2017 FEDERAL EXEMPT ORGANIZATION TAX SUMMARY							
FRIENDLY CENTER, INC.							
	2017	2016	DIFF				
REVENUE CONTRIBUTIONS AND GRANTS PROGRAM SERVICE REVENUE INVESTMENT INCOME OTHER REVENUE	2,875,607 96,702 3,550 -467	2,829,446 94,518 2,246 1,567	46,161 2,184 1,304 -2,034				
TOTAL REVENUE	2,975,392	2,927,777	47,615				
EXPENSES GRANTS AND SIMILAR AMOUNTS PAIDSALARIES, OTHER COMPEN., EMP. BENEFITS OTHER EXPENSES	1,692,207 930,095 197,330	1,707,436 1,008,284 188,382	-15,229 -78,189 8,948				
TOTAL EXPENSES	2,819,632	2,904,102	-84,470				
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES. TOTAL ASSETS AT END OF YEAR TOTAL LIABILITIES AT END OF YEAR NET ASSETS/FUND BALANCES AT END OF YEAR.	155,760 1,267,652 110,046 1,157,606	23,675 1,176,985 175,139 1,001,846	132,085 90,667 -65,093 155,760				

2017 CALIFORNIA 199 TAX SUMMARY								
FRIENDLY CE	FRIENDLY CENTER, INC.							
REVENUE	2017	2016	DIFF					
INTEREST OTHER INCOME GROSS CONTRIBUTIONS, GIFTS, & GRANTS	3,550 122,809 2,875,607	2,246 120,607 2,829,446	1,304 2,202 46,161					
TOTAL INCOME	3,001,966	2,952,299	49,667					
EXPENSES AND DISBURSEMENTS CONTRIBUTIONS, GIFTS, GRANTS COMPENSATION OF OFFICERS, ETC OTHER SALARIES AND WAGES TAXES DEPRECIATION AND DEPLETION OTHER DEDUCTIONS	1,692,207 51,000 773,204 71,233 7,518 251,044	1,707,436 71,083 831,387 82,024 11,555 225,139	-15,229 -20,083 -58,183 -10,791 -4,037 25,905					
TOTAL DEDUCTIONS	2,846,206	2,928,624	-82,418					
EXCESS OF RECEIPTS OVER DISBURSEMENTS	155,760	23,675	132,085					
FILING FEE FILING FEE BALANCE DUE	0	0	0					

Form **990**

OMB No. 1545-0047 2017

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A	For the	2017 calendar year, or tax year beginning , 2017, and ending			,						
_	Check if a		1	D Employer iden	ntification number						
	Addr	ess change FRIENDLY CENTER, INC.		95-2479	9833						
	\vdash	P. O. BOX 706		E Telephone nun							
	\vdash	orange, ca 92856-6707		(714)	771-5300						
	\vdash	eturn/terminated	ı								
	\vdash	nded return	- 1	G Gross receipts	\$ 3,001,966.						
	\vdash			group return for su							
	Application pending Name and address of principal officer.										
	SAME AS C ABOVE Tax-exempt status X 501(c)(3) 501(c) () ↑ (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates included? If 'No,' attach a list, (see instructions) Yes No										
;		in period in period in the second in the sec	H(c) Group e	xemption number	•						
K		forganization: X Corporation Trust Association Other Lyear of formation			legal domicile: CA						
	art I	Summary	71. IJU1	III diale di	C/I						
re	1 B	riefly describe the organization's mission or most significant activities:FRIENDLY C	FNTER	TS A COM	PREHENSIVE						
		AMILY AND COMMUNITY RESOURCE CENTER DEDICATED TO IMPRO									
Governance	7	DULTS, AND SENIORS BY HELPING THEM MOVE TOWARDS SELF-	SUFFIC	IENCY THE	ROUGH						
nar	ĺ	MMEDIATE AID AND A VARIETY OF EDUCATIONAL AND LIFE SK	ILL PRO	OGRAMS.							
Ver		heck this box I if the organization discontinued its operations or disposed of mor	re than 25	% of its net a	ssets.						
පි	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	11						
•ŏ		umber of independent voting members of the governing body (Part VI, line 1b)			11						
Activities &	5 ⊺	otal number of individuals employed in calendar year 2017 (Part V, line 2a)	AND DEFE	5	58						
Ę		otal number of volunteers (estimate if necessary).			597						
¥		otal unrelated business revenue from Part VIII, column (C), line 12									
	b N	et unrelated business taxable income from Form 990-T, line 34.		ior Year	0. Current Year						
		ontributions and grants (Part VIII, line 1h).		,829,446.	2,875,607.						
e	8 0	rogram service revenue (Part VIII, line 2g)		94,518.	96,702.						
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,246.							
ş		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,567.							
_		otal revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	,927,777.							
-		irants and similar amounts paid (Part IX, column (A), lines 1-3)		,707,436.							
		enefits paid to or for members (Part IX, column (A), line 4)		, , 1001	1,00=,=0.1						
		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		,008,284.	930,095.						
es	160 0	rofessional fundraising fees (Part IX, column (A), line 11e)		, , , , , , , , , , , , , , , , , , , ,							
ens	104	-	TECONIA.	to instance	voi de la refera						
Expenses	b	otal fundraising expenses (Part IX, column (D), line 25) 113,219.			107 000						
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		188,382.							
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		,904,102.							
_		levenue less expenses. Subtract line 18 from line 12		23,675.							
seets or				g of Current Year							
teet.	20 ⊺	otal assets (Part X, line 16)	• 1	,176,985.							
Net As	21	otal liabilities (Part X, line 26)		175,139.	PROFESSION CONTRACTOR						
		let assets or fund balances. Subtract line 21 from line 20	1	,001,846.	1,157,606.						
	art II	Signature Block									
Unc	er penaltie	s of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the laration of preparer (other than officer) is based on all information of which preparer has any knowledge.	the best of my	y knowledge and b	elief, it is true, correct, and						
COH	ipiete. Det	laration of prepared (other than officer) is beset of an information of things prepared has any monthly									
		Signature of officer	Dat	le							
Si	gn										
Here DENNIS CORBETT TREASURER											
-		Type or print name and title Print/Type preparer's name Preparer's signature Date	- 1	ob at 1 Vi	PTIN						
		Time type property of the second		Check if							
	aid	PATRICK S. GUZMAN, CPA	10	self-employed	P00354029						
	epare				2 0202407						
U	se Onl			775303	3-0302407						
-		LONG BEACH, CA 90804			62) 498-0997						
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No						

Form	990 (2017) FRIENDLY CENTER, INC.	95-2479833	Page 2
Par	in the contract of the contrac		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the pri	ior	
	Form 990 or 990-EZ?	Yes	s X No
	If 'Yes,' describe these new services on Schedule O.		[]
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices? Ye	s X No
	If 'Yes,' describe these changes on Schedule O.		<u> </u>
4	Describe the organization's program service accomplishments for each of its three largest program service	vices as measured by	/ evnences
	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	ns to others, the total	expenses,
	and revenue, if any, for each program service reported.		
4 a		Revenue \$)
	SEE_SCHEDULE_O		
4 b	(Code:) (Expenses \$ 55,818. including grants of \$) (F	Revenue \$	96,702.)
	HOUSING PROGRAMS: OWNS AND MANAGES EIGHT SECTION 8 APARTMENTS FOR		
	AND OR SINGLE ADULTS.	IV_DOW_INCOME_I	THITHING
1-	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$	- K
70	(Code:) (Expenses \$\psi including grants of \$\psi) (F	revenue 5	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
4.5	Other program convices (Describe in Saladula O.)		
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$		v
	7,000		
76	Total program service expenses ► 2,587,920.		

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

19

Х

#### Part IV Checklist of Required Schedules (continued)

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b  21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes, 'complete Schedule I, Parts I and II.  22 Did the organization proport more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes, 'complete Schedule I, Parts I and III.  22 X  23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes, 'complete Schedule J.  23 X  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes, 'answer lines 24b through 24d and complete Schedule Ir. (If No, 'go to line 25a.  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  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 in a prior year, and that the transaction was a third 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-E2? If 'Yes, 'complete Schedule L, Part II.  25a X  26 Did 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-E2? If 'Yes, 'complete Schedule L, Part II.  25b X  27 Did the organization report any amount on Part X, line				Yes	No
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 12 if 1'ves, complete Schedule I, Parts I and III.  22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, obtained to the Complete Schedule I, Parts I and III.  23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, obtained to the complete Schedule III. Parts I and III.  24 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, obtained and former officers, directors, flustees, key employees, and highest compensation of the organization's current and former officers, directors, flustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule IX, I' 76, go to line 253.  24 Did the organization have a taxe exempt bord issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, I fave 253.  25 Did the organization maintain an escrew account other than a refunding escrew at eny time during the year to defease any lax-exempt bonds?  26 Did the organization maintain an escrew account other than a refunding escrew at eny time during the year?  27 Did the organization and a disqualitied person during the year? If 'Yes,' complete Schedule L, Part II.  28 Section 501 (CS), 501(CyS),	20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule i, Parts I and it	-	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
and former officers, directors, trustees, key employees, and not so the arganization share and promer officers, directors, trustees, key employees, and not so the last day of the year, that was issued affer December 31, 2002;? If Yes, 'complete Schedule L. A complete Schedule R. A complete Schedul	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
and former officers, directors, trustees, key employees, and highest compensated employees? If Yes, complete Schedule I., Part II.  23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the less tiday of the year, that was issued after December 31, 2002? If Yes, 'answer lines 24b through 24d and complete Schedule K. If No., go to line 25a.  24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds?  25a Section 501(c)(3), 901(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, 'complete Schedule I., Part II.  25a Section 501(c)(3), 901(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, 'complete Schedule I., Part II.  25b X; bis the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes, 'complete Schedule I., Part II.  25b X; bis the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes, 'complete Schedule I., Part II.  25c Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes, 'complete Schedule I., Part II.  25c Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If Yes, 'complete Schedule I., Part IV.  27c Did the organization provide a grant or other assistance to an officer, director, trustee, or key employees, or a family member thereof) was an officer, director, trustee, or key employee? If Yes, 'complete Schedule I., Part IV.  28a Was the organization receive more than \$25,000 in non-cash contributions? If Yes, 'complete Schedule II., Part IV.  28a Did the organization receive or di	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	х	
the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If No. go to line 25a xempt bonds beyond a temporary period exception?.  24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.  24b c Did the organization mest an an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds as an 'on behalf of' issuer for bonds outstanding at any time during the year? defease any tax-exempt bonds.  24c d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d d d Did the organization with a disqualified person during the year? If 'Yes,' complete Schedule I, Part I.  25a Section 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I, Part I.  25b List the transaction has not been reported on any of the organizations prior forms 990 or 990-E27 if Yes,' complete Schedule I, Part II.  25c Did the organization report any amount on Part X, line 5, 5, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, brighest compensated employees, or disqualified persons?  25d Y 'Yes,' complete Schedule I, Part II.  27d Y 'Yes,' complete Schedule I, Part II.  28d Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If Yes, complete Schedule II, Part IV.  28d Was the organization perceive of a structure or former officer, director, trustee, or key employee? If Yes, complete Schedule II, Part IV.  28d X  27d Did the organization member of a current or former officer, director, trustee, or key employee? If Yes, complete Schedule II, Par	23	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	23		Х
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?  24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule 1, Part I.  25a	24	the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24h through 24d and	24a		Х
any tax-exempt bonds? 4d did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 2dd did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 4dd transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I. 25a X X bis the transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I. 25b bis the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. 25b bis the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II. 27 Did the organization provide a great or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. 27 X 28 was the organization applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28a X X bis A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28b X X C An entity of which a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule M. 29 X X 29b Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 X X 20b Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. 29b X 20b Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part II. 31		b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule L, Part I.  b Is the organization again that the transaction is that the transaction has not been reported on any of the organizations prior forms 990 or 990-E2? If Yes, complete Schedule L, Part II.  25b X  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If Yes, complete Schedule L, Part II.  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If Yes, complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV.  28a X  b A family member of a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV.  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M.  30 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule N, Part II.  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes, complete Schedule N, Part II.  33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes, complete Schedule N, Part II.  34 Was the organization related to any tax-exempt or taxable entity? If Yes, complete Schedule R, Part II, III, or IV, and Part V, I		any tax-exempt bonds?	24c		
transaction with a disqualified person during the year? If Yes,' complete Schedule L, Part I.  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-E27 if Yes, 'complete Schedule L, Part II.  25b		d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
Schedule L, Part I.  25b X  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If Yes, complete Schedule L, Part II.  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If Yes, complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions? If Yes, complete Schedule L, Part IV.  28a X  28 b A family member of a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV.  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M.  29 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule N, Part II.  30 Did the organization includiate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part I.  31 Did the organization includiate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part I.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 30 1.7701-2? If Yes, complete Schedule R, Part I.  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If Yes, complete Schedule R, Part II.  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If Yes, complete Schedule R, Part V, line 2.  34 Was 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	25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If Yes, is complete Schedule L, Part III.  26 X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial controlled entity or family member of any of these persons? If Yes, 'complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If Yes, 'complete Schedule L, Part IV.  28a X  b A family member of a current or former officer, director, trustee, or key employee? If Yes, 'complete Schedule L, Part IV.  28b X  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 key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If Yes, 'complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, 'complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, 'complete Schedule N, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If Yes, 'complete Schedule R, Part II.  31	ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  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? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 X  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N.  31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  32 Did the organization will 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  31 A Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.  32 B Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.  33 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? If "Yes," complete Schedule R, Part V, line 2.  34 Did the organization compl	26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
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Schedule L, Part IV.  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? If "Yes," complete Schedule L, Part IV.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32 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? If "Yes," complete Schedule R, Part I.  33 Us the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b 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)? If "Yes," complete Schedule R, Part V, line 2.  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization or federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2.  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? If "Yes," complete Schedule R, P			28a		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? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes," complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes," complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If 'Yes," complete Schedule R, Part I.  31 Ax  32 Was the organization related to any tax-exempt or taxable entity? If 'Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.  33 Ax  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 X  37 Did the organization conduct more than 5% of its activities than an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI, line 2.  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O.	ı	a A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete  Schedule L, Part IV	28b		Х
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BAA

Form **990** (2017)

Form 990 (2017) FRIENDLY CENTER, INC. 95-247983	.3	F	age <b>5</b>
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.			
f . Y		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.       1 a			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			The same
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 58	W. S		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2Ь	Х	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	( HONE)	200	4 4 8
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule Q</i>	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			·
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
<b>b</b> If 'Yes,' enter the name of the foreign country: ▶	10155		127
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	A STATE	Darry	V
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Λ
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).	WITE !	200	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			1000
services provided to the payor?	7 a		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 с		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	Cy W		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		15	
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.	1285	31	198
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:	43		18 34
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1000	TEN.	
11 Section 501(c)(12) organizations. Enter:	7 35	Million I	The state of
a Gross income from members or shareholders	1000	19.00	Total I
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).			11.8
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	1998	Charles Charles	(0)
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	132	2011	
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.	17.00	W.	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		2012	
c Enter the amount of reserves on hand	THE REAL PROPERTY.	0/0	17
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14b		(2017)
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Form 990 (2017) FRIENDLY CENTER, INC. 95-2479833 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year..... 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent ..... 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets?...... X 5 6 Did the organization have members or stockholders? 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7 b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8 a **b** Each committee with authority to act on behalf of the governing body? X 8 b 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...... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.... 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?..... Х 12b X 12 c 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... X 14 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? X 15 a b Other officers or key employees of the organization...SEE .SCHEDULE .O...... X 15 b 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 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ _CA 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. X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 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. SEE SCHEDULE O

20

State the name, address, and telephone number of the person who possesses the organization's books and records: EXECUTIVE DIRECTOR P. O. BOX 706 ORANGE CA 92856-6706 (714) 771-5300

Form 990 (2017)

BAA

95-2479833 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII 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

- 1 a 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.

	(C)									
<b>(A)</b> Name and Title	(B) Average hours per		dire	ector/	/truste			(D)  Reportable compensation from	(E)  Reportable compensation from	<b>(F)</b> Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) MARK RICHARDS	1									
VICE PRESIDENT	0	X						0	0.	0.
(2) TIFFANY AGALABA	1_									
MEMBER	0	X						0.	0.	0.
(3) VITO CANUSO	1									
VICE PRESIDENT	0	X						0	0.	0.
(4) KEN BROWN	1									
MEMBER EMERITUS	0	Х						0.	0.	0.
(5) KARLA KJELLIN-ELDER								_	_	
MEMBER	0	X						0	0.	0.
(6) ROY BERELOWITZ										
MEMBER	0	Х	Ш				_	0.	0.	0.
(7) CHRISTINE TANG										
PRESIDENT	0	Х	Ш	_		_		0.	0.	0.
(8) GEORGE LONGYEAR		.,							_	0
MEMBER	0	X	Н	_	_	_		0:-	0.	0
(9) JACK RAUBOLT	1	\ ₁₇						ا م	_	0
MEMBER	0 1	Х	H	_	_	_	-	0.	0.	0.
(10) CARRIE HUMMEL MEMBER		ł		Х				0.	0.	0.
	1	-	Н	Λ	-	_		0.	0.	U.
(11) DENNIS CORBETT TREASURER	0			Х				0.	0.	0
(12) GISELA MEIER	1									
SECRETARY	0			Х	_			0.	0.	0.
(13) CATHERINE J SEELIG	40							F2 000		02.000
EXECUTIVE DIR.	0	1	ı I	Х	1			53,292.	0	23,000

TEEA0107L 08/08/17

July VII Section A. Officers, Directors, 11	(B)	T		_	3) 3)	03,	uii	a riigiicat con	ipensated Line	Toyees (community)
(A) Name and title	e and title hours box, unless person is both an Reportable Reportable officer and a director/trustee) compensation from compensation from					Reportable compensation from	(F) Estimated amount of other			
	(list any hours for related organiza	or director	institution	Officer	Key employee	Highest co	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	tions below dotted line)	trustee	nstitutional trustee		loyce	Highest compensated employee				200400-101-000-101-00-1
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Secti	on A					100	•	53,292.	0.	23,000.
d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited from the organization ▶ 0							ved	53,292 more than \$100,00	0. 0 of reportable com	23,000. pensation
3 Did the organization list any former officer, direct	tor, or tru	stee,	key	em	volg	ree.	or h	nighest compensat	ed employee	Yes No
on line 1a? If 'Yes,' complete Schedule J for suc	<i>h individu</i> Frenortabl	al	mne	nea	tion	d	oth	er compensation		3 X
the organization and related organizations greate such individual.  5 Did any person listed on line 1a receive or accru				B ( B ( B )	(10,0,0)		0.00	*********	individual	4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes Section B. Independent Contractors	, comple	te Sc	hed	ule	J for	suc	h p	erson		, 5 X
1 Complete this table for your five highest compen compensation from the organization. Report compen	sation for	epend the ca	dent alend	cor dar y	ntrac /ear	tors endir	tha ng w	vith or within the or	ganization's tax year	
Name and business add	ress							Description o	of services	(C) Compensation
Total number of independent contractors (including b \$100,000 of compensation from the organization)		ted to	tho	se li	sted	abov	ve) v	who received more	than	
BAA		TEEA0	1081	08/0	8/17		_			Form <b>990</b> (2017)

	Check if Schedu	ile O contains a re	esponse or note to any	line in this Part VII		* * * (* * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * *
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1 a Federated campaig	_	a	. 特別語 等等等			
irai our	<b>b</b> Membership dues,		b				
S, C	c Fundraising events		c 145,294.				
Contributions, Gifts, Grants and Other Similar Amounts	d Related organization		d				
	e Government grants (cor	ntributions) 1	e 884,616.				The second
bution ther S	f All other contributions, similar amounts not inc		f 1,845,697.				
Offi	g Noncash contributions in	ncluded in lines 1a-1f:	\$ 1,691,707.				
Sol	h Total. Add lines 1a	a-1f		2,875,607.			
- e			Business Code	PARTY PARTY			
Program Service Revenue	2a PGM INC - LOW	INCOME HOUS	900099	96,702.	96,702.		
æ	b						
<u>:</u>	c						
ě.	d						
Ë	e						
gra	f All other program	service revenue					
P.	g Total. Add lines 2a	a-2f		96,702.			
_	3 Investment income	e (including divide	nds, interest and				
	other similar amou	unts)	************	3,550.			3,550.
			npt bond proceeds 🖹				
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents						TUX COMPANY
	<b>b</b> Less: rental exper						
	c Rental income or (loss)						
	d Net rental income						
	7 a Gross amount from sale		s (ii) Other				
	assets other than inven	itory					Shiphake & F.
	<b>b</b> Less: cost or other bas and sales expenses						Control to the Control of the Contro
	c Gain or (loss)	50.50			Zroja za postaliji		Carlotte Top St.
	d Net gain or (loss)						
d)	8a Gross income from	n fundraising ever	nts				is Assert Care
venue	(not including \$						
Š	of contributions re	ported on line 1c)	6				m, area, and many
Other Re	See Part IV, line 1	18	a 26,574.				The State of the S
호	<b>b</b> Less: direct exper	ises	ь 26,574.			em arailor crites	
퓽	c Net income or (los	ss) from fundraisin	ng events				
	9 a Gross income from See Part IV, line	n gaming activitie	s. . a				
	<b>b</b> Less: direct exper						
	c Net income or (los						
	10a Gross sales of inv			STATE OF STATE	CHEST SEVEN	61 - 33 7 7	
	and allowances	entory, less retuin	. a		E-ALL AND PLES IN		
	<b>b</b> Less: cost of good	ds sold	. b				
	c Net income or (los						
	Miscellaneous	<u> </u>	Business Code			TO SEE STREET,	
	11a OTHER REVEN	UE/(LOSS)	900099	-467.	-467.		
	b						
	С						
	d All other revenue						
	e Total. Add lines 1	1a-11d		-467.	L LIGHT YES		
	12 Total revenue Se			2 075 302	96 235	n	3 550

#### 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).

0.====	Check if Schedule O contains a re				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) 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	1,692,207.	1,692,207.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
6	trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	51,000.	10,200.	25,500.	15,300.
-	Other relation 4958(c)(3)(B)	0.	0.	0.	0.
7		773,204.	651,961.	68,142.	53,101.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	34,658.	24,736.	4,354.	5,568.
10	Payroll taxes	71,233.	57,273.	8,069.	5,891.
11	Fees for services (non-employees):				
	a Management				
	<b>b</b> Legal				
	Accounting	11,675.	11,675.		
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	3,489.	3,096.	202.	191.
13	Office expenses	5,796.	2,777.	3,019.	
14	Information technology	3,750.	2,111.	3,019.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,518.	7,518.		
23	Insurance	18,526.	18,526.		
	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.)	10,320.	10,320.		
i	PROGRAM	63,814.	63,814.		
	FUNDRAISING	28,445.	,		28,445.
	UTILITIES	17,594.	17,594.		20/110.
	PRINTING AND PUBLICATIONS	13,608.	6,798.	3,439.	3,371.
10	All other expenses.	26,865.	19,745.	5,768.	1,352.
25	Total functional expenses. Add lines 1 through 24e	2,819,632.	2,587,920.	118,493.	113,219.
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).				
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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	22.02.012.22.21.01.01.01		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	123,975.	1	195,512.
	2	Savings and temporary cash investments.	833,767.	2	850,468.
	3	Pledges and grants receivable, net.		3	
	4	Accounts receivable, net	154,123.	4	163,351.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	The month of the Sala	5	elizarania (Anta - E
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ę	7	Notes and loans receivable, net.		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	enolullitas ses	arthritis attuarer	a cast verage for
		Less: accumulated depreciation	59,612.	10 c	52,971.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11.		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11	5,508.	15	5,350.
	16	Total assets. Add lines 1 through 15 (must equal line 34).	1,176,985.	16	1,267,652.
_	17	Accounts payable and accrued expenses	52,051.	17	33,868.
	18	Grants payable		18	
	19	Deferred revenue	81,433.	19	33,107.
	20	Tax-exempt bond liabilities		20	
S)	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	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		23	
	24	Unsecured notes and loans payable to unrelated third parties.		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	41,655.	25	43,071.
	26	Total liabilities. Add lines 17 through 25	175,139.	26	110,046.
nces		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			A convention (4)
Ě	27	Unrestricted net assets.	979,706.	27	1,058,505.
Ē	28	Temporarily restricted net assets	18,140.	28	95,101.
P	29	Permanently restricted net assets	4,000.	29	4,000.
Net Assets or Fund Bala		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds.		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund.		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	1,001,846.	33	1,157,606.
Z	34	Total liabilities and net assets/fund balances	1,176,985.	34	1,267,652.
BA	Ā				Form <b>990</b> (2017)

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					es 🗍
1	Total revenue (must equal Part VIII, column (A), line 12)			2,9	75,3	392.
2	Total expenses (must equal Part IX, column (A), line 25)					632.
3	Revenue less expenses. Subtract line 2 from line 1					760.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	. 4				846.
5	Net unrealized gains (losses) on investments.	. 5				
6	Donated services and use of facilities					
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,			00 100	250: 1	570.2
	column (B))	10		1,1	57,6	606.
Pal	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				PAY.	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain					
_	in Schedule O.		- 1			
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		-	2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ewed or	na	30.9		100
	separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis		- 1			Section 1
					17	
ľ	Were the organization's financial statements audited by an independent accountant?			2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both:	arate	- 1	49		
	X Separate basis Consolidated basis Both consolidated and separate basis				655	1129
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au	dit	- 1			1
•	review, or compilation of its financial statements and selection of an independent accountant?	uit, 		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
<b>3</b> a	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?			3 a		х
t	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3 b		
DAA		X + X + X +	WELLOW.	3 D		(0017)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No., 1545-0047

Open to Public

Employer identification number Name of the organization FRIENDLY CENTER, INC. 95-2479833 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (vi) Amount of other (iv) Is the organization listed support (see instructions) support (see instructions) your governing document? Yes (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support		21				
Cale	ndar year (or fiscal year inning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 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	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 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						<u> </u>
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 activ	ities, etc. (see ins	structions)		***************************************	12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth	tax year as a sectio	n 501(c)(3)	
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20						%
15	Public support percentage from 2	2016 Schedule A,	Part II, line 14			15	%
16a	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.						
b	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						
1 <b>7</b> a	a 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						
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a f-circumstances' t	nd-circumstances est. The organiza	s' test, check this ition qualifies as	box and stop here a publicly supporte	e. Explain in Part V ed organization	'I how the
18	Private foundation. If the organiz	ation did not che	ck a box on line 1	3, 16a, 16b, 17a	, or 17b, check this	s box and see instr	uctions ►

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.)

Sect	ion A. Public Support						
Calend	ar year (or fiscal year beginning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include			0 000 111	0.000.000	2 027 007	11 000 760
	any 'unusual grants.'). 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.	1,663,111. 87,920.	89,607.	88,430.	94,518.	96,702.	11,803,768. 457,177.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the						0.
	organization without charge						0.
	Total. Add lines 1 through 5	1,751,031.	1,727,004.	2,417,541.	3,031,580.	3,333,789.	12,260,945.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	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.	0.	0.	0.	0.	0.
_	Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)					H = TaF	12,260,945.
_	tion B. Total Support	(*) 2012	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
	dar year (or fiscal year beginning in)	(a) 2013	1.4.74				
_	Amounts from line 6	1,751,031.	1,727,004.	2,417,541.	3,031,580.	3,333,169.	12,260,945.
	payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	1,969.	2,740.	2,230.	2,246.	3,550.	12,735.
	Add lines 10a and 10b	1,969.	2,740.	2,230.	2,246.	3,550.	12,735.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,505.	2,710.	2,230.	2,210.	5,000.	0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	720.	850.	11,298.	1,567.	-467.	13,968.
	Total support. (Add lines 9, 10c, 11, and 12.)	1,753,720.	1,730,594.	2,431,069.	3,035,393.	3,336,872.	12,287,648.
	First five years. If the Form 990 organization, check this box and	stop here				a section 501(c)	
Sec	tion C. Computation of Pu						A.
15	Public support percentage for 20						99.78 %
16	Public support percentage from					16	99.80 %
Sec	tion D. Computation of Inv	1.00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0					
17	Investment income percentage						0.10 %
18	Investment income percentage					18	0.03 %
	33-1/3% support tests—2017. If is not more than 33-1/3%, check	k this box and <b>sto</b>	p here. The organ	nization qualifies	as a publicly supp	ported organizatio	n experience X
	33-1/3% support tests—2016. If line 18 is not more than 33-1/3% Private foundation. If the organ	%, check this box	and <b>stop here.</b> The	ne organization qu	ualifies as a publi	cly supported orga	anization 🏲 📙
	iouniautioni ii tiio organi		C 20% OII IIIO	,			activities and a second

#### 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

	Cuon A. An Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		STEU BY
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	170 0	
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a	g jeri	
ŀ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
42	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
ŀ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
Ł	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8	- 100	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		MA
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9c	19.33	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a	7,18	lg ve

10b

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

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	8,5		
i	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
1	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities, If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		areso must	
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same <b>persons</b> that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
		C	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	tion 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).			
	The organization satisfied the Activities Test. Complete line 2 below.			
	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	tions)	ic.
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			2,3
	supported organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		i gali
3	Parent of Supported Organizations. Answer (a) and (b) below.		133	
	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.	3a		
	<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	3b	1952	

	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	iis iiiust	Complete Sections A	
Sec	ction A — Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
ec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
2	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
c	d Total (add lines 1a, 1b, and 1c)	1d		
e	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		
ec	tion 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	THE PERSON NOT	
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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated 7	Type III supporting org	janization

	dule A (Form 990 or 990-EZ) 2017 FRIENDLY CENTER, INC	Z.	95-247	9833 Page 7
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	s,	
3	Administrative expenses paid to accomplish exempt purposes of su	upported 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 ${\bf PartVI})_*$ See instructions.	ion is responsive (provide	details	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion 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.	V S.K.) alalle preson		in the desired set of a
3	Excess distributions carryover, if any, to 2017	EXITED TO	No high does to have	
- 2				THE REST OF THE PARTY.
	From 2013	Sold French		and the second
	From 2014			
	From 2015			
	From 2016			
	f Total of lines 3a through e			
9	Applied to underdistributions of prior years			THE RELIEF CONTROL OF
	Applied to 2017 distributable amount	with a mild six at a		
	i Carryover from 2012 not applied (see instructions)			DESCRIPTION (CAMPA)
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7:			The second of
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.		CONTRACTOR AND TOTAL	
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.		AICHMEIDE (UIEM	
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:		Calminan Salar	Saled Williams
- 7	Excess from 2013			The Later of the l

Schedule A (Form 990 or 990-EZ) 2017

**b** Excess from 2014..... c Excess from 2015 d Excess from 2016.....

e Excess from 2017.....

Schedule A (Form 990 or 990-EZ) 2017

FRIENDLY CENTER, INC.

95-2479833

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b:Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **PART III, LINE 12 - OTHER INCOME**

NATURE AND SOURCE	2017	2016	2015	2014	2013
OTHER INCOME TOTA	\$ -467.	\$ 1,567.	\$ 11,298.	\$ 850.	\$ 720.
	\$ -467.	\$ 1,567.	\$ 11,298.	\$ 850.	\$ 720.

## 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		Employer identification number
FRIENDLY CENTER, INC.		95-2479833
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization	חמ
	4947(a)(1) nonexempt charitable trust not	treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
1 0/111 930-1 1	8	ated as a private foundation
	4947(a)(1) nonexempt charitable trust trea	ated as a private roundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the G	General Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10	0) organization can check boxes for both the General	Rule and a Special Rule. See instructions.
General Rule		
For an organization filing Form 990, 9 property) from any one contributor. C	990-EZ, or 990-PF that received, during the year, concomplete Parts I and II. See instructions for determini	tributions totaling \$5,000 or more (in money or ing a contributor's total contributions.
Special Rules		
[X] For an organization described in sect under sections 509(a)(1) and 170(b)(1)(received from any one contributor, du Form 990, Part VIII, line 1h; or (ii) Fo	ion 501(c)(3) filing Form 990 or 990-EZ that met the A)(vi), that checked Schedule A (Form 990 or 990-EZ), Puring the year, total contributions of the greater of (1) orm 990-EZ, line 1. Complete Parts I and II.	33-1/3% support test of the regulations art II, line 13, 16a, or 16b, and that \$\$5,000 or (2) 2% of the amount on (i)
For an organization described in sect during the year, total contributions of purposes, or for the prevention of cru	tion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ to more than \$1,000 <i>exclusively</i> for religious, charitable telty to children or animals. Complete Parts I, II, and	that received from any one contributor, e, scientific, literary, or educational III.
during the year, contributions <i>exclusi</i> \$1,000. If this box is checked, enter the charitable, etc., purpose, Don't comp	tion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ fively for religious, charitable, etc., purposes, but no shere the total contributions that were received during lete any of the parts unless the <b>General Rule</b> applies sharitable, etc., contributions totaling \$5,000 or more	such contributions totaled more than the year for an <i>exclusively</i> religious, s to this organization because
990-PF) but it must answer 'No' on Part	ed by the General Rule and/or the Special Rules doe: IV, line 2, of its Form 990; or check the box on line the filing requirements of Schedule B (Form 990, see instructions for Form 990, 990-FZ, or 990-PF.	H of its form 990-EZ or on its form 990-PF.
DAM TOLEAPELMOIN REGULTION ACT HOUSE, SEE II	to mode action to the court of	

Page

1 of

2 of Part I

FRIENDLY CENTER, INC.

Employer identification number

95-2479833

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SECOND HARVEST P.O. BOX 706	\$ 513,160.	Person Payroll Noncash X
	ORANGE, CA 92856		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PANERA P.O. BOX 706 ORANGE, CA 92856	\$71,000.	Person Payroll Noncash X  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ALBERTSON'S P.O. BOX 706 ORANGE, CA 92856	\$117,000.	Person Payroll Noncash X  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	COMMUNITY ACTION PARTNERSHIP P.O. BOX 706 ORANGE, CA 92856	\$ 758,140.	Person Payroll Noncash X  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CITY OF ORANGE P.O. BOX 706 ORANGE, CA 92856	\$88,493.	Person X  Payroll  Noncash   (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	COUNTY OF ORANGE SSA P.O. BOX 706 ORANGE, CA 92856	\$548,815.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

2 of Part I

Name of organization FRIENDLY CENTER, INC.

Page 2 of Employer identification number 95-2479833

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed,	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	PROVIDENCE COMMUNITY SERVICES P.O. BOX 706 ORANGE, CA 92856	\$61,138.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

Employer identification number

FRIENDLY CENTER, INC. 95-2479833

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD	\$513,160.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD	\$ 71,000.	VARIOUS
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD	\$ 117,000.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	FOOD	\$758,140.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	Scho	 	or 990-PF\ (2017)

1 of Part III

Employer identification number

FRIENDI	Y CENTER, INC.			95-2479833
Part III	Exclusively religious, charitable, etc	., contributions to orga	nizations d	escribed in section 501(c)(7), (8),
	or (10) that total more than \$1,000 for the	e year from any one contrib	outor. Complet	e columns (a) through (e) and
	the following line entry. For organizations corcontributions of \$1,000 or less for the year. (E			- ·
	Use duplicate copies of Part III if additional sp	anter this information once. So bace is needed.	ee mstruction	s.)
	(b)			(d)
(a) No. from	Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	DAMINGS.			
	N/A			
		(0)		
		(e) Transfer of gift		
	Transferee's name, address		Rela	tionship of transferor to transferee
(a)	(b)	(c)		(d) Description of how gift is held
(a) No. from	Purpose of gift	(c) Use of gift		Description of how gift is held
Part I				
		(a)		
		(e) Transfer of gift		
	Transferee's name, address		Rela	tionship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
No. from Part I	Purpose of giπ	Use of gift		Description of now gift is neig
		(e)		
		(e) Transfer of gift		
	Transferee's name, address	, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
No. from	Purpose or giπ	Use or gim		Description of now gift is neig
		(e)		
		(e) Transfer of gift		
	Transferee's name, address		Rela	tionship of transferor to transferee

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

50,200			ampioyar rountineation manibar	
	FRIENDLY CENTER, INC.		95-2479833	
Pai	Organizations Maintaining Dono Complete if the organization answ	r Advised Funds or Other Similar Fu wered 'Yes' on Form 990, Part IV, line	nds or Accounts.	
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year	(a) Bollol davisca lands	(b) Fullus and other accounts	
2	Aggregate value of contributions to (during year).			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
_	33 3			
5	Did the organization inform all donors and dor are the organization's property, subject to the	organization's exclusive legal control?	Yes N	lo
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fun of the donor or donor advisor, or for any other	ds can be used only r purpose conferring Yes N	lo
Pai		wered '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., r	ecreation 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 hast day of the tax year.	neld a qualified conservation contribution in the for	m of a conservation easement on the	
			Held at the End of the Tax Y	ear (
ä	Total number of conservation easements		2a	
l	Total acreage restricted by conservation easer	ments	2b	
(	: Number of conservation easements on a certif	ied historic structure included in (a)	2c	
	Number of conservation easements included in	n (c) acquired after 7/25/06, and not on a histo	ric	
	structure listed in the National Register			
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, or terminated by t	he organization during the	
4	Number of states where property subject to conse	rvation easement is located >		
5	Does the organization have a written policy reand enforcement of the conservation easemer	garding the periodic monitoring, inspection, ha	ndling of violations,	0
6	Staff and volunteer hours devoted to monitoring, i			
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing conser	vation easements during the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of se	ction 170(h)(4)(B)(i)	o
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in its revenue and exper	se statement, and balance sheet, and	for
Par	conservation easements.  Organizations Maintaining Colle	ctions of Art, Historical Treasures, or	Other Similar Assets	_
rar	Complete if the organization answ	wered 'Yes' on Form 990, Part IV, line	8.	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar ass <b>ets he</b> in Part XIII, the text of the footnote to its finan	ld for public exhibition, education, or research in f	nue statement and balance sheet works urtherance of public service, provide,	of
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in further	statement and balance sheet works of a erance of public service, provide the	art,
	(i) Revenue included on Form 990, Part VIII,	line 1	MMM257702002125991 ►\$	
	(ii) Assets included in Form 990, Part X		, <b>►</b> \$	
2	If the organization received or held works of art, he amounts required to be reported under SFAS	istorical treasures, or other similar assets for finar 116 (ASC 958) relating to these items:	icial gain, provide the following	
-	Revenue included on Form 990, Part VIII, line		<b>⊳</b> \$	

**b** Assets included in Form 990, Part X

**►**\$

Part III Organizations Maintainin	ng Collections	of Art, Histor	rical Treasures, or	Other Similar Ass	ets (c	ontinu	ed)
3 Using the organization's acquisition, ac items (check all that apply):	cession, and other	records, check an	y of the following that are	e a significant use of its	collectio	n	
a Public exhibition		d Loan o	r exchange programs				
<b>b</b> Scholarly research		e Other					
c Preservation for future generation	ins		=				
4 Provide a description of the organization Part XIII.	n's collections and	explain how they t	further the organization's	exempt purpose in			
5 During the year, did the organization to be sold to raise funds rather than	to be maintained	as part of the org	ganization's collection?	C(C(C(C(C)))((C))	Yes	_	No
Part IV Escrow and Custodial A line 9, or reported an am	rrangements. ( ount on Form !	Complete if th 990, Part X, li	e organization ans ine 21.	wered 'Yes' on Fo	rm 99	), Par	t IV,
1 a Is the organization an agent, trustee	, custodian or othe	er intermediary for	or contributions or othe	r assets not included	Yes		No
on Form 990, Part X?				((0.00)(0.00)(0.00)(0.00)		L	_140
pili fes, explain the arrangement in	r art Am and Comp	piete the tollowin	g table.		Amoun	-	
- Designing belongs				1 c	Amoun	L	
c Beginning balance					=		
d Additions during the year.							
e Distributions during the year				1 e			
f Ending balance				2.0	- V		TN-
2a Did the organization include an amo					Yes		No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII. Check he	ere if the explana	ation has been provided	on Part XIII	.51505150505		J
				000 D 1 D 1 D	1.0		
Part V Endowment Funds. Com							
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e)	Four years	s back
1 a Beginning of year balance							
<b>b</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	g 1g, column (a)) held a	as:			
a Board designated or quasi-endowment	<b>•</b>	%					
<b>b</b> Permanent endowment ▶	8						
c Temporarily restricted endowment	-	%					
The percentages on lines 2a, 2b, and 2		<del>-</del> %.					
<b>3a</b> Are there endowment funds not in the porganization by:	possession of the o	rganization that ar	e held and administered	for the	Î	Yes	No
(i) unrelated organizations					. 3a(i)		
(ii) related organizations					3a(ii)		-
<b>b</b> If 'Yes' on line 3a(ii), are the related					3b		
4 Describe in Part XIII the intended us	•				35		
		CHOTTS CHOWING	it idilds.				
Part VI Land, Buildings, and Eq Complete if the organiza		'Yes' on Form	n 990, Part IV, line	11a. See Form 99	0, Par	t X, lii	ne 10.
Description of property	(a) Cost	or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue
1 a Land	(A) (A) (A) (A) (A) (A) (A)		40,617.			40	,617.
<b>b</b> Buildings	\$140 P. P. S. W. W. W.		80,382.	80,382.			0.
c Leasehold improvements			188,742.	187,750.			992.
<b>d</b> Equipment			26,469.	20,992.		5	,477.
e Other			90,985.	85,100.			,885.
Total. Add lines 1a through 1e. (Column (		m 990, Part X. co		33,100.			,971.
Total Frag mos is anough for (solumn)	_, squar, on		the state of the s				

BAA

Part VII Investments - Other Securities.	N/	N/A
(a) Description of security or category (including name of security)	(b) Book value	), Part IV, line 11b. See Form 990, Part X, line
(1) Financial derivatives	(D) book value	(c) Method of valuation: Cost or end-of-year market value
(2) Closely-held equity interests		
(A) (B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(l)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.).		MD Lynn, A least line a least with the least line and all
Part VIII Investments - Program Related.		N/A
Part VIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 990	), Part IV, line 11c. See Form 990, Part X, line
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	37 /3	
Complete if the organization answered	N/A 'Yes' on Form 990	, Part IV, line 11d. See Form 990, Part X, line
(a) Des	cription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B	) line 1 <b>5.)</b>	CONTROL OF A STATE OF CONTROL OF
Part X Other Liabilities.		
Complete if the organization answered 'Yes' on Fo		e or 11f. See Form 990, Part X, line 25
(a) Description of liability (1) Federal income taxes	(b) Book value	
(2) ACCRUED PAYROLL EXPENSES	10.00	
(3) TENANT DEPOSITS	40,88	
(4)	2,13	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).	43,07	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footax positions under FIN 48 (ASC 740). Check here if the text of the footable has		ancial statements that reports the organization's liability for uncertain

Schedule D (Form 990) 2017 FRIENDLY CENTER, INC.	95	5-24798	33 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statements W		eturn.	
Complete if the organization answered 'Yes' on Form 990, Part		, ,	
1 Total revenue, gains, and other support per audited financial statements	Y 4 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	3,336,872.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	7		
a Net unrealized gains (losses) on investments.			
b Donated services and use of facilities 21	0.007.000	J 700	
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)		1311	
e Add lines 2a through 2d		2 e	361,480.
3 Subtract line 2e from line 1.		3	2,975,392.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		2.475	
a Investment expenses not included on Form 990, Part VIII, line 7b	a		
b Other (Describe in Part XIII.)	b		
c Add lines 4a and 4b	*******	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,975,392.
Part XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part			
1 Total expenses and losses per audited financial statements	DE TRUMPORO EN ACADAGACA CARRO EN ACADAGA ACADAGA CARRO EN ACADA CARRO EN ACADAGA CARRO EN ACADA CARRO EN	1	3,181,112.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		CATE	
a Donated services and use of facilities	a 361,480.	651	
b Prior year adjustments		333	
c Other losses.	c		
d Other (Describe in Part XIII.)	d		
e Add lines 2a through 2d.	OCCUPATION OF THE PROPERTY OF	2 e	361,480.

#### 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 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.

4 a

c Add lines 4a and 4b

3 Subtract line 2e from line 1.....

a Investment expenses not included on Form 990, Part VIII, line 7b.

**b** Other (Describe in Part XIII.)

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

2,819,632.

2,819,632.

3

4 c

5

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FRIENDLY CENTER, INC.					95-24798	333
Part I Fundraising Activities. Complete Form 990-EZ filers are not re	te if the organiz	ation answ	ered 'Yes'	on Form 990, Part IV, lin	e 17.	
1 Indicate whether the organization				owing activities. Check	all that apply	
a X Mail solicitations				X Solicitation of non-		
<b>b</b> X Internet and email solicitations	3			X Solicitation of gove	-	
c Phone solicitations				X Special fundraising	_	
d X In-person solicitations			9	II oposiai iailalaisii g	, overno	
2a Did the organization have a written o	r oral agreemen	t with anvi	individual (	including officers, directo	rs trustans or kou	
employees listed in Form 990, Par	t VII) or entity	in connec	tion with p	rofessional fundraising	services?	Yes X No
<b>b</b> If 'Yes,' list the 10 highest paid inc	lividuals or ent	ities (fund	Iraisers) pu	ursuant to agreements	under which the fund	raiser is to be
compensated at least \$5,000 by the	e organization					
(i) Name and address of individual	(II) A stingth.	(iii) Did	fundraiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	I (VI) MINOUIL DAID LO
or entity (fundraiser)	(ii) Activity	have custo	dy or control ributions?	from activity	fundraiser listed in	(or retained by) organization
					column (i)	organization
ä		Yes	No			
1						
						-
2						
<del>-</del>						
3						
4						
5						
6						
6						
7						
-						
8						
9						
10						
		l				
Total						20
Total  3 List all states in which the organization				ontributions or boo been	notified it is exempt for	0.
or licensing.	in is registered (	) IICEIISEQ	to Solicit Ci	OHITHURIOUS OF HAS DEEN	nouned it is exempt tro	ini registration

Sche	dule	G (Form 990 or 990-EZ) 2017 FRIENDL	Y CENTER, INC.		95-247	
Par		Fundraising Events. Complete if the more than \$15,000 of fundraising List events with gross receipts great the second sec	event contributions	nswered 'Yes' on Fo s and gross income	orm 990, Part IV, li on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
RE			(a) Event #1  PARTNERSHIP BA  (event type)	(b) Event #2  SPECIAL EVENT: (event type)	(c) Other events  2 (total number)	(d) Total events (add column (a) through column (c))
RE>EZU	1	Gross receipts	77,798.	50,569.	43,501.	171,868.
Ĕ	2	Less: Contributions	70,112.	38,664.	36,518.	145,294.
_	3	Gross income (line 1 minus line 2)	7,686.	11,905.	6,983.	26,574.
	4	Cash prizes.				
	5	Noncash prizes				
D I RECT	6	Rent/facility costs			6,983.	6,983.
	7	Food and beverages	7,686.	11,905.		19,591.
EXPENSES	8	Entertainment				
N S E	9	Other direct expenses				
_	10 11 t III	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fro <b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	om line 3, column (d) tion answered 'Ye			
REVENUE		\$15,000 OHT OHN 950-E2, line oa.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ě	1	Gross revenue				
E	2	Cash prizes				
D P E N S E S	3	Noncash prizes				
T E	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	KON BLANK DES
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ine 7 from line 1, colun	nn (d)		
I	alsth alf'N	er the state(s) in which the organization co he organization licensed to conduct gamin No,' explain:	onducts gaming activition gactivition activities in each of t	es: hese states?		
10	a Wei	re any of the organization's gaming license	es revoked, suspended	, or terminated during th	ne tax year! manarana	Yes No

**b** If 'Yes,' explain:

Schedule G (Form 990 or 990-EZ) 201/ FRIENDLY CENTER, INC.	95-2479	833	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for administer charitable gaming?	rmed to	Yes	No
13 Indicate the percentage of gaming activity conducted in:	T		
a The organization's facility.			윊
<b>b</b> An outside facility.			8
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	d records:		
Name ►			
Address •			
15a Does the organization have a contract with a third party from whom the organization receives gamine b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ of gaming revenue retained by the third party ▶ \$ c If 'Yes,' enter name and address of the third party:	g revenue? and the amount		No
Name ►			
Address •			
16 Gaming manager information:			
Name ►			
Gaming manager compensation ► \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to ret state gaming license?	ain the	Yes	No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the	res	□ IAO
organization's own exempt activities during the tax year ▶ \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line	2b, columns (i	ii) and (	v);
and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provinformation. See instructions.	ide any additio	onal	
mormation. See instructions.			

#### SCHEDULE I (Form 990)

#### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

2017

Name of the organization

FRIENDLY CENTER, INC.

Employer identification number 95-2479833

Dest Constitution of Con	ute and Assist					20 211300	
Part I General Information on Gra							
Does the organization maintain records to the selection criteria used to award the	grants or assistan	ce?		eligibility for the grants		******	X Yes No
2 Describe in Part IV the organization's prod	edures for monitoring	ng the use of grant fo	unds in the United States.		SEE F	ART IV	
Part II Grants and Other Assistance Form 990, Part IV, line 21, 1							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(2)							
(3)							
(4)							
(5)							
(6)							
<u>m</u>							
(8)							
2 Enter total number of section 501(c)(3)	and government	organizations listed	in the line 1 table				0
3 Enter total number of other organization	ns listed in the line	e 1 table				antining in it	0
BAA For Paperwork Reduction Act Notice,	see the instruction	s for Form 990.		TEEA3901L	08/10/17	Schedul	e I (Form 990) (2017)

95-2479833

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD AND MATERIALS TO 1 INDIVIDUALS	4,700		1,691,707.	FMV	VARIOUS FOOD ITEMS & MATERIALS
2 SCHOLARSHIPS	1		500.		
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

#### PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

FOOD PROGRAM:

FOOD RECIPIENTS ARE REQUIRED TO SIGN THEIR NAME, LIST THE NUMBER OF ADULTS AND

CHILDREN IN THE HOUSEHOLD, AND THEIR LIST THEIR ZIP CODE. INFORMATION FROM EACH FOOD

DISTRIBUTION COLLECTED AND KEPT TRACK OF ON OUR CLIENT MANAGEMENT DATABASE.

SCHOLARSHIP PROGRAM:

THE SCHOLARSHIP PROGRAM IS CONDUCTED BY THE SCHOLARSHIP COMMITTEE COMPRISED OF

FRIENDLY CENTER BOARD MEMBERS. APPLICANTS MUST QUALIFY AS GRADUATING SENIORS

ATTENDING AN ORANGE UNIFIED SCHOOL DISTRICT HIGH SCHOOL, FROM A LOW-INCOME FAMILY,

PROOF OF "C" AVERAGE (MINIMUM), HAVE TWO LETTERS OF RECOMMENDATION, AND WRITTEN

STATEMENT OF GOALS. APPLICANTS ARE INTERVIEWED BY TWO BOARD MEMBERS AND A SELECTION BAA

Schedule I (Form 990) (2017)

#### 2017

## SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION PAGE 3

FRIENDLY CENTER, INC.

95-2479833

#### PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

IS MADE AND PRESENTED TO THE BOARD OF DIRECTORS. TO RECEIVE THE AWARDED SCHOLARSHIP, STUDENTS MUST PROVIDE THE FRIENDLY CENTER EXECUTIVE DIRECTOR PROOF ENROLLMENT IN A 2 OR 4 YEAR COLLEGE OR UNIVERSITY, OR TRADE SCHOOL BY SEPTEMBER OF THE YEAR FOLLOWING HIGH SCHOOL GRADUATION. THE SCHOLARSHIP IS MAILED TO THE STUDENT'S HOME.

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

Open to Public Inspection

Employer identification number

FRIENDLY CENTER, INC 95-2479833 Part I Types of Property (b) Number of (c) Noncash contribution (a) Check if (d) Method of determining amounts reported on Form 990, contributions or applicable noncash contribution amounts items contributed Part VIII, line 1g Art - Works of art 3 Art - Fractional interests..... Books and publications 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes Intellectual property. 8 Securities - Publicly traded 9 10 Securities - Closely held stock accompany and a con-Securities - Partnership, LLC, or trust interests: 11 12 Securities - Miscellaneous...... Qualified conservation contribution -Historic structures Qualified conservation contribution — Other. . . . . . Real estate - Residential ............ Real estate - Commercial 16 Real estate - Other 17 Collectibles.... Food inventory. 19 1,459,300. FMV 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts..... 23 Scientific specimens.... 24 Archeological artifacts 25 232,407, FMV 26 Other ► 27 Other ► 28 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? 30a Х 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? 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 a X b If 'Yes,' describe in Part II.

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

describe in Part II.

Schedule M (Form 990) (2017)

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRIENDLY CENTER, INC.

Employer identification number 95–2479833

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

FRIENDLY CENTER IS A COMPREHENSIVE FAMILY AND COMMUNITY RESOURCE CENTER DEDICATED TO IMPROVING THE LIVES OF CHILDREN, ADULTS, AND SENIORS BY HELPING THEM MOVE TOWARDS SELF-SUFFICIENCY THROUGH IMMEDIATE AID AND A VARIETY OF EDUCATIONAL AND LIFE SKILL PROGRAMS.

#### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

FRIENDLY CENTER STRENGTHENS COMMUNITIES BY EMPOWERING INDIVIDUALS AND FAMILIES TO BECOME PHYSICALLY, ECONOMICALLY AND EMOTIONALLY SELF-SUFFICIENT. LOW-INCOME INDIVIDUALS AND FAMILIES CAN ACCESS OVER 25 FREE PROGRAMS AND SERVICES IN ENGLISH, SPANISH AND VIETNAMESE.

FRIENDLY CENTER'S COMPREHENSIVE FAMILY SERVICES PROVIDE LOW-INCOME FAMILIES IN CRISIS
THE WRAP-AROUND SUPPORT AND RESOURCES THEY NEED TO BECOME STABLE AND SELF-SUFFICIENT.
THIS INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING: EMERGENCY FOOD, RENT AND UTILITY
SERVICES; SEVEN DIFFERENT SUPPLEMENTAL FOOD PROGRAMS; FAMILY ADVOCACY WITH CASE
MANAGEMENT; INFORMATION AND REFERRAL; MEDICAL VANS FOR AGRICULTURAL WORKERS AND
CARDIO HEALTH; PUBLIC HEALTH NURSES; COUNSELING; DOMESTIC VIOLENCE INTERVENTION; AND
CLASSES IN FINANCIAL LITERACY, PARENTING, ENGLISH AS A SECOND LANGUAGE AND NUTRITION.

FRIENDLY CENTER'S SUCCESS FOR ALL ACADEMIC TUTORING PROGRAMS ADDRESS THE PROBLEM OF SCHOOL FAILURE AND DROPOUT BY PROVIDING AT-RISK PRESCHOOL THROUGH HIGH SCHOOL STUDENTS FROM LOW-INCOME FAMILIES WITH FREE SUPPORT AND ASSISTANCE TO IMPROVE THEIR GRADES, GRADUATE FROM HIGH SCHOOL AND GO TO COLLEGE.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS REVIEWED BY THE BOARD FINANCE COMMITTEE AND PRESIDENT PRIOR TO BEING SIGNED AND SUBMITTED.

Employer identification number

95-2479833

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANNUAL CONFIRMATION OF CONFLICT OF INTEREST BY BOARD AND KEY EMPLOYEES

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

BOARD MEMBERS DURING BOARD MEETINGS REVIEW COMPARABILITY DATA BEFORE INCREASING

BOARD MEMBERS DURING BOARD MEETINGS REVIEW COMPARABILITY DATA BEFORE INCREASING SALARY OF EXECUTIVE DIRECTOR AND PROGRAM DIRECTOR.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

SUPERVISORY PERSONNEL REVIEW AND APPROVE EMPLOYEE SALARY INCREASES. BOARD MEMBERS

REVIEW AND APPROVE FINANCIAL ACTIVITY ON A MONTHLY BASIS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE POLICIES ARE AVAILABLE UPON REQUEST IN PERSON.

2	^	4	
/	u	ш	

#### **FEDERAL WORKSHEETS**

PAGE 1

FRIENDLY CENTER, INC.

95-2479833

CDECIAL	EVENTS	WORKSHEET
SPELIAL	EVENIS	VVUKNSHEFT

SPECIAL EVENT PARTNERSHIP BANQUET SPECIAL EVENT: STREET FAIR SUBTOTAL	LESS   CONTRI-   GROSS   RECEIPTS   BUTIONS   REVENUE     \$ 77,798. \$ 70,112. \$ 7,686.     50,569.   38,664.   11,905.     \$ 128,367. \$ 108,776. \$ 19,591.	11,905. 0.
GOLF TOURNAMENT OTHER *SUBTOTAL TOTAL	32,781. 25,798. 6,983. 10,720. 0. \$ 43,501. \$ 36,518. \$ 6,983. \$ 171,868. \$ 145,294. \$ 26,574.	6,983. 0. \$ 0,983. \$ 0. \$ 26,574. \$ 0.

^{*}EVENTS COMBINED ON THE RETURN AS THE THIRD EVENT.

## FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	2,587,920.	1,692,207	PART IX, LINE 25, COL. B
GRANTS	0.		PART IX, LINES 1-3, COL. B
REVENUE	96,702.		PART VIII, LINE 2, COL. A

#### FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B)	(C)	(D)
	-	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUND- RAISING
PROFESSIONAL FEES		3,489.	3,096.	202.	191.
	TOTAL \$	3,489.	\$ 3,096.	\$ 202.	191.

## FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) _FUNDRAISING
BAD DEBT BANK CHARGES CONTRACT EQUIPMENT EXPENSE MEMBERSHIP DUES OTHER EXPENSES POSTAGE AND SHIPPING REPAIRS & MAINTENANCE TAXES	263. 763. 7,678. 281. 968. 5,141. 1,114. 3,965. 1,987.	263. 7,678. 281. 3,374. 1,457. 1,987.	763. 968. 755. 774. 2,508.	1,012. 340.

2	n	1	7
•			_

## **FEDERAL WORKSHEETS**

PAGE 2

FRIENDLY CENTER, INC.

95-2479833

FORM 990, PART IX, LINE 24E (CONTINUED) OTHER EXPENSES

		(A)	(B)	(C)	(D)
	-	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
TRANSPORTATION	TOTAL \$	4,705. 26,865.	4,705. \$ 19,745.	\$ 5,768.	\$ 1,352.

# 2017 California Exempt Organization Annual Information Return

199

Calendar Ye	ear 2017 or fiscal	year beginning (mm/dd/	vvvv)		, and ending (	mm/dd/vvvv)			
	rganization name	, , , , , , ,	73377		, (			California corporation n	umber
FRIEND	LY CENTER,	TNC						0522643	
	rmation. See instructi							FEIN	
								95-2479833	
	(suite or room)							РМВ по.	
P. O. I	BOX 706					State		Zip code	
ORANGE						CA		92856-6707	
Foreign country	у пате					Foreign province/state/con		Foreign postal code	
B Amended C IRC Secti D Final Info	Return. on 4947(a)(1) trust ormation Return? issolved e (mm/dd/yyyy) counting method: Cash 2 X Acci eturn filed? 1 • [ ner 990 series group filing? See ins	rual <b>3</b> 0ther 990-PF	Yes Yes  Merged/Rec  3 • Sch  Yes	H (990)	organization enga See instructions  K Is the organization If 'Yes,' enter the nonmember sour L If organization is and meets the fill No filling fee is re M Is the organization Did the organization	R&TC Section 23701d, ha aged in political activities on exempt under R&TC Section ces con a Limited Liability Com tion file Form 100 or Forn	ection 23701 ox. pany?	\$ Yes  \$ Yes  Yes  Yes  Yes  Yes  Yes	X No X No X No
	ganization in a group what is the parent's r	o exemption?	Yes Yes	X No	audited in a prior	on under audit by the IRS r year?	or has the	e IRS	X No
	vide to the paraneon	Tarrio.				023/1024 pending?			No
		changes to its guidelines			Date filed with IR	RS			_
	ted to the FTB? See	instructions	• Yes	X No			_	CACA1112L	01/02/18
Part I	Complete Part	l unless not required to	o file this form.	See Ge	neral Information	B and C.			
	1 Gross sale	es or receipts from othe	er sources. From	m Side 2	2, Part II, line 8				,359.
		es and assessments fro							
Receipts and	3 Gross cor	tributions, gifts, grants	, and similar ar	nounts r	eceived	SEE SCH. B.	• 3	2,875	,607.
Revenues		s receipts for filing req					-Ce.		79-11
		must be completed. If t				eral Information B	• 4	3,001	,966.
		oods sold					11020		10Des
		ther basis, and sales ex					com		4 1177
		s. Add line 5 and line 6							
		s income, Subtract line						3,001	
Expenses		enses and disbursemer		,			_	2,846	
		receipts over expense				m line 8		155	,760.
	, ,	ments					• 11		
		See General Information					• 12		
	1 -	balance. If line 11 is n							
Filing	14 Use tax ba	alance. If line 12 is mor	e than line 11,	subtrac	t line 11 from line	12 ***************	• 14		
Fee	15 Filing fee	\$10 or \$25. See Gener	al Information	E-13500			. 15		
	<b>16</b> Penalties	and Interest. See Gene	ral Information	J. comme		(************************	16		
	17 Balance due	e. Add line 12, line 15, and lin	e 16. Then subtrac	t line 11 fr	om the result		17		0.
Sign Here	Under penalties of progrect, and completed Signature of officer	erjury, I declare that I <b>have</b> exa e. Declaration of prep <b>arer (</b> oth	Ti	itle		and statements, and to the preparer has any knowledg Date	best of my e.	<ul><li>Telephone</li></ul>	
				REASU	Date	Check if	_	(714) 771-5	300
Paid	Preparer's > signature					self- employed		P00354029	
Preparer's		GUZMAN & GRAY	CERTIFI	ED PI	BLIC ACCOU	-		• FEIN	
Use Only	Firm's name (or yours, if				AY, SUITE			33-0302407	
	self-employed) and address	LONG BEACH, O		-1-2-0111	JOILE !			Telephone	
	<u></u>							(562) 498-0	997
	May the FTB d	liscuss this return with	the preparer sh	own abo	ove? See instructi	ons	eces	X Yes	No

FRIENDLY CENTER, INC.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

u	rega	rdless of amount of gross receipts — co	mplete Part II or furnish	substitute information.			
	1	Gross sales or receipts from all bus	iness activities. See ir	nstructions		1	
	2	Interest		****		2	3,550.
	3	Dividends	******************			3	
Receipts rom	4	Gross rents		**************		4	
Other	5	Gross royalties.				5	
Sources	6	Gross amount received from sale of				6	
	7	Other income. Attach schedule		SEE STATE	MENT 1 .	7	122,809.
	8	Total gross sales or receipts from other source	es. Add line 1 through line	7. Enter here and on Side 1. Part	I. line 1	8	126,359.
	9	Contributions, gifts, grants, and similar amount	nts paid. Attach schedule	SEE STATE	MENT 2	9	1,692,207.
	10	Disbursements to or for members				10	2,032,201.
	11	Compensation of officers, directors,				11	51,000.
	12	Other salaries and wages.				12	773,204.
xpenses		Interest				13	773,204.
nd	13	Taxes				14	71 022
)isburse- nents	14	Rents					71,233.
	15					15	E 510
	16	Depreciation and depletion (See ins				16	7,518.
	17	Other Expenses and Disbursements				17	251,044.
	18	Total expenses and disbursements. Add line S				18	2,846,206.
Schedul	e L	Balance Sheet	Beginning of t			of taxabl	
ssets			(a)	(b)	(c)		(d)
				957,742.	Carl Call Street	-	1,045,980.
_		receivable		154,123.			163,351.
_		eivable					
				500			
		state government obligations		000			
_		in other bonds					
		n stock					
_	-	ns	BEAT DESIGN			•	
9 Other i	nvestr	nents. Attach schedule			CITY OF STATE	•	
<b>10 a</b> Depred	iable a	essets	385,702.	Troub palinta in a	386,5		String R
<b>b</b> Less a	ccumu	lated depreciation	366,707.	18,995.	374,2	24.	12,354.
			Applied ONLY WASHING	40,617.	10000000		40,617.
<b>12</b> Other	assets.	Attach schedule STM 4	THE RESERVE	5,508.	THE PARTY OF	•	5,350.
				1,176,985.	O HALL HOSE	D. T. P. F.	1,267,652.
iabilities			AS CARANT		Asse with some		
14 Accour	its pay	able	March Committee	52,051.		14110	33,868.
		gifts, or grants payable		Vita I	MANUSCHIEF EN		
		otes payable.	non it gradoutante	168	R DI KUBUR		
		ayable	No. of Concession, Name of Street, or other party of the last of t	(3)	240/08/08		
18 Other	igos pe liahiliti	es. Attach schedule STM 5		123,088.	STATE OF TOWNS	PWSC	76,178.
		or principal fund	HOLDER CHARLES AND	1,001,846.			1,157,606.
		pital surplus. Attach reconciliation	COLUMN CARES AND A STREET AND	1,001,040.		-	1,137,000.
		nings or income fund			ton se d'al		
		ies and net worth		1,176,985.		13.17	1,267,652.
			oks with income per				
chodul	C 141-	Do not complete this schedule if the	e amount on Schedule I	_, line 13, column (d), is les	s than \$50,000		
Schedul							
	ome r		155.760	I Income recorned on nonk			
1 Net inc		er books	155,760.	7 Income recorded on book in this return. Attach sch	edule SEE S	r 7 •	361,480.
<ol> <li>Net inc</li> <li>Federa</li> </ol>	l incor	ne tax.	155,760.	in this return. Attach sch	edule SEE S	r7 •	361,480.
<ol> <li>Net inc</li> <li>Federa</li> <li>Excess</li> </ol>	l incor	ne tax.  oital losses over capital gains.	155,760.	in this return. Attach sch	edule SEE S not charged	r7 •	361,480.
1 Net inc 2 Federa 3 Excess 4 Income	l incor of cap e not r	ne tax.  oital losses over capital gains.  ecorded on books this year.	155,760.	in this return. Attach sch 8 Deductions in this return	edule SEE S not charged year	F7	361,480.
1 Net inc 2 Federa 3 Excess 4 Income Attach	l incor of cap e not r sched	ne tax.  pital losses over capital gains.  ecorded on books this year.	155,760.	in this return, Attach sch 8 Deductions in this return against book income this	edule SEE S not charged s year	F7 •	
<ul><li>Federa</li><li>Excess</li><li>Income</li><li>Attach</li><li>Expense</li></ul>	I incor of cap e not r sched ses rec	ne tax.  oital losses over capital gains.  ecorded on books this year.	155,760. 361,480.	in this return, Attach sch  8 Deductions in this return against book income this Attach schedule	edule SEE S not charged syear e 8	F7 •	361,480. 361,480.

059 3652174 Side 2 Form 199 2017 CACA1112L 01/02/18

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

Department of the Treasury Internal Revenue Service

#### CALIFORNIA COPY

#### **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

Name of the organization		T=
		Employer identification number
FRIENDLY CENTER, INC.		95-2479833
Organization type (check one): Filers of:	Carllana	
	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	a private foundation
	527 political organization	
	_	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a pri	vate foundation
	501(c)(3) taxable private foundation	
	= 55 (6)(6) taxable private foundation	
Check if your organization is covered by the <b>Genera</b>	Rule or a Special Rule.	
	anization can check boxes for both the General Rule and a	0
	anization can check boxes for both the General Rule and a	Special Rule. See Instructions.
General Rule		
For an organization filing Form 990, 990-Ez	Z, or 990-PF that received, during the year, contributions to the Parts I and II. See instructions for determining a contrib	taling \$5,000 or more (in money or
property) from any one commuter. Comple	are rails raild in See instructions for determining a contrib	utor's total contributions.
Special Rules		
X For an organization described in section 50	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% sup that checked Schedule A (Form 990 or 990-EZ), Part II, line 13,	port test of the regulations
received from any one contributor, during the	that checked scriedule A (Form 990 or 990-EZ), Part II, line 13, ne year, total contributions of the greater of (1) \$5,000 or (20-EZ, line 1. Complete Parts I and II.	2) 2% of the amount on (i)
Form 990, Part VIII, line 1h; or (ii) Form 99	0-EZ, line 1. Complete Parts I and II.	
For an organization described in section 50	1(a)(7) (9) as (10) filling Farms 200 as 200 F7 that are	
during the year, total contributions of more	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 exclusively for religious, charitable, scientific, I	from any one contributor, literary, or educational
purposes, or for the prevention of cruelty to	children or animals. Complete Parts I, II, and III.	<b>,</b>
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received	from any one contributor,
during the year, contributions exclusively to	r religious, charitable, etc., purposes, but no such contribut the total contributions that were received during the year for	ions totaled more than
charitable, etc., purpose. Don't complete ar	ie total contributions that were received during the year for ny of the parts unless the <b>General Rule</b> applies to this organ	an <i>exclusively</i> religious,
it received nonexclusively religious, charitat	ole, etc., contributions totaling \$5,000 or more during the year	ear S
	3. , see assuing the year	
Caution. An organization that isn't covered by t	he General Rule and/or the Special Rules doesn't file Schei	dule B (Form 990, 990-F7, or
990-PF), but it <b>must</b> answer ino on Part IV, lin	e 2, of its Form 990; or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 99	990-F7 or on its Form 900 DE
i are i, and z, to certify that it doesn't meet the	ining requirements of schedule B (Form 990, 990-EZ, or 99	/U-Pr).

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page

1 of

2 of Part I

Name of organization
FRIENDLY CENTER, INC.

Employer identification number 95-2479833

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space	100000	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	SECOND HARVEST P.O. BOX 706	\$513,160.	Person Payroll Noncash X
	ORANGE, CA 92856		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PANERA P.O. BOX 706	\$ <u>71,000</u> .	Person  Payroll  Noncash X  (Complete Part II for
	ORANGE, CA 92856		noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ALBERTSON'S P.O. BOX 706 ORANGE, CA 92856	\$117,000.	Person Payroll Noncash X  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total	(d) Type of contribution
(tullipe)	tunio, address, and an	contributions	1,700 01 00.11.11.11.11.11
4	COMMUNITY ACTION PARTNERSHIP P.O. BOX 706 ORANGE, CA 92856	\$ 758,140.	Person Payroll Noncash X  (Complete Part II for noncash contributions.)
	COMMUNITY ACTION PARTNERSHIP P.O. BOX 706 ORANGE, CA 92856	\$ 758,140.	Person Payroll Noncash  (Complete Part II for
4(a)	COMMUNITY ACTION PARTNERSHIP P.O. BOX 706 ORANGE, CA 92856	\$ 758,140.	Person Payroll Complete Part II for noncash contributions.)
4 (a) Number	COMMUNITY ACTION PARTNERSHIP  P.O. BOX 706  ORANGE, CA 92856  Name, address, and ZIP + 4  CITY OF ORANGE  P.O. BOX 706  ORANGE, CA 92856	\$ 758,140.	Person Payroll Noncash X  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for
(a) Number	COMMUNITY ACTION PARTNERSHIP  P.O. BOX 706  ORANGE, CA 92856  Name, address, and ZIP + 4  CITY OF ORANGE  P.O. BOX 706  ORANGE, CA 92856	\$ 758,140.	Person Payroll Noncash X (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)

Schadula	B (Form 990, 990-EZ, or 990-PF) (2017)	Page	2 of Date
Name of org		Page Employe	2 of 2 of Part
FRIEND	DLY CENTER, INC.	95-2	479833
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PROVIDENCE COMMUNITY SERVICES P.O. BOX 706 ORANGE, CA 92856	\$ 61,138.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
:###### )		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash

(Complete Part II for noncash contributions.)

Page

1 to 1 of Part II
Employer identification number

FRIENDLY CENTER, INC.

95-2479833

(a) No. from Part I	(b) Description of noncash property giveп	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD		
		\$513,160.	VARIOUS_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD		
		\$71,000.	VARIOUS_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD		
		\$117,000.	VARIOUS_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	FOOD		
		\$758,140.	VARIOUS_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization FRIENDLY CENTER, INC.

1 to 1 of Part III
Employer identification number
95-2479833

Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contribut ompleting Part III, enter the total o (Enter this information once. See	of <i>exclusively</i> religious, charitable, etc.,	(8), N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	N/A			
	Transferee's name, addres	(e) Transfer of gift s, 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	
	Transferee's name, addres:	(e) Transfer of gift s, 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	
				. – – . . – – .
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee	

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	h to Form 100 or Forr	m 100W. FORM	1 3885 ONLY						
Corpor	ation name						California d	orporation	on number
FRI	ENDLY CENTER,	INC.					05226	43	
Part	I Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction	under IRC Section	179 for California.				1		\$25,000
2	Total cost of IRC Sec								
3	Threshold cost of IRO		-					_	\$200,000
4	Reduction in limitation								
	Dollar limitation for t		act line 4 from line				1 2 4		
6_	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	cost		
							(a)		
							-		
_									
_			10 15		7				
	Listed property (elec Total elected cost of	ted IRC Section 17	9 cost)	reta in calculate (a)	14.14.4	no 7			N. C. COLL. S. P. L. S. C.
8 9	Tentative deduction.								
10	Carryover of disallow							_	
11	Business income lim	itation Enter the s	maller of business	income (not less t	han zero) o	r line 5	11		
12	IRC Section 179 exp							2	
13	Carryover of disallow								
Part	II Depreciation an	d Election of Additi	onal First Year Dep	reciation Deduction	Under R&T	C Section 243	56		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Depreciatio this yea		Additional first year
	of property	(ITIIT/du/yyyy)	Other Dasis	allowable in	Inclind	rate	ins yea	''	depreciation
				earlier years					
Fδ	F & F - 1999 AN 1/01/1999 23,383. 23,383. S/L 5								
F 8	F	1/01/2000	3,203.	3,203.	S/L	5			
F 8	F	1/01/2001	587.	587.	S/L	5			
F 6	F	1/01/2002	4,295.	4,295.	S/L	5			
F 8	F - DONATIO	1/01/2002	4,500.	4,500.	S/L	3			
15	Add the amounts in	column (g) and col	lumn (h). The total	of column (h) may	not exceed	1			
	\$2,000. See instructi						7,	518.	
Parl								_	
16	Total: If the corporat	ion is electing:	unt on line 12 and	line 15 column (a	۱ ۵۲				
	Additional first year	depreciation under	R&TC Section 243	356, add the amour	its on line 1	5, columns (	(g) and (h) oi		
	Depreciation (if no e	lection is made), e	nter the amount fr	om line 15, column	(g)			16	
17	Total depreciation cl	aimed for federal p	ourposes from fede	ral Form 4562, line	22			17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 1 / is g line 6 If line 17 is	reater than line 16	, enter the difference enter the difference	ce here and e here and	on Form 10 on Form 100	u or or		
	Form 100W Side 2.	line 12. (If Californ	nia depreciation am	nounts are used to	determine r	net income b	efore		
_	state adjustments or	Form 100 or Forn	n 1 <b>00W,</b> no adjustr	ment is necessary.)				18	
Par					15	1 1	40		
19	<b>(a)</b> Description	(b) Date acquire	d (c)	or Amort	<b>d)</b> ization	(e) R&TC	<b>(f)</b> Period or		<b>(g)</b> Amortization
	of property	(mm/dd/yyyy		sis allowed or	r allowable	section	percentage		for this year
				in earli	er years	(see instr)			
							_	_	
						ļ		_	
								_	
	Total. Add the amou	(3)					_	_	
21	Total amortization cl		•					۱ <u> </u> _	
22	Amortization adjustn	nent. If line 21 is g	reater than line 20	, enter the differen	ce here and	on Form 10	0 or		
	Form 100W, Side 1,							2	
_	TOTAL TOOM, Olde Z								

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California corporation number   California   Cali	Atta	ch to Form 100 or For	rm 100W FOR	M 3885 ONLY						
Part   Election To Expanse Certain Property Under IRC Section 179   Maximum deduction under IRC Section 179 property piaced in service.   3   \$200,000			THI TOOM. FOR	M 2002 ONTI				Califor	rnia corp	oration number
Part   Election To Expanse Certain Property Under IRC Section 179   Maximum deduction under IRC Section 179 property piaced in service.   3   \$200,000	ਜ਼ਬ 1	TENDLY CENTER	TNC					052	26/3	
1				nerty Under IBC S	Section 179			1032	2043	
2 Total cost of IRC Section 179 property placed in service. 3 Threshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for taxable year. 6 (a) Description of property  (b) Cost (business use only)  7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property.  8 Total elected cost of IRC Section 179 property.  9 Total elected cost of IRC Section 179 property.  10 Expression of IRC Section 179 property.  11 Business income limitation. Enter the smaller of line 5 or line 8.  9 Total elected cost of IRC Section 179 property.  12 IRC Section 179 expresses deduction to 2018. Add line 9 and line 10, less line 12.  13 Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.  14 (e) (f) Description									1 1	\$25,000
3 Threshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. If zero roless, enter -0. 5 Dollar limitation to taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Construction of property  (e) Cast (business use only)  7 Listed property (e) eccled IRC Section 179 cost). 7 Listed property (e) eccled IRC Section 179 property. Add armounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add armounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add armounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add armounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add armounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add armounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add armounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 expense deduction not collaborate in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 expense deduction not collaborate in column (c) and additional first year depreciation under RATC Section 179 expense, add the amounts on line 15, column (c) or Additional first year depreciation under RATC Section 24356, add the amounts on line 15, column (c) or Part IV Amortization (c) and property (c) and column (c) an									_	923,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5  5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5  6 (a) Description of property (b) (c) Cast (b) Cast (c) Cast (c									-	\$200,000
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0	4								4	4200/000
7 Listed property (elected IRC Section 179 cost).  7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Tentative deduction. Enter the smaller of line 5 or line 8.  9 Tentative deduction. Enter the smaller of line 5 or line 8.  10 Carryover of disallowed deduction for 2018. Add line 9 and line 10, less line 12.  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.  11 In Interview of disallowed deduction to 2018. Add line 9 and line 10, less line 12.  12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356  14 (a) Description of property (minddrypy) districts and line 10, less line 12.  15 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356  14 (a) Description of property (minddrypy) districts and line 10, less line 12.  15 LEASEHOLD IMPRO VARIOUS 27, 723. 27, 723. 3, 3/1. 5  FCI SIGNS 4/21/2003 500. 500. 500. 5/1. 5  COMPAQ CELERON 9/24/2003 559. 569. S/1. 5  FURNITURE & FIX 6/30/2004 3, 557. 3, 557. S/1. 5  FURNITURE & FIX 6/30/2004 3, 557. 3, 557. S/1. 5  FURNITURE & FIX 6/30/2004 3, 557. 3, 557. S/1. 5  15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).  16 Total: If the corporation is electing:  17 RC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add he amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 24356, add he amounts on line 15, column (g) or Forn 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100	5								5	
8   Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.	6									With the state Sty
8   Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.	,	-31470	vv							
8   Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.										
8   Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.									Sims.	
8   Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.										
8   Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.	7	Listed property (elec	ted IRC Section 17	79 cost)		. 7				
9 10 Carryover of disallowed deduction from prior taxable years 10 Carryover of disallowed deduction from prior taxable years 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 12 12 13 13 12 12 12 13 15 12 12 15 13 15 12 12 15 15 15 15 15 15 15 15 15 15 15 15 15							ine 7	*******	8	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	9								9	
12   IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	10								10	
13 Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.	11								11	
Part II   Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356							line 11		12	
Cost or other basis   Description of property   Date acquired (mm/dd/yyyy)   Cost or other basis   Depreciation of property   Date acquired (mm/dd/yyyy)   Date	-									
Description of property contents acquired (mm/dd/yyyy) other basis allowed or allowable in earlier years allowed or allowable in earlier years allowed or allowable in earlier years.  LEASEHOLD IMPRO VARIOUS 27,723. 27,723. S/L 5  FCI SIGNS 4/21/2003 500. 500. S/L 5  COMPAQ CELERON 9/24/2003 569. 569. S/L 5  FURNITURE & FIX 6/30/2004 3,557. 3,557. S/L 5  FURNITURE & FIX 6/30/2004 3,557. 3,557. S/L 5  FURNITURE & FIX 6/30/2004 3,557. 3,557. S/L 5  FOR additional first year depreciation (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).  Part III Summary  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (fine 0 election is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22. 17  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  19 (a) Description of property (min/dd/yyyy) and column (g). 20 Total. Add the amounts in column (g). 20 Total amortization claimed for federal purposes from federal Form 4562, line 44. 20 Total amortization claimed for federal purposes from federal Form 4562, line 44. 20 Total amortization claimed for federal purposes from federal Form 4562, line 44. 20 Total amortization claimed for federal purposes from federal Form 4562, line 44. 20 Total amortization claimed for federal purposes from federal Form 4562, line 44. 20 Total amortization claimed for federal purposes from federal Form 4562, line 44. 20 Total amortization claimed for federal purposes from federal Form 4562, line 44. 20 Total amortization claimed for federal purpos		t II Depreciation a		ional First Year Dep	reciation Deduction	Under R&T	C Section 243	356		
of property (mm/dd/yyyy) other basis allowable in earlier years with sear and depreciation dearlier years allowable in earlier years with sear and depreciation dearlier years and the analyse of the part of the	14									
allowable in earlier years   depreciation   depre										
LEASEHOLD IMPRO			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						<b>,</b>	
FCI SIGNS				05 500		- /-				
COMPAQ CELERON 9/24/2003 569. 569. S/L 5  KENMORE ELECTRI 2/12/2003 585. 585. S/L 5  FURNITURE & FIX 6/30/2004 3,557. 3,557. S/L 5  15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).  Part III Summary  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  Part IV Amortization  19 (a) (b) (c) (Cost or Other basis (c) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g										
RENMORE ELECTRI   2/12/2003   585.   585.   S/L   5										
FURNITURE & FIX 6/30/2004 3,557. 3,557. S/L 5  Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).  Part III Summary  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (fin o election is made), enter the amount from line 15, column (g).  17 Total depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  18 Part IV Amortization  19 (a) Description of property Date acquired (mm/dd/yyyy) other basis of property Date acquired (mm/dd/yyyy) other basis of the property of the date amounts in column (g).  20 Total. Add the amounts in column (g).  21 Total amortization claimed for federal purposes from federal Form 4562, line 44.  22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100 or Form 100W, side 1, line 6. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100 or Form 100W, side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100 or Form 100W, side 1, line 6. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100 or Form 100 or Form 100W, side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100										
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).  16 Total: If the corporation is electing:  IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or  Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, column (g) and (h) or  Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or  Form 100W, Side 2, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or  Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before  state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  18  Part IV Amortization  19 (a) Description of property (mr/dd/yyyy) other basis and lowed or allowable in earlier years (see instr)  19 (a) Description of property (mr/dd/yyyyy) other basis (mr/dd/yyyy) other basis (see instr)  20 Total. Add the amounts in column (g).  21 Total amortization claimed for federal purposes from federal Form 4562, line 44.  22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or  Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	_									
\$2,000. See instructions for line 14, column (h).  Part III Summary  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  19 (a) (b) (c) Cost or Oberciation of property (mm/dd/yyyy) other basis (mm/dd/yyyy) other basis (see instr)  19 (a) (b) (c) Cost or Oberciation allowed or allowable in earlier years (see instr)  10 (g) Amortization for this year  20 Total. Add the amounts in column (g).  21 Total amortization claimed for federal purposes from federal Form 4562, line 44.  22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 2 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	FUF	RNITURE & FIX	6/30/2004	3,557.	3,557.	S/L	5			
Summary   Summary	15	Add the amounts in	column (g) and co	lumn (h). The total	of column (h) may	not exceed	i			
16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  18  Part IV Amortization  19 (a) Description of property Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyyy) Cost or other basis Other basi	_		ions for line 14, co	lumn (h)			15			
IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)										
Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  18 Part IV Amortization  19 (a) Description Date acquired (Cost or other basis of property)  19 (a) Date acquired (mmr/dd/yyyy) other basis other basis of property (mm/dd/yyyy) other basis of the realization allowed or allowable in earlier years (see instr)  20 Total. Add the amounts in column (g).  21 Total amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form	16	Total: If the corporat	tion is electing:	unt on line 12 and	line 15. column (a	\				
Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  18 Part IV Amortization  19 (a) (b) (c) (c) (c) (d) (d) (e) (g) (g) (g) (mm/dd/yyyy) (mm/dd/yyy		Additional first year	depreciation under	R&TC Section 243	356, add the amour	its on line 1	5, columns (	(g) and (h	or	
Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  Part IV Amortization  19 (a) (b) (c) (d) (d) (R&TC) (rim/dd/yyyy) (Date acquired (rim/dd/yyyy)) (other basis) allowed or allowable in earlier years (see instr))  20 Total. Add the amounts in column (g)		Depreciation (if no e	election is made), e	enter the amount fro	om line 15, column	(g)	EE 139000000000	1144444	10	
Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  Part IV Amortization  19 (a) (b) (c) (c) (d) (d) (R&TC) (R&TC) (rmm/dd/yyyy) (rmm/dd/yyyy) (other basis) allowed or allowable in earlier years (see instr)  20 Total. Add the amounts in column (g) (20 (a) (c) (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d			•	and the second s					1	7
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Part IV Amortization  19 (a) (b) (c) Cost or other basis acquired (rmm/dd/yyyy) other basis acquired or percentage acquired (rmm/dd/yyyy) other basis acquired or other basis acquired or other basis acquired or percentage acquired or this year acquired or this year acquired or this year of the basis acquired or this year acquired		Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts are used to	determine r	net income b	efore		
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Description of property  Date acquired (mm/dd/yyyy)  Date acquired (mm/dd/yyyy)  other basis  Amortization allowed or allowable in earlier years  R&TC section (see instr)  Period or percentage  Amortization for this year  20  Total. Add the amounts in column (g).  Total amortization claimed for federal purposes from federal Form 4562, line 44.  Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100 or Form 100W, Side 1, line 6.										
of property (mm/dd/yyyy) other basis allowed or allowable in earlier years section (see instr) percentage for this year  20 Total. Add the amounts in column (g)	19	(a) Description	(b)	d Cost o	r Amort	<b>d)</b> ization	(e)	(f) Period	or	
Total. Add the amounts in column (g)		of property	(mm/dd/yyyy	other bas	sis allowed or	allowable				
Total amortization claimed for federal purposes from federal Form 4562, line 44					in earlie	er years	(see instr)			
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10   Carryover of disallowed deduction from prior taxable years   10   11   Business income limitation. Enter the smaller of business income (not less than zero) or line 5.   11   12   RC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.   12   13   Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.   13	8									
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	9									
12   IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 1   12   12								00000000000000000000000000000000000000		
13 Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.										
Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356  14 (a) (b) Date acquired (mm/dd/yyyy) are acquired (mm/dd/yyyy) ar								*******	12	
14 (a) Description of property Date acquired (mindd/yyyy) Date acquired (mi								ec.	100	DOWNSTANDAY SA
Description of property   Date acquired (mm/dd/yyyy)   other basis   allowed or allowable in earlier years   CoMPUTER   EQUIPM   6/30/2004   1,095.   1,095.   5/L   5      COMPUTER   6/30/2006   1,119.   1,119.   S/L   5      COMPUTER   6/30/2007   570.   570.   S/L   5      COMPUTER   6/30/2007   570.   570.   S/L   5      COMPUTER   6/30/2007   803.   803.   S/L   5      COMPUTER   6/30/2007   803.   803.   S/L   5      COMPUTER   12/28/2008   2,860.   2,860.   S/L   3    15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).    Part   II   Summary   Summ		3.00			- The same of the		T			1 45
COMPUTER EQUIPM 6/30/2004   1,095.    1,095.    5   5	14		(b)							
COMPUTER EQUIPM   6/30/2004   1,095.   1,095.   S/L   5					allowed or					year
COMPUTER   6/30/2004   1,095.   1,095.   S/L   5			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					-		depreciation
STOVE   9/24/2007   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   570   57			5 / 2 2 / 2 2 4	1 005		G /T	-			
STOVE 9/24/2007 570. 570. 570. 5/L 5  COMPUTER EQUIPM 10/31/2007 803. 803. 5/L 5  CHEVY VAN 6437 12/28/2008 2,860. 2,860. 5/L 3  15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).  Part III Summary  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, column (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22. 17  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 5. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (if California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  Part IV Amortization  19 (a)  Cost or Other basis   Characteristic										
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The column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).    The column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, column (g).    Total depreciation claimed for federal purposes from federal Form 4562, line 22.   Total depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (if California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)    Part IV Amortization   Section   Cost or other basis   Amortization allowed or allowable in earlier years   Section (see instr)										
Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).  Part III Summary  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  18  Part IV Amortization  19 (a) Description Of property  (b) Date acquired (mm/dd/yyyy) Other basis  (c) Cost or other basis  (d) Amortization Amortization allowed or allowable in earlier years  (e) (f) Period or percentage  (g) Amortization for this year  20  Total. Add the amounts in column (g).  20  Total amortization claimed for federal purposes from federal Form 4562, line 44.  21  Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, side 2, line 6. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, side 2, line 6. If line 21 is greater than line 20, enter the difference here and on Form 100 or	CON	APUTER EQUIPM								
\$2,000. See instructions for line 14, column (h).  15  Part III Summary  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&ITC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  18  Part IV Amortization  19 (a) Description of property Date acquired (mm/dd/yyyy) Cost or other basis Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Other basis Date acquired (mm/dd/yy	CHI	EVY VAN 6437	12/28/2008	2,860.	2,860.	S/L	3			
Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  Total depreciation claimed for federal purposes from federal Form 4562, line 22.  17 Total depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (if California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  18 Part IV Amortization of property  (a) Description of property  (b) Deta acquired (mm/dd/yyyy) Cost or other basis  (c) Amortization allowed or allowable in earlier years  (see instr)  (g) Amortization for this year  7 Total. Add the amounts in column (g).  20 Total. Add the amounts in column (g).  21 Total amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 20 is less than line 20, enter the difference here and on Form 100 or	15									
RC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).   16	Par									
Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17  Total depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (lf California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  18  Part IV Amortization  19  (a)  (b)  (c)  Cost or other basis  (g)  Amortization allowed or allowable in earlier years  (g)  Amortization percentage  for this year  20  Total amortization claimed for federal purposes from federal Form 4562, line 44.  21  22  Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100 or Form 100W, side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100 or Form 100W, side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W.	16	Total: If the corpora	tion is electing:						1	
Depreciation (if no election is made), enter the amount from line 15, column (g).  Total depreciation claimed for federal purposes from federal Form 4562, line 22.  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  18 Part IV Amortization  19 (a) (b) (c) (c) (d) (mm/dd/yyyy) (mm/dd/yyyy		IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, column (g	) or	5 ootumns	(a) and (h)	٥.	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22										
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 5. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100 or Form 100W, Side 2, line 12. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100 or Form 100W, Side 2, line 12. If line 5. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100 or Form 100W, Side 1, line 6. If line 21 is greater than line 20, enter the difference here and on Form 100 or F	17	,	•							
Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  18  Part IV Amortization  19  (a)  Description of property  Date acquired (mm/dd/yyyy)  Other basis  Cost or other basis  allowed or allowable in earlier years  Total. Add the amounts in column (g).  20  Total amortization claimed for federal purposes from federal Form 4562, line 44.  21  22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100		Depreciation adjustr	ment. If line 17 is a	reater than line 16	, enter the different	ce here and	on Form 10	0 or		
Part IV Amortization  19 (a) (b) (c) Cost or other basis allowed or allowable in earlier years (see instr)  20 Total. Add the amounts in column (g).  21 Total amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form		Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the difference	e here and o	n Form 100	or		
Part IV Amortization  19 (a) (b) Date acquired (mm/dd/yyyy) Solar of property Date acquired (mm/dd/yyyy) Solar Date acquired (mm/dd/		etate adjustments of	n Form 100 or Form	na depreciation an	nounts are used to	determine r	iet income b	erore	18	
19 (a) Description of property  Date acquired (mm/dd/yyyy)  Date acquired (mm/dd/yyyy)  Other basis  Cost or other basis  Amortization allowed or allowable in earlier years  Total. Add the amounts in column (g).  20 Total. Add the amounts in column (g).  Total amortization claimed for federal purposes from federal Form 4562, line 44.  Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 1000, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	Par		111 01111 100 01 1 011	10011, 110 00,000	Horit is Hoossaary					1
of property (mm/dd/yyyy) other basis allowed or allowable in earlier years (see instr) percentage for this year  20 Total. Add the amounts in column (g).  21 Total amortization claimed for federal purposes from federal Form 4562, line 44.  22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or		111111111111111111111111111111111111111	(b)	(c)		(d)	(e)	m		(a)
in earlier years (see instr)  20 Total. Add the amounts in column (g)		Description	Date acquire	d Cost o	or Amort	ization	R&TC	Period of		
20 Total. Add the amounts in column (g)		of property	(mm/dd/yyyy	v) other ba				percentag	ge	for this year
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.  22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	_				ili carii	ci years	(See Instr)			
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.  22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	_								-	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.  22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	_								-	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.  22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	_								_	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.  22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or									-4-	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.  22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or										
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	20							OCCUPANT NEWSCOTT OF CALL	20	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	21	Total amortization c	laimed for federal p	ourposes from fede	eral Form 4562, line	44	000000000000000000000000000000000000000	********	21	
Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	22	Amortization adjustr	ment. If line 21 is o	reater than line 20	enter the differen	ce here and	on Form 10	10 or		
Form 100W, Side 2, line 12		Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and o	on Form 100	or	-	
		Form 100W, Side 2,	line 12			· · · · · · · · · · · · · · · · · · ·			22	

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	ch to Form 100 or For	rm 100W. FOR	M 3885 ONLY				Louis		
101911009							16	HIZZENIA DEMINISTRA	ration number
	IENDLY CENTER						052	2643	
Par		xpense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Se							2	
3	Threshold cost of IR	C Section 1/9 prop	perty before reduct	ion in limitation		******	****	3	\$200,000
4	Reduction in limitati							4	
5_	Dollar limitation for	THE ATTEMPT OF THE PARTY OF THE	act line 4 from line					5	
6_	(a)	Description of property		(b) Cost (business	use only)	(c) Electe	d cost		
		=						100	
								100	
								Till by	
7	Listed property (elec								
8	Total elected cost of							8	
9	Tentative deduction.							9	
10	Carryover of disallov							10	
11	Business income lim							11	
12	IRC Section 179 exp						*******	12	
_13	Carryover of disallov							100	
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	356		
14	(a) Description	(b)	(c)	(d)	(e)	(f)	(	3). ,	(h)
	of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia	ation toi year	r Additional first year
	o. p. op o. sy	(	other badio	allowable in	Initinua	7410		year	depreciation
				earlier years					
	JE REACH-IN F		2,000.	2,000.	S/L	5			
COM	MPUTER EQUIPM	11/24/2010	1,957.	1,957.	S/L	5			
FRE	EEZER	3/01/2010	1,850.	1,850.	S/L	5			
COM	MPUTER EQUIPM	7/29/2011	1,751.	1,751.	S/L	5			
CHE	CVY VAN	12/31/2011	3,803.	3,803.	S/L	5			
15	Add the amounts in	column (a) and col	(Alice)		not evceer	1			
	\$2,000. See instruct								
Parl									
-	Total: If the corporat	ion is electing:							
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g	or				
	Additional first year Depreciation (if no e	depreciation under	nter the amount from	om line 15. column	its on line i	5, columns (	g) and (h	or 16	
17	Total depreciation cl								
18								1/1/1	
	Depreciation adjustn Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the difference	here and	on Form 100	or		
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	ila depreciation am	ounts are used to	determine r	net income b	efore	10	
Part		FORTI TOO OF FORTI	1 100vv, no adjustii	ient is necessary.)	********			18	4
19		/L\	(-)		۹,	(-)	46		/-\
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o	r Amort	<b>d)</b> ization	(e) R&TC	(f) Period	or	<b>(g)</b> Amortization
	of property	(mm/dd/yyyy		sis allowed or	allowable	section	percent		for this year
				in earlie	er years	(see instr)			
									(
20	Total. Add the amou	nts in column (g).						20	
21	Total amortization cl	aimed for federal p	ourposes from fede	ral Form 4562, line	44			21	
22	Amortization adjustn	nent. If line 21 is a	reater than line 20.	enter the difference	e here and	on Form 10	0 or		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	: here and o	on Form 100	or		
	Form 100W, Side 2,	line 12,						22	

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	ch to Form 100 or For	m 100W. FORM	1 3885 ONLY				California	a corporatio	n number
								·	ii number
	ENDLY CENTER,		meanuate				0522	643	
Pari		pense Certain Pro						1 1	625 000
1 2	Maximum deduction Total cost of IRC Sec							2	\$25,000
3	Threshold cost of IRC							3	\$200,000
4	Reduction in limitation							4	\$200,000
5	Dollar limitation for t							5	
6		Description of property		(b) Cost (business		(c) Elected		2002	
	107	вазаприон в ревранд		(0) 000 (0000000	,,,,,	1-7			
_							- 8		
7	Listed property (elec	ted IRC Section 17	9 cost)		7		- 1		
8	Total elected cost of					ne 7	SHARKER	8	
9	Tentative deduction.							9	
10	Carryover of disallov							10	
11	Business income lim	itation. Enter the s	maller of business	income (not less t	han zero) o	r line 5		11	
12	IRC Section 179 exp	ense deduction. Ad	dd line 9 and line 1	0, but do not enter	more than	line 11	annei maren	12	
13	Carryover of disallov								5 2000 LI (LA
Par	t II Depreciation ar	nd Election of Additi	onal First Year Dep	reciation Deduction	Under R&TO	Section 243	356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Depreciati this ye		Additional first year
	o. p. opo. cy	(		allowable in					depreciation
_		- / /		earlier years	- /-	ļ <u> </u>			
	MPUTERS	7/18/2011	1,200.	1,200.	S/L	5			
	JIPMENT	12/31/2012	1,000.	800.	S/L	5		200.	
	RNITURE	5/25/2012	1,481.	1,357.	S/L	5		124.	
	JIPMENT	7/12/2012	432.	387.	S/L	5		45.	
CON	MPUTER EQUIPM	5/31/2012	227.	206.	S/L	5		21.	
15	Add the amounts in \$2,000. See instruct								
Par		IOURS TOT TIME 144, CO	iuiiii (i))	EXCHANGE AND A NOTICE OF A SOCIETY OF	04.04.04.04.04.04.04.04.04.04.04.04.04.0	OCICESCRI			
16	Total: If the corporat	ion is election:						1 1	
	IRC Section 179 exp	ense add the amo	unt on line 12 and	line 15, column (g	) or				
	Additional first year Depreciation (if no e	depreciation under	R&TC Section 243	356, add the amour	nts on line 1	5, columns	(g) and (h)	or 16	
17	Total depreciation of	·							
18	Depreciation adjustr								
	Form 100W Side 1	line 6. If line 17 is	less than line 16.	enter the difference	e here and o	on Form 100	or		
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	na depreciation an	nounts are used to	determine r	iet income b	etore	. 18	
Par		11 01111 100 01 1 0111	1 100vv, 110 aujusti	ricin is necessary.				10	
19	(a)	(b)	(c)		d)	(e)	(f)	$\neg$	(g)
	Description	Date acquire	d Cost o	or   Amort	ization	R&TC	Period of		Amortization
	of property	(mm/dd/yyyy	v) other ba		r allowable er vears	section (see instr)	percentag	ge	for this year
				ni carii	<b>,</b> out o	(300 111011)			
_									
_									
_									
20	Total Add #	into in column (a)				1	Τ.	20	
20	Total. Add the amou						The state of the s	21	
	Total amortization c							- 1	
22	Amortization adjustr Form 100W, Side 1,	nent. It line 21 is g line 6. If line 21 is	reater than line 20 less than line 20	enter the difference	ce nere and e here and r	on Form 10 on Form 100	or		
	Form 100W, Side 2,	line 12	reservation into 20;		eres e e e e e e		(277)	22	

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-	ch to Form 100 or For	m 100W. FORI	M 3885 ONLY						
Corpo	oration name						Califor	nia corporati	on number
FR	IENDLY CENTER,	INC.					052	2643	
Par			perty Under IRC S						
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Sec	ction 179 property	placed in service.	(1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1				2	
3	Threshold cost of IRO	C Section 179 prop	erty before reducti	ion in limitation		****		3	\$200,000
4	Reduction in limitation							4	
5	Dollar limitation for t		act line 4 from line					5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Electe	d cost		
-									
_									
_									
_	1111								
7	Listed property (elec								
8 9	Total elected cost of Tentative deduction.							8	
10	Carryover of disallow							9 10	
11	Business income lim							11	
12	IRC Section 179 expe							12	
13	Carryover of disallow							-	
Par				reciation Deduction			156		
14	(a)	(b)	(c)	(d)	(e)	(f)	(9	1)	(h)
	Description	Date acquired	Cost or	Depreciation	Depreciation	n Life or	Deprecia	ation for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this	year	year depreciation
				earlier years					doprodiction
CON	MPUTER EQUIPM	7/12/2012	604.	544.	S/L	5		60.	
CON	MPUTER EQUIPM	8/10/2012	345.	305.	S/L	5		40.	
CON	MPUTER EQUIPM	8/16/2012	108.	95.	S/L	5		13.	
FUF	RNITURE	6/13/2014	600.	310.	S/L	5		120.	
EQU	JIPMENT	5/16/2014	1,198.	620.	S/L	5		240.	
15	Add the amounts in o	column (g) and col	umn (h). The total	of column (h) may	not excee	d		1	
	\$2,000. See instruction	ons for line 14, col	umn (h)			15			
Par									
16	Total: If the corporati IRC Section 179 expe		owk we like 10 and	line 15 and week (-)					
	Additional first year of	lepreciation under	R&TC Section 243	156, add the amoun	ts on line	15. columns (	a) and (h)	or	
	Depreciation (if no el	ection is made), e	nter the amount fro	om line 15, column	(g)	******		16	
	Total depreciation cla							17	
18	Depreciation adjustm Form 100W, Side 1, I	ent. If line 17 is gi	eater than line 16,	, enter the difference	e here and	on Form 100	0 or		
	Form 100W, Side 2, I	line 12. (If Californ	ia depreciation am	nounts are used to d	determine i	net income be	efore		
	state adjustments on	Form 100 or Form	100W, no adjustn	nent is necessary.)	*****	*******		18	
Par	112,7311			1					
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o	r Amorti	d)	(e) R&TC	(f) Period	0.5	(g)
	of property	(mm/dd/yyyy		sis lallowed or	allowable	section	percenta		Amortization for this year
				in earlie	er years	(see instr)			
							- 114		
20	Total. Add the amour						-	20	
21	Total amortization cla		1					21	
22	Amortization adjustm Form 100W, Side 1, I	ent. If line 21 is gr	eater than line 20,	enter the difference	e here and	on Form 10	0 or		
	Form 100W, Side 1, I Form 100W, Side 2, I	ine b. It line 21 is	iess than line 20, e	enter the difference	nere and	on Form 100	or	22	
	10011, Oldo 2, 1	110 12, 111111111111111	************	*********					

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Total cost of IRC Section 179 property placed in service	Attach to Form 1	100 or Form	n 100W. FORM	M 3885 ONLY					Cellifor			
Part I Election To Expense Certain Property Under IRC Section 179  1 Maximum deduction under IRC Section 179 for California	Corporation name										anon number	
1 Maximum deduction under IRC Section 179 for California									052	2643		
2 Total cost of IRC Section 179 property placed in service. 3 Threshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Collar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Collar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Collar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Collar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Collar limitation for taxable years. Subtract line 4 from line 1. If zero or less, enter -0. 5 Collar line for taxable years. Subtract line 4 from line 1. If zero or less, enter -0. 5 Collar line for taxable years. Subtract line 4 from line 1 from li											201	- 000
3 Threshold cost of IRC Section 179 property before reduction in limitation.  4 Reduction in limitation, Subtract line 3 from line 2. If zero or less, enter -0.  5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0.  5 Total elected cost  7 Listed property (elected IRC Section 179 cost).  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 sexpense deduction. Enter the smaller of business income (not less than zero) or line 5.  10 Interpretation 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.  11 Expected in 179 expense deduction 12018. Add line 9 and line 10, less line 12.  13 Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.  14 (a)  (b)  (c)  (c)  (d)  (e)  (perceiation for method in method in the first Year Depreciation Deduction Under RETC Section 24356  (d)  (e)  (i)  (f)  (g)  (g)  (g)  (g)  (g)  (g)  (g											\$25	5,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0.  6 (a) Description of property (b) Cost (business use only) (c) Elected cost  7 Listed property (elected IRC Section 179 cost).  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Tentative deduction. Enter the smaller of line 5 or line 8.  9 Tentative deduction. Enter the smaller of line 9 or line 8.  10 Carryover of disallowed deduction from prior taxable years.  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.  11 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.  12 IRC Section 179 expense deduction 10218. Add line 9 and line 10, less line 12.  13 Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.  14 (a) Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356  14 (a) Description of property (mm/dd/yyyy) and the property of the pass and line 10, less line 12.  15 LAND-HUD 1/01/1986 40,617.  16 FURNITURE & FIX VARIOUS 34,630. 34,630. S/L 5  15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$\$ \$\$\$\$											000	2 000
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Description of property  Date acquired (mm/dd/yyyy)  Date acquired (mm/dd/yyyy)  other basis  Depreciation allowed or all									356			
Description of property  Date acquired (mm/dd/yyyy)  Date acquired (mm/dd/yyyy)  other basis  Depreciation allowed or allowed or allowed in earlier years  Depreciation method  Trate  Depreciation for this year  Depreciation method  Trate  Depreciation for this year  Depreciation method  This year  Depreciation for method  Depreciation for method  This year  Depreciation for method  T	14 (a)		(b)	(c)	(0	d)	(e)	(f)	(	g)	(h)	
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\$2,000. See instructions for line 14, column (h).  Part III Summary  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  18 Part IV Amortization Oescription Date acquired Cost or Other basis allowed or allowable Section Derivation percentage for this year.	FURNITURE		4/29/2016	5,374.		717.	S/L	5		1,075	5.	
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Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22				announced to the								
Depreciation (if no election is made), enter the amount from line 15, column (g)	IRC Sectional	on 179 expe	ense, add the amo	ount on line 12 and r R&TC Section 24	iline 15, d 356. add t	column (g he amoun	) <b>or</b> its on line 1!	5. columns -	(a) and (h	n) or		
Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  Part IV Amortization  18  Part IV Amortization  Description  Date acquired (mm/dd/yyyy)  Description  Other basis  Description  Other basis  Description  Date acquired (mm/dd/yyyy)  Other basis  Description  Date acquired (mm/dd/yyyy)  Other basis  Description  Date acquired (mm/dd/yyyy)  Other basis	Depreciati	ion (if no el	lection is made), e	enter the amount fr	rom line 1	5, column	(g)			16	5	
Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  18  Part IV Amortization  19  (a)  Description  Operation  Operation  Date acquired  Operation  O	17 Total depr	reciation cla	aimed for federal	purposes from fede	eral Form	4562, line	22		g		7	
Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  18  Part IV Amortization  19  (a)  Description  Operation  Operation  Date acquired  Operation  O	18 Depreciati	ion adjustm	ent, If line 17 is g	greater than line 16	, enter the	difference	ce here and	on Form 10	0 or			
state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  Part IV Amortization  19 (a) (b) (c) (d) (e) (f) (g)  Description Date acquired Cost or Amortization of property (mm/dd/yyyy) other basis allowed or allowable section percentage for this year.	Form 100\	w, Side 1, 1 W. Side 2, I	line 6. If line 17 is	nia depreciation ar	nounts are	used to	determine n	et income b	efore			
19 (a) (b) (c) (d) (e) (f) (g)  Description of property (mm/dd/yyyy) other basis of property (mm/dd/yyyy) other basis of property of this year.	state adju	stments on	i Form 100 or Forr	m 100W, no adjusti	ment is ne	cessary.)				18	3	
Description Date acquired Cost or Amortization R&TC Period or Amortization of property (mm/dd/yyyy) other basis allowed or allowable section percentage for this y	Part IV Amo	ortization										
of property   (mm/dd/yyyy)   other basis   allowed or allowable   section   percentage   for this y		(a)				. (	d)	(e)				
			(mm/dd/yyy			Amort allowed or	r allowable					
		p. 0p 0y	(	,,		in earli	er years	(see instr)			101 1110 7	
	>											
20 Total. Add the amounts in column (g)	20 Total, Add	the amour	nts in column (g).	C		STERRES		222222222		20		
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.	21 Total amo	rtization cla	aimed for federal	purposes from fed	eral Form	4562, line	: 44			21		
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or	22 Amortizat	ion adjustm	nent. If line 21 is o	preater than line 20	), enter the	e differen	ce here and	on Form 10	00 or			
Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	Form 100 ¹	W, Side 1,	line 6. If line 21 is	s l <b>ess</b> than line 20,	enter the	difference	e here and o	on Form 100	) or			
Form 100W, Side 2, line 12	Form 100	W, Side 2,	line 12					*******	ero como	22		

3885

	ch to Form 100 or For	m 100W. FOR	M 3885 ONLY						
Corpo	ration name						Califor	nia corporati	on number
FR.	IENDLY CENTER,	INC.					052	2643	
Par			perty Under IRC S						
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Se							2	
3	Threshold cost of IR							3	\$200,000
4	Reduction in limitation							4	
5	Dollar limitation for t	V21 EUCENF ///						5	Carl Land Control Control
6	(a)	Description of property		(b) Cost (business	use only)	(c) Electe	d cost		
	Listed property (elec							FIRE	
	Total elected cost of							8	
9	Tentative deduction.							9	
10	Carryover of disallov						Control of the Contro	10 11	
11 12	Business income lim IRC Section 179 exp							12	
13	Carryover of disallov						xxxeceo.	12	
Par				reciation Deduction			356		
14	(a)	(b)		(d)		T		-\	<b>/</b> b)
1-4	Description	Date acquired	<b>(c)</b> Cost or	Depreciation	(e) Depreciation	Life or	Deprecia		(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this	year	year
				allowable in earlier years					depreciation
VEF	HICLES	6/30/2016	6,800.	680.	S/L	5	1	1,360.	
	VEGG COMPUTER	1/30/2017	878.		S/L	5		161.	
			0.00		0,7	1 -		101	
						1			
15	A 1111		4						
15	Add the amounts in \$2,000. See instruct	column (g) and co	lumn (h). The total	of column (h) may	not exceed	15			
Par		ions for fine 14, co	iumm (i)			icense IJ			
	Total: If the corporat	ion is election:							·
10	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, column (g	) or				
	Additional first year	depreciation under	R&TC Section 243	356, add the amour	its on line 1				
17	Depreciation (if no e Total depreciation cl							16	
18									
	Depreciation adjustment 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the difference	here and o	on Form 100	or		
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	nia depreciation am	nounts are used to	determine n	et income b	efore	18	
Parl		IT Office Tool	ir rouve, no adjustin	nent is necessary.)				10	
19	(a)	(b)	(c)		d)	(a)	<b>(f)</b>	T	(g)
	Description	Date acquire	d Cost o	r Amort	ization	(e) R&TC	<b>(f)</b> Period	or	Amortization
	of property	(mm/dd/yyyy	/) other bas		allowable er years	section (	percenta	age	for this year
			-	III Carile	er years	(see instr)			
			-						
00	T.1.1 A.1.2.2							-	
20	Total. Add the amou	1-100					Secretary of the second section of the second section is a second section of the second section of the second section is a second section of the second section of the second section of the second section of the section of the second section of the section of th	20	
21	Total amortization cl							21	
22	Amortization adjustments Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the difference	ce here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 12.	icos uidii iifie ZU,	cinter the uniterence	nere and (	JI FORM TOO	Of .	22	

#### 2017

#### **CALIFORNIA STATEMENTS**

PAGE 1

FRIENDLY CENTER, INC.

95-2479833

## STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME

INCOME FROM SPECIAL EVENTS	\$ 26,574.
OTHER REVENUE/(LOSS)	-467.
PROGRAM SERVICE REVENUE	96,702.
TOTAL	\$ 122,809.

## **STATEMENT 2** FORM 199, PART II, LINE 9 CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:

DESCRIPTION OF PROPERTY:
METHOD USED TO DETERMINE BV:
FAIR MARKET VALUE:

FOOD AND MATERIALS TO INDIVIDUALS

VARIOUS FOOD ITEMS & MATERIALS

FMV

1,691,707.

500.

CLASS OF ACTIVITY: FAIR MARKET VALUE: SCHOLARSHIPS

TOTAL \$ 1,692,207.

STATEMENT 3 FORM 199, PART II, LINE 17

ACCOUNTING FEES	\$	11,67
BAD DEBT		26
BANK CHARGES		_ 76
CONTRACT		7,67
EQUIPMENT EXPENSE		28
FUNDRAISING		28,44
INSURANCE		18,52
MEMBERSHIP DUES		96
OFFICE EXPENSES		5,79
OTHER EMPLOYEE BENEFIT		34,65
OTHER EXPENSES.		5,14
OTHER FEES		3,48
POSTAGE AND SHIPPING.		1,11
PRINTING AND PUBLICATIONS		13,60
PROGRAM		63,81
REPAIRS & MAINTENANCE		3,96
SPECIAL EVENT EXPENSES		26,57
TAXES		1,98
FRANSPORTATION		4,70
JTILITIESTOTAL	-	17,59 251,04

2017	CALIFORNIA STATEMENTS	PAGE 2
	FRIENDLY CENTER, INC.	95-2479833
STATEN FORM 1 OTHER	MENT 4 99, SCHEDULE L, LINE 12 ASSETS	
DEPOSI	TOTAL	5,350. \$ 5,350.
STATEN FORM 1 OTHER	MENT 5 99, SCHEDULE L, LINE 18 LIABILITIES	
DEFERR	D PAYROLL EXPENSES ED REVENUE DEPOSITS TOTAL	40,881. 33,107. 2,190. \$ 76,178.
STATEN FORM 1 EXPENS	MENT 6 99, SCHEDULE M-1, LINE 5 SES RECORDED ON BOOKS NOT DEDUCTED ON RETURN	
	FACILITIES SERVICES TOTAL	\$ 342,000. 19,480. \$ 361,480.
STATEN FORM 1 INCOME	MENT 7 99, SCHEDULE M-1, LINE 7 E RECORDED ON BOOKS NOT ON RETURN	
	FACILITIES SERVICES TOTAL	\$ 342,000. 19,480. \$ 361,480.

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

Failure to submit this report annually no later than four months and fifteen days 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.



		Check if:	-		
State Charity Registration Number CT9051 Change of address		address			
FRIENDLY CENTER, INC.					
Name of Organization					
P. O. BOX 706		Corporate or 0	Organization No. 0522643		
Address (Number and Street)		ver 10 No. 05-2/70833			
City or Town					
	ENEWAL FEE SCHEDULE (11 Ca k Payable to Attorney General's F				
ross Annual Revenue Fee Gross Annual Revenue		evenue Fee Gross Annual Revenue Fee		ee	
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 millio	lion \$75 Between \$10,000,001 and \$50 million		on \$	150 225 300
PART A – ACTIVITIES					
For your most recent full accounting peri	iod (beginning 1/01/17	ending	12/31/17 ) list:		
Gross annual revenue \$2	2, 975, 392. Total assets	\$	1,267,652.		
PART B - STATEMENTS REGARDING	G ORGANIZATION DURING	G THE PERIO	OD OF THIS REPORT		
Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.					
1 During this reporting period, were there as	ny contracts, loans, leases or oth	er financial tran	nsactions between the	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, was 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 revenues?				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 1			X		
				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	
Did your organization have prepared an a principles for this reporting period?	audited financial statement in acco	ordance with ge	enerally accepted accounting	X	
Organization's area code and telephone number	er (714) 771-5300				
Organization's e-mail address					
I declare under penalty of perjury that I have and belief, it is true, correct and complete.	examined this report, including a	ccompanying o	documents, and to the best of my kn	owled	lge
	NNIS CORBETT	TREASURER			
Signature of authorized officer Printed	d Name	Title	Date		

FRIENDLY CENTER, INC.

95-2479833

# STATEMENT 1 FORM RRF-1, PART B, LINE 6 GOVERNMENT AGENCY THAT PROVIDED FUNDING

COUNTY OF ORANGE ORANGE COUNTY SOCIAL SERVICES AGENCY
FACT GRANT
500 N. STATE COLLEGE BLVD., SUITE 100
ORANGE, CA 92868
CONTACT: DESIREE AVILA, CONTRACT ADMINISTRATOR

CITY OF ORANGE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ECONOMIC DEVELOPMENT DEPARTMENT
CDBG
300 E. CHAPMAN AVE.
ORANGE, CA 92866
CONTACT: MARY ELLEN LASTER
PHONE: (714) 744 - 7211

CALIFORNIA STATE UNIVERSITY FULLERTON
FEDERAL WORK STUDY PROGRAM
P.O. BOX 6804 UH 146
FULLERTON, CA 92834-6804
CONTACT: JESSICA SCHUTTE, ACTING DIRECTOR OF FINANCIAL AID PHONE: (657) 278-3125

2017	CALIFORNIA WORKSHEETS	PAGE 1
	FRIENDLY CENTER, INC.	95-2479833
LATE PAYMENT PENAI	TY (FORM 109)	
TAX DUE		
MONTHLY PENALTY 5% PENALTY		0 🕫
LATE PAYMENT PENAL	TY	0.