANCE	108,570.	108,570.		
c DONATED MATERIALS	63,380.	63,380.		
d _____				
e All other expenses _____	91,050.	65,850.	25,200.	
25 Total functional expenses. Add lines 1 through 24e	3,931,600.	3,544,220.	300,240.	87,140.
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)

Part 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
Assets	1 Cash - non-interest-bearing	282,918.	1	590,414.
	2 Savings and temporary cash investments	13,412.	2	167,476.
	3 Pledges and grants receivable, net	371,950.	3	147,330.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	40,830.	9	78,400.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,581,830.		
	b Less: accumulated depreciation	10b 1,509,260.	2,053,650.	10c 2,072,570.
	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	35,760.	13	36,750.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	219,630.	15	241,990.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,018,150.	16	3,334,930.	
Liabilities	17 Accounts payable and accrued expenses	263,630.	17	344,251.
	18 Grants payable		18	
	19 Deferred revenue	0.	19	89,600.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,756,540.	23	1,753,890.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,800.	25	3,800.
	26 Total liabilities. Add lines 17 through 25	2,023,970.	26	2,191,541.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	994,180.	27	1,143,389.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	994,180.	33	1,143,389.	
34 Total liabilities and net assets/fund balances	3,018,150.	34	3,334,930.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,078,070.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,931,600.
3	Revenue less expenses. Subtract line 2 from line 1	3	146,470.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	994,180.
5	Net unrealized gains (losses) on investments	5	2,739.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,143,389.

Part XII Financial Statements and Reporting

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

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

Form 990 (2017)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,387,527.	1,741,890.	1,943,440.	2,920,040.	3,730,320.	11,723,217.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	29,494.	29,666.	46,578.	243,690.	340,886.	690,314.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,417,021.	1,771,556.	1,990,018.	3,163,730.	4,071,206.	12,413,531.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						12,413,531.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	1,417,021.	1,771,556.	1,990,018.	3,163,730.	4,071,206.	12,413,531.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,979.	104.	462.	1,140.	2,734.	17,419.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	12,979.	104.	462.	1,140.	2,734.	17,419.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,430,000.	1,771,660.	1,990,480.	3,164,870.	4,073,940.	12,430,950.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	99.86 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	99.74 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	.14 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	.26 %

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
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).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

FRIENDSHIP SHELTER, INC.

Employer identification number

33-0219404

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization FRIENDSHIP SHELTER, INC.	Employer identification number 33-0219404
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST #400 LOS ANGELES, CA 90012	\$ 5,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FIDELITY CHARITABLE GIFT FUND P.O. BOX 770001 CINCINNATI, OH 45277-0053	\$ 9,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MCMASTER-CARR SUPPLY CO. P.O. BOX 680 ELMHURST, IL 60126	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MISSION HOSPITAL - ST. JOSEPH HEALTH SYSTEM 3345 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	\$ 97,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PIMCO FOUNDATION 650 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660	\$ 19,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	RESEARCH DESIGN SPECIALISTS 5552 CERRITOS AVE., # K CYPRESS, CA 90630	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FRIENDSHIP SHELTER, INC.	Employer identification number 33-0219404
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 7,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	TAG (TAGLIAFERRI FAMILY FOUNDATION) 233 WILSHIRE BOULEVARD SUITE 515 SANTA MONICA, CA 90401	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	TD AMERITRADE 200 SOUTH 108TH AVENUE OMAHA, NE 68154	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE CARITAS CORPORATION 5520 TRABUCO ROAD IRVINE, CA 92620	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	WENDY AIRD 855 MANZANITA DRIVE LAGUNA BEACH, CA 92651	\$ 16,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	WEINGART FOUNDATION 1055 W. SEVENTH ST., STE. 3050 LOS ANGELES, CA 90017	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FRIENDSHIP SHELTER, INC.	Employer identification number 33-0219404
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DOUG AND JUDY ANDERSON 800 CANYON VIEW DRIVE LAGUNA BEACH, CA 92651	\$ 13,038.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	UEBERROTH FAMILY FOUNDATION P.O. BOX 100 LAGUNA BEACH, CA 92652	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	ROBERT AND KIRSTIN BUCKLAND 384 PINECREST DR. LAGUNA BEACH, CA 92651	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	ORANGE COUNTY'S UNITED WAY 18012 SOUTH MITCHELL AVENUE IRVINE, CA 92614	\$ 6,670.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	THE DEVTO SUPPORT FOUNDATION 18101 VON KARMEN AVE STE 750 IRVINE, CA 92612-0145	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	COMCAST ONE COMCAST CENTER PHILADELPHIA, PA 19103	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FRIENDSHIP SHELTER, INC.	Employer identification number 33-0219404
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	DOROTHY AND STEVE COONTZ 851 VAN DYKE DRIVE LAGUNA BEACH, CA 92651	\$ 10,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	CREVIER FAMILY FOUNDATION 365 B CLINTON STREET COSTA MESA, CA 92626	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	RANNEY AND PRISCILLA DRAPER 567 SAN NICHOLAS DRIVE STE. 340 NEWPORT BEACH, CA 92660	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	CAROL AND DENNIS EASTMAN 835 TEMPLE HILLS DR LAGUNA BEACH, CA 92651	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	STEVE AND JILL EDWARDS 1649 BLUEBIRD CANYON ROAD LAGUNA BEACH, CA 92651	\$ 10,121.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	STEPHANIE ELLMAN 32025 POINT PLACE LAGUNA BEACH, CA 92651	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FRIENDSHIP SHELTER, INC.	Employer identification number 33-0219404
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	MICHELLE AND DAVID FISHER 727 BAYVIEW PLACE LAGUNA BEACH, CA 92651	\$ 7,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	SISTERS OF ST. JOSEPH HEALTHCARE FOUNDATION 440 S BATAVIA ST ORANGE, CA 92668	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	DONNA AND JEFF GINGOLD 115 AMBROISE NEWPORT BEACH, CA 92657	\$ 6,315.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	THE CREAN FOUNDATION P.O. BOX 8449 NEWPORT BEACH, CA 92658	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	ELLEN AND DONALD GOODWIN 16492 SOMERSET LANE HUNTINGTON BEACH, CA 92649	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	MARTIN AND DEBBIE CAMPBELL HALE 220 BOYLSTON STREET APT 1020 BOSTON, MA 02116	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FRIENDSHIP SHELTER, INC.	Employer identification number 33-0219404
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	JANE AND JOE HANAUER 105 SOUTH LA SENDA DRIVE LAGUNA BEACH, CA 92651	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	STEPHEN AND LORETTA HESTER 38 NORTH VISTA DE CATALINA LAGUNA BEACH, CA 92651	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	ORANGE COUNTY COMMUNITY FOUNDATION 4041 MACARTHUR BOULEVARD, SUITE 510 NEWPORT BEACH, CA 92660	\$ 76,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	BETSY AND GARY JENKINS 1739 ALISOS AVE LAGUNA BEACH, CA 92651	\$ 20,209.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	DEBORAH OGILVIE AND JEFFREY KING 377 MOUNTAIN ROAD LAGUNA BEACH, CA 92651	\$ 5,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	KINNETT FAMILY TRUST 27171 SHENANDOAH DR. LAGUNA HILLS, CA 92653	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FRIENDSHIP SHELTER, INC.	Employer identification number 33-0219404
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	MACGILLIVRAY FAMILY FOUNDATION P.O. BOX 205 LAGUNA BEACH, CA 92652	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	THOMAS J. MAURO JR. M.D. IRA ROLLOVER 3 PURSUIT, #426 ALISO VIEJO, CA 92656	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	JERI AND DANNY MCKENNA 59 EMERALD BAY LAGUNA BEACH, CA 92651	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	CERES FOUNDATION 18606 RELIANT DRIVE GAITHERSBURG, MD 20879-5422	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	BOB AND STEPHANIE MISTER 10 NORTH VISTA DE CATALINA LAGUNA BEACH, CA 92651	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	DANIEL MOREFIELD 27521 MANOR HILL ROAD LAGUNA NIGUEL, CA 92677	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FRIENDSHIP SHELTER, INC.	Employer identification number 33-0219404
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	LOURDES BOTTGER NARK 25 BLACK HAWK IRVINE, CA 92603	\$ 6,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	PACIFIC LIFE FOUNDATION 700 NEWPORT CENTER DR. NEWPORT BEACH, CA 92660	\$ 11,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	MEG PEARSON 3 ZEPHYR RIDGE LAGUNA NIGUEL, CA 92677	\$ 10,872.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	LAGUNA BEACH COMMUNITY FOUNDATION 303 BROADWAY #212 LAGUNA BEACH, CA 92651	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	WIND & SEA, LLC 451 HAWTHORNE ROAD LAGUNA BEACH, CA 92651	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	TEDDIE RAY 1625 SUNSET RIDGE DR LAGUNA BEACH, CA 92651	\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FRIENDSHIP SHELTER, INC.	Employer identification number 33-0219404
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	MAYA AND TOM REDWITZ 1133 EMERALD BAY LAGUNA BEACH, CA 92651	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	MARISA AND STEPHEN ROBBINS 2703 VICTORIA DRIVE LAGUNA BEACH, CA 92651	\$ 17,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	ST. JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND 3345 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	MELISSA AND PARSAROHANI 673 MYSTIC WAY LAGUNA BEACH, CA 92651	\$ 17,465.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	JOSEPH F. STEIN FAMILY FOUNDATION, INC. 30 GLENN STREET WHITE PLAINS, NY 10603	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	ELLIOT SACKS 964 MEADOWLARK DRIVE LAGUNA BEACH, CA 92651	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FRIENDSHIP SHELTER, INC.	Employer identification number 33-0219404
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	DOUG HODGE AND KYLIE SCHUYLER 157 EMERALD BAY LAGUNA BEACH, CA 92651	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	SEBASTIAN & ASSOCIATES 305 N COAST HWY. STE. #T LAGUNA BEACH, CA 92651	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	ANDREA SHELLY 111 EMERALD BAY LAGUNA BEACH, CA 92651	\$ 100,239.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	ALLAN AND LALITA CHARITABLE FOUNDATION 1234 ROSALIND ROAD SAN MARINO, CA 91108	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	CINDY AND BILL SHOPOFF 150 MOUNTAIN ROAD LAGUNA BEACH, CA 92651	\$ 27,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	STEFANI AND ALLAN SIMON 847 CLIFF DRIVE LAGUNA BEACH, CA 92651	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FRIENDSHIP SHELTER, INC.	Employer identification number 33-0219404
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	SIMON FAMILY TRUST 847 CLIFF DRIVE LAGUNA BEACH, CA 92651	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	THE BANK OF AMERICA CHARITABLE FOUNDATION, INC. 520 NEWPORT CENTER DR, STE 1100 NEWPORT BEACH, CA 92660	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	GEORGE HOAG FAMILY FOUNDATION 2665 MAIN STREET, SUITE 220 SANTA MONICA, CA 90405	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	SHARON STEVENSON 1980 OCEAN WAY LAGUNA BEACH, CA 92651	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	WENDY AND LARRY TENEBAUM 845 CLIFF DRIVE LAGUNA BEACH, CA 92651	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	THE HEXBERG FAMILY FOUNDATION 921 EMERALD BAY LAGUNA BEACH, CA 92651	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FRIENDSHIP SHELTER, INC.	Employer identification number 33-0219404
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	ELIZABETH S. GREGORY TRUST 811 MILAN AVENUE SOUTH PASADENA, CA 91030	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	MEGHAN AND LOU WEIL 745 OCEANFRONT LAGUNA BEACH, CA 92651	\$ 8,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	LESLIE WEAVER 607 ALLVIEW PLACE LAGUNA BEACH, CA 92651	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	KEIKO SAKAMOTO AND WILLIAM WITTE 1270 PACIFIC AVENUE LAGUNA BEACH, CA 92651	\$ 90,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	SUSIE AND GEORGE WOOD 2616 TEMPLE HILLS DR. LAGUNA BEACH, CA 92651	\$ 6,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	WEI ING YAU 36 ROYCROFT IRVINE, CA 92620	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FRIENDSHIP SHELTER, INC.	Employer identification number 33-0219404
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 300 N. LOS ANGELES ST., SUITE #4054 LOS ANGELES, CA 90012	\$ 508,910.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	CITY OF LAGUNA BEACH 505 FOREST AVE LAGUNA BEACH, CA 92651	\$ 304,836.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	MERCY HOUSE P.O. BOX 1905 SANTA ANA, CA 92702	\$ 1,148,152.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	ORANGE COUNTY HEALTH CARE AGENCY (MHSA) 405 W. 5TH STREET, SUITE 600 SANTA ANA, CA 92701	\$ 48,628.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FRIENDSHIP SHELTER, INC.	Employer identification number 33-0219404
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization FRIENDSHIP SHELTER, INC.	Employer identification number 33-0219404
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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 gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization FRIENDSHIP SHELTER, INC. **Employer identification number** 33-0219404

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2017

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		347,690.		347,690.
b Buildings		2,150,920.	1,158,816.	992,104.
c Leasehold improvements				
d Equipment		1,083,220.	350,444.	732,776.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,072,570.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	241,990.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	241,990.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSIT	3,800.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,800.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	4,159,780.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,730.	
b	Donated services and use of facilities	2b	78,980.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	81,710.
3	Subtract line 2e from line 1		3	4,078,070.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	4,078,070.

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

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

1	Total expenses and losses per audited financial statements		1	4,010,580.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	78,980.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	78,980.
3	Subtract line 2e from line 1		3	3,931,600.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,931,600.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION ANNUALLY EVALUATES TAX POSITIONS AS PART OF THE PREPARATION OF ITS EXEMPT TAX RETURN. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER TAX POSITIONS THE ORGANIZATION TAKES WITH REGARD TO A PARTICULAR ITEM OF INCOME OR DEDUCTION WOULD MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER CURRENT ACCOUNTING GUIDANCE. THE ORGANIZATION BELIEVES ITS TAX POSITIONS ARE APPROPRIATE BASED ON CURRENT FACTS AND CIRCUMSTANCES. THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. AT DECEMBER 31, 2017 AND 2016, THE ORGANIZATION DID NOT HAVE ANY UNRECOGNIZED TAX BENEFITS.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		ANNUAL GALA DINNER/DANCE (event type)	COMMUNITY DINNER (event type)	3 (total number)		
Revenue	1	Gross receipts	629,985.	30,271.	143,684.	803,940.
	2	Less: Contributions	437,049.	21,000.	99,681.	557,730.
	3	Gross income (line 1 minus line 2)	192,936.	9,271.	44,003.	246,210.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	113,937.			113,937.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	48,920.		83,353.	132,273.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				246,210.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ELLEN DORSE	BOARD PRESIDENT	5,050.	SEE PART V		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

EXPLANATION FOR PART IV:

ELLEN DORSE, BOARD PRESIDENT, WAS AN OWNER/PRINCIPAL IN A TECHNOLOGY FIRM USED BY THE ORGANIZATION TO PURCHASE COMPUTERS. THESE PURCHASES TOTALED \$5,050. THE TECHNOLOGY FIRM IS NOW OWNED BY HER BROTHER.

INDIVIDUAL DOES NOT SHARE FRIENDSHIP SHELTER'S REVENUES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **FRIENDSHIP SHELTER, INC.** Employer identification number: **33-0219404**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		63,380.	THRIFT STORE VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

FRIENDSHIP SHELTER, INC.

Employer identification number

33-0219404

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

MEMBERS OF THE COMMUNITY.

FORM 990, PART I, LINE 6:

BASED ON THE RECORDS AND NUMBER OF VOLUNTEER HOURS RECORDED, THE
ORGANIZATION HAD AT LEAST 200 INDIVIDUALS VOLUNTEER DURING 2017.

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

THE FINANCE COMMITTEE OF THE BOARD REVIEWS THE RETURN ANNUALLY AND MAKES
RECOMMENDATIONS TO THE BOARD.

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

ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS, AND MANAGEMENT PERSONNEL
MUST COMPLETE A CONFLICT OF INTEREST FORM STATING THEY EITHER HAVE NO
CONFLICT TO REPORT OR A SPECIFIC CONFLICT TO DISCLOSE.

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

THE BOARD OF DIRECTORS OF THE ORGANIZATION SERVE WITHOUT COMPENSATION. THE
EXECUTIVE SALARY IS SET AND APPROVED ANNUALLY BY THE BOARD OF DIRECTORS.

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

ALL WRITTEN REQUESTS FOR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,
AND 990 FILINGS ARE MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART XII, LINE 2C:

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

FRIENDSHIP SHELTER, INC.

Employer identification number

33-0219404

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HENDERSON HOUSE LLC PO BOX 4252 LAGUNA BEACH, CA 92652	HELP HOMELESS ADULTS ACHIEVE SELF-SUFFICIENCY	CALIFORNIA	63,814.	1,771,442.	FRIENDSHIP SHELTER, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2017

SEE PART VII FOR CONTINUATIONS

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

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

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

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

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

Part VII Supplemental Information.

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

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME AND ADDRESS OF DISREGARDED ENTITY:

HENDERSON HOUSE LLC

PO BOX 4252

LAGUNA BEACH, CA 92652

PRIMARY ACTIVITY: HELP HOMELESS ADULTS ACHIEVE SELF-SUFFICIENCY

DIRECT CONTROLLING ENTITY: FRIENDSHIP SHELTER, INC.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

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

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

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

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

		Enter filer's identifying number
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. FRIENDSHIP SHELTER, INC.	Employer identification number (EIN) or 33-0219404
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 4252	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAGUNA BEACH, CA 92652	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MIKE AUSTIN

• The books are in the care of ▶ **P.O. BOX 4252 - LAGUNA BEACH, CA 92652**
Telephone No. ▶ **949-494-6928** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

TAXABLE YEAR
2017

California Exempt Organization Annual Information Return

728941 12-06-17
FORM

199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name FRIENDSHIP SHELTER, INC.		California corporation number 1577165
Additional information. See instructions.		FEIN 33-0219404

Street address (suite or room) P.O. BOX 4252		PMB no.
City LAGUNA BEACH	State CA	ZIP code 92652
Foreign country name	Foreign province/state/county	Foreign postal code

A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input type="checkbox"/>
D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy)	M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series	O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	P Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS
H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?	
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	347,750.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	3,730,320.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B.	4	4,078,070.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	4,078,070.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,931,600.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	146,470.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Information K	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Information F	15	10.00
	16	Penalties and Interest. See General Information J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

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

Sign Here	Signature of officer	Title	Date	Telephone
	Preparer's signature		Date	PTIN
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address		Check if self-employed <input type="checkbox"/>	FEIN
				Telephone

May the FTB discuss this return with the preparer shown above? See instructions Yes No

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CALIFORNIA COMMUNITY FOUNDATION	221 S FIGUEROA ST #400 LOS ANGELES, CA 90012	11/15/17	5,775.
FIDELITY CHARITABLE GIFT FUND	P.O. BOX 770001 CINCINNATI, OH 45277-0053	12/31/17	9,250.
MCMASTER-CARR SUPPLY CO.	P.O. BOX 680 ELMHURST, IL 60126	12/28/17	7,000.
MISSION HOSPITAL - ST. JOSEPH HEALTH SYSTEM	3345 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	10/12/17	97,320.
PIMCO FOUNDATION	650 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660	12/07/17	19,500.
RESEARCH DESIGN SPECIALISTS	5552 CERRITOS AVE., # K CYPRESS, CA 90630	11/07/17	5,000.
SCHWAB CHARITABLE	211 MAIN STREET SAN FRANCISCO, CA 94105	12/31/17	7,100.
TAG (TAGLIAFERRI FAMILY FOUNDATION)	233 WILSHIRE BOULEVARD SUITE 515 SANTA MONICA, CA 90401	05/05/17	20,000.
TD AMERITRADE	200 SOUTH 108TH AVENUE OMAHA, NE 68154	03/31/17	100,000.
THE CARITAS CORPORATION	5520 TRABUCO ROAD IRVINE, CA 92620	10/17/17	7,500.
WENDY AIRD	855 MANZANITA DRIVE LAGUNA BEACH, CA 92651	10/28/17	16,200.
WEINGART FOUNDATION	1055 W. SEVENTH ST., STE. 3050 LOS ANGELES, CA 90017	06/27/17	200,000.
DOUG AND JUDY ANDERSON	800 CANYON VIEW DRIVE LAGUNA BEACH, CA 92651	11/16/17	13,038.
UEBERROTH FAMILY FOUNDATION	P.O. BOX 100 LAGUNA BEACH, CA 92652	04/10/17	20,000.
ROBERT AND KIRSTIN BUCKLAND	384 PINECREST DR. LAGUNA BEACH, CA 92651	07/29/17	5,000.

ORANGE COUNTY'S UNITED WAY	18012 SOUTH MITCHELL AVENUE IRVINE, CA 92614	12/28/17	6,670.
THE DEVTO SUPPORT FOUNDATION	18101 VON KARMEN AVE STE 750 IRVINE, CA 92612-0145	12/18/17	30,000.
COMCAST	ONE COMCAST CENTER PHILADELPHIA, PA 19103	02/22/17	5,250.
DOROTHY AND STEVE COONTZ	851 VAN DYKE DRIVE LAGUNA BEACH, CA 92651	10/28/17	10,900.
CREVIER FAMILY FOUNDATION	365 B CLINTON STREET COSTA MESA, CA 92626	12/01/17	5,000.
RANNEY AND PRISCILLA DRAPER	567 SAN NICHOLAS DRIVE STE. 340 NEWPORT BEACH, CA 92660	05/02/17	5,000.
CAROL AND DENNIS EASTMAN	835 TEMPLE HILLS DR LAGUNA BEACH, CA 92651	10/28/17	5,000.
STEVE AND JILL EDWARDS	1649 BLUEBIRD CANYON ROAD LAGUNA BEACH, CA 92651	10/28/17	10,121.
STEPHANIE ELLMAN	32025 POINT PLACE LAGUNA BEACH, CA 92651	08/25/17	25,000.
MICHELLE AND DAVID FISHER	727 BAYVIEW PLACE LAGUNA BEACH, CA 92651	10/28/17	7,275.
SISTERS OF ST. JOSEPH HEALTHCARE FOUNDATION	440 S BATAVIA ST ORANGE, CA 92668	06/15/17	35,000.
DONNA AND JEFF GINGOLD	115 AMBROISE NEWPORT BEACH, CA 92657	10/28/17	6,315.
THE CREAN FOUNDATION	P.O. BOX 8449 NEWPORT BEACH, CA 92658	01/11/17	5,000.
ELLEN AND DONALD GOODWIN	16492 SOMERSET LANE HUNTINGTON BEACH, CA 92649	07/10/17	15,000.
MARTIN AND DEBBIE CAMPBELL HALE	220 BOYLSTON STREET APT 1020 BOSTON, MA 02116	06/11/17	5,000.
JANE AND JOE HANAUER	105 SOUTH LA SENDA DRIVE LAGUNA BEACH, CA 92651	10/28/17	5,150.
STEPHEN AND LORETTA HESTER	38 NORTH VISTA DE CATALINA LAGUNA BEACH, CA 92651	12/30/17	7,500.
ORANGE COUNTY COMMUNITY FOUNDATION	4041 MACARTHUR BOULEVARD, SUITE 510 NEWPORT BEACH, CA 92660	12/05/17	76,400.

BETSY AND GARY JENKINS	1739 ALISOS AVE LAGUNA BEACH, CA 92651	10/30/17	20,209.
DEBORAH OGILVIE AND JEFFREY KING	377 MOUNTAIN ROAD LAGUNA BEACH, CA 92651	12/29/17	5,300.
KINNETT FAMILY TRUST	27171 SHENANDOAH DR. LAGUNA HILLS, CA 92653	12/30/17	5,000.
MACGILLIVRAY FAMILY FOUNDATION	P.O. BOX 205 LAGUNA BEACH, CA 92652	08/16/17	5,000.
THOMAS J. MAURO JR. M.D. IRA ROLLOVER	3 PURSUIT, #426 ALISO VIEJO, CA 92656	11/28/17	5,000.
JERI AND DANNY MCKENNA	59 EMERALD BAY LAGUNA BEACH, CA 92651	12/22/17	6,500.
CERES FOUNDATION	18606 RELIANT DRIVE GAITHERSBURG, MD 20879-5422	12/18/17	30,000.
BOB AND STEPHANIE MISTER	10 NORTH VISTA DE CATALINA LAGUNA BEACH, CA 92651	12/14/17	8,000.
DANIEL MOREFIELD	27521 MANOR HILL ROAD LAGUNA NIGUEL, CA 92677	12/19/17	5,000.
LOURDES BOTTGER NARK	25 BLACK HAWK IRVINE, CA 92603	10/28/17	6,025.
PACIFIC LIFE FOUNDATION	700 NEWPORT CENTER DR. NEWPORT BEACH, CA 92660	01/23/17	11,456.
MEG PEARSON	3 ZEPHYR RIDGE LAGUNA NIGUEL, CA 92677	10/28/17	10,872.
LAGUNA BEACH COMMUNITY FOUNDATION	303 BROADWAY #212 LAGUNA BEACH, CA 92651	06/01/17	5,200.
WIND & SEA, LLC	451 HAWTHORNE ROAD LAGUNA BEACH, CA 92651	07/29/17	5,000.
TEDDIE RAY	1625 SUNSET RIDGE DR LAGUNA BEACH, CA 92651	10/28/17	5,800.
MAYA AND TOM REDWITZ	1133 EMERALD BAY LAGUNA BEACH, CA 92651	07/28/17	25,000.
MARISA AND STEPHEN ROBBINS	2703 VICTORIA DRIVE LAGUNA BEACH, CA 92651	10/28/17	17,800.
ST. JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND	3345 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	02/08/17	25,000.

MELISSA AND PARSA ROHANI	673 MYSTIC WAY LAGUNA BEACH, CA 92651	10/28/17	17,465.
JOSEPH F. STEIN FAMILY FOUNDATION, INC.	30 GLENN STREET WHITE PLAINS, NY 10603	10/25/17	5,000.
ELLIOT SACKS	964 MEADOWLARK DRIVE LAGUNA BEACH, CA 92651	01/03/17	5,000.
DOUG HODGE AND KYLIE SCHUYLER	157 EMERALD BAY LAGUNA BEACH, CA 92651	09/13/17	5,000.
SEBASTIAN & ASSOCIATES	305 N COAST HWY. STE. #T LAGUNA BEACH, CA 92651	12/31/17	5,000.
ANDREA SHELLY	111 EMERALD BAY LAGUNA BEACH, CA 92651	09/19/17	100,239.
ALLAN AND LALITA CHARITABLE FOUNDATION	1234 ROSALIND ROAD SAN MARINO, CA 91108	06/05/17	100,000.
CINDY AND BILL SHOPOFF	150 MOUNTAIN ROAD LAGUNA BEACH, CA 92651	10/28/17	27,900.
STEFANI AND ALLAN SIMON	847 CLIFF DRIVE LAGUNA BEACH, CA 92651	10/28/17	7,500.
SIMON FAMILY TRUST	847 CLIFF DRIVE LAGUNA BEACH, CA 92651	08/28/17	50,000.
THE BANK OF AMERICA CHARITABLE FOUNDATION, INC.	520 NEWPORT CENTER DR, STE 1100 NEWPORT BEACH, CA 92660	06/13/17	5,000.
GEORGE HOAG FAMILY FOUNDATION	2665 MAIN STREET, SUITE 220 SANTA MONICA, CA 90405	11/15/17	15,000.
SHARON STEVENSON	1980 OCEAN WAY LAGUNA BEACH, CA 92651	12/28/17	6,000.
WENDY AND LARRY TENEBBAUM	845 CLIFF DRIVE LAGUNA BEACH, CA 92651	10/28/17	26,000.
THE HEXBERG FAMILY FOUNDATION	921 EMERALD BAY LAGUNA BEACH, CA 92651	11/15/17	6,500.
ELIZABETH S. GREGORY TRUST	811 MILAN AVENUE SOUTH PASADENA, CA 91030	01/04/17	5,000.
MEGHAN AND LOU WEIL	745 OCEANFRONT LAGUNA BEACH, CA 92651	10/28/17	8,035.
LESLIE WEAVER	607 ALLVIEW PLACE LAGUNA BEACH, CA 92651	07/17/17	7,500.

<u>FRIENDSHIP SHELTER, INC.</u>			<u>33-0219404</u>
KEIKO SAKAMOTO AND WILLIAM WITTE	1270 PACIFIC AVENUE LAGUNA BEACH, CA 92651	10/28/17	90,200.
SUSIE AND GEORGE WOOD	2616 TEMPLE HILLS DR. LAGUNA BEACH, CA 92651	10/28/17	6,600.
WEI ING YAU	36 ROYCROFT IRVINE, CA 92620	11/26/17	6,000.
US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	300 N. LOS ANGELES ST., SUITE #4054 LOS ANGELES, CA 90012	07/01/17	508,910.
CITY OF LAGUNA BEACH	505 FOREST AVE LAGUNA BEACH, CA 92651	07/01/17	304,836.
MERCY HOUSE	P.O. BOX 1905 SANTA ANA, CA 92702	07/01/17	1,148,152.
ORANGE COUNTY HEALTH CARE AGENCY (MHSA)	405 W. 5TH STREET, SUITE 600 SANTA ANA, CA 92701	07/01/17	48,628.
TOTAL INCLUDED ON LINE 3			<u>3,515,891.</u>

CA 199	OTHER INCOME	STATEMENT 2
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
FORGIVENESS OF NOTE PAYABLE	4,130.
TRANSITIONAL HOUSING RENTS	340,886.
TOTAL TO FORM 199, PART II, LINE 7	<u>345,016.</u>

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ELLEN DORSE P.O. BOX 4252 LAGUNA BEACH, CA 92652	PRESIDENT AND CHAIR 4.00	0.
M. STEVE COONTZ P.O. BOX 4252 LAGUNA BEACH, CA 92652	VICE PRESIDENT 4.00	0.
ANDREA SHELLY P.O. BOX 4252 LAGUNA BEACH, CA 92652	TREASURER 4.00	0.
GARY JENKINS P.O. BOX 4252 LAGUNA BEACH, CA 92652	SECRETARY 4.00	0.
MARK BINDER P.O. BOX 4252 LAGUNA BEACH, CA 92652	DIRECTOR 4.00	0.
WENDY AIRD P.O. BOX 4252 LAGUNA BEACH, CA 92652	DIRECTOR 4.00	0.
ILENE GLASSMAN P.O. BOX 4252 LAGUNA BEACH, CA 92652	DIRECTOR 4.00	0.
LINDA HEALY P.O. BOX 4252 LAGUNA BEACH, CA 92652	DIRECTOR 4.00	0.
KEITH KESLER P.O. BOX 4252 LAGUNA BEACH, CA 92652	DIRECTOR 4.00	0.
EDSON MCCLELLAN P.O. BOX 4252 LAGUNA BEACH, CA 92652	DIRECTOR 4.00	0.
BARBARA MCMURRAY P.O. BOX 4252 LAGUNA BEACH, CA 92652	DIRECTOR 4.00	0.

CINDY ORTIZ-PLANT P.O. BOX 4252 LAGUNA BEACH, CA 92652	DIRECTOR 4.00	0.
MEG PEARSON P.O. BOX 4252 LAGUNA BEACH, CA 92652	DIRECTOR 4.00	0.
TEDDIE RAY P.O. BOX 4252 LAGUNA BEACH, CA 92652	DIRECTOR 4.00	0.
STEVE ROBBINS P.O. BOX 4252 LAGUNA BEACH, CA 92652	DIRECTOR 4.00	0.
CINDY SHOPOFF P.O. BOX 4252 LAGUNA BEACH, CA 92652	DIRECTOR 4.00	0.
BILL SMOLKA P.O. BOX 4252 LAGUNA BEACH, CA 92652	DIRECTOR 4.00	0.
SHAENA STABLER P.O. BOX 4252 LAGUNA BEACH, CA 92652	DIRECTOR 4.00	0.
ZEDA STONE P.O. BOX 4252 LAGUNA BEACH, CA 92652	DIRECTOR 4.00	0.
DOUGLAS A. WILSON P.O. BOX 4252 LAGUNA BEACH, CA 92652	DIRECTOR 4.00	0.
JOSH WOLFF P.O. BOX 4252 LAGUNA BEACH, CA 92652	DIRECTOR 4.00	0.
DAWN PRICE P.O. BOX 4252 LAGUNA BEACH, CA 92652	EXECUTIVE DIRECTOR 40.00	124,476.

TOTAL TO FORM 199, PART II, LINE 11

124,476.

CA 199	OTHER EXPENSES	STATEMENT	4
DESCRIPTION		AMOUNT	
CLIENT SERVICES		127,420.	
REPAIRS & MAINTENANCE		108,570.	
DONATED MATERIALS		63,380.	
ACCOUNTING FEES		28,770.	
OFFICE EXPENSES		37,790.	
TRAVEL		86,280.	
INSURANCE		123,230.	
ALL OTHER EXPENSES		91,050.	
TOTAL TO FORM 199, PART II, LINE 17		666,490.	

CA 199	OTHER INVESTMENTS	STATEMENT	5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
OCCF ENDOWMENT FUND		16,590.	19,307.
TRUST FUND - UNEMPLOYMENT SELF INSURANCE		19,170.	17,443.
TOTAL TO FORM 199, SCHEDULE L, LINE 9		35,760.	36,750.

CA 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE		371,950.	147,330.
PREPAID EXPENSES AND DEFERRED CHARGES		40,830.	78,400.
SECURITY DEPOSITS		219,630.	241,990.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		632,410.	467,720.

CA 199	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
SECURITY DEPOSIT		3,800.	3,800.
DEFERRED REVENUE		0.	89,600.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		3,800.	93,400.

CA 199	FUND BALANCES	STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		994,180.	1,143,389.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		994,180.	1,143,389.

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 (916) 210-6400

WEB SITE ADDRESS:
www.ag.ca.gov/charities/

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>067230</u> FRIENDSHIP SHELTER, INC. <small>Name of Organization</small> <u>P.O. BOX 4252</u> <small>Address (Number and Street)</small> <u>LAGUNA BEACH, CA 92652</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1577165</u> Federal Employer I.D. No. <u>33-0219404</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Receipts	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2017 ending 12/31/2017) list:
 Gross annual revenue \$ 4,078,070. Total assets \$ 3,334,930.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 9	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (949) 494-6928

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.

Signature of authorized officer _____ Printed Name _____ Title _____ Date _____

CA RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 9

US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
300 N. LOS ANGELES ST., SUITE #4054
LOS ANGELES, CA 90012
ESTER DELA
(213) 534-2545

CITY OF LAGUNA BEACH
505 FOREST AVE
LAGUNA BEACH, CA 92651
CHRISTA JOHNSON
(949) 497-0352

MERCY HOUSE
P.O.BOX 1905
SANTA ANA, CA 92702
CATHY NESHEIM FINANCE MANAGER
(714) 836-7188 X 106

ORANGE COUNTY HEALTH CARE AGENCY (MHSA)
405 W. 5TH STREET, SUITE 600
SANTA ANA, CA 92701
PHONE: (714) 834-5820

A
COMPLETE
COPY OF THE
FEDERAL
RETURN HAS
BEEN
ATTACHED
AS FILED