SCANNED DEC 1 0 2018,

Form 990

Department of the Treasury

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

OMB No 1545-0047

2017

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

		TIDE CONTICE	_1											
A	For th	e 2017 cale	endar year, or tax year beginning JANURARY 1st , 2017, and endin	9 DECEM	BER 31st	, 20 17								
В	Check I	if applicable	C Name of organization ERIENDLY INN SETTLEMENT INC.		D Employ	er identification number								
	Address	s change	Doing business as			34-0714413								
	Name o	change	Number and street (or P O box if mail is not delivered to street address) Room/sui	te	E Telephone number									
$ \overline{\mathcal{L}} $	Initial re	eturn	2386 UNWIN RD			216-431-7656								
	Final rete	urn/terminated												
	Amende	ed return	CLEVELAND, OHIO 44104		G Gross re	eceipts \$ 2,153,459								
	Applica	ition pending	F Name and address of principal officer RICHGINA JEFFF	H(a) Is this a g	roup return for	subordinates? Yes No								
	•	_	2386 UNWIN RD, CLEVELAND, OHIO 44104	H(b) Are ali	subordinate	s included? Tyes No								
ī	Tax-exe	empt status	√ 501(c)(3)		lo," attach a	list. (see instructions)								
J	Websit	e: >		H(c) Group	exemption	number 🕨								
K	Form of	organization.	✓ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formati	on	M State	of legal domicile								
Р	art I	Summ	nary											
	1	Briefly de	escribe the organization's mission or most significant activities: TO IMP	ROVE THE	QUALITY	OF LIFE								
9			IVATING, PLANTING AND NURTURING INDIVIDUALS, FAMALIES AND COM											
Governance		DIFFERENCE IN THE WORLD.												
Ē	2		is box ▶☐ if the organization discontinued its operations or disposed of	f more than	1 25% of	its net assets								
ò	3		of voting members of the governing body (Part VI, line 1a)		3	14								
ಷ	4		of independent voting members of the governing body (Part VI, line 1b)		4	14								
ies ies	5		nber of individuals employed in calendar year 2017 (Part V, line 2a)		5	60								
Activities &	6		mber of volunteers (estimate if necessary)		6	14								
Act	7a		elated business revenue from Part VIII, column (C), line 12		7a	0								
	b		lated business taxable income from Form 990-T, line 34		7b	0								
	<u> </u>			Prior Y	ear	Current Year								
	8	Contribu	tions and grants (Part VIII, line 1h)		1,820,421	2,083,323								
Revenue	9	Program	service revenue (Part VIII, line 2g)		15,093									
	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7p) RECEIVED		43,833									
ď	11	Other rev	renue (Part VIII column (A) lines 5, 6d, 8c, 9d, 40c, and 11e)	70	3,590									
	12	Total rev	enue—add lines 8 through 11 (must equal Par 8), cd(10), he 12)	175	1,945,453	2,153,459								
	13	Grants a	nd similar amounts paid (Part IX, column (A) Imps 1-3)	131	0									
•	14	Benefits	paid to or for members (Part IX, column (A), line 4)	Œ	0	0								
v)	15	Salaries,	other compensation, employee benefits (Part Loll GD 61)5-UT		1,188,673	1,396,242								
asr.	16a		onal fundraising fees (Part IX, column (A), line 11e)		0	0								
Expenses	b				W-2-4	经验的								
ណី	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		753,523	854,806								
	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,942,196	2,251,048								
	19	Revenue	less expenses. Subtract line 18 from line 12		3,257	-97,589								
- S				Beginning of C	urrent Year	End of Year								
sets or Jances	20	Total ass	ets (Part X, line 16)		5,677,537	5,551,858								
Net Asse Fund Bals	21	Total liab	olities (Part X, fine 26)		1,004,463	976,281								
5	22	Net asse	ts or fund balances. Subtract line 21 from line 20		4,673,074	4,575,577								
P	art II	Signa	ture Block											
Ur	der pen	alties of perju	ry, I declare that I have examined this return, including accompanying schedules and states	ments, and to	the best of	my knowledge and belief, it is								
tru	e, correc	ct, and comp	lete Declaration of preparer to the finan officery is based on all information of which preparer	has any know	ledge	110								
		d	while 1911 Clubic][]	7118								
Sig	gn	\$19P	ature of officer	∫ Da	ate 🖍	10 1								
He	re	K	ionaina Jet-Carter CXP	<u>CUTY</u>	<u>e</u> l	SIRRCTOR								
		Туре	e or print name and title											
Pa	id	Print/Ty	pe preparer's name Preparer's signature Da	te / /	Check	of PTIN								
	epare	Er TIMOTI	HY HIGGINS	[11/18	self-em									
	se On	I	name > TPH INC, LLC CERTIFIED PUBLIC ACCOUNTANT	Fin	n's EIN ▶	2105464								
_	Firm's address ► 701 LAKESIDE AVE. SUITE 1104 CLEVELAND,OHIO 44113 Phone no													
Ma	y the I	RS discus	s this return with the preparer shown above? (see instructions)			🗹 Yes 🗌 No								
For	Paper	work Redu	ction Act Notice, see the separate instructions. Cat N	o 11282Y		Form 990 (2017)								

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orm 99	10 (2017		r	rage Z
Part	Ш	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u> </u>
1		fly describe the organization's mission		
		MPROVE THE QUALITY OF LIFE		
		CULTIVATING, PLANTING AND NURTURING INDIVIDUALS, FAMALIES AND COMMUNITIES TO MAKE A		
	DIFF	ERENCE IN THE WORLD	·	
2	Did t	the organization undertake any significant program services during the year which were not listed on the		
2			Yes ☑	No
	•	es," describe these new services on Schedule O.	163	140
3		the organization cease conducting, or make significant changes in how it conducts, any program		
Ū			Yes ☑	No
		es," describe these changes on Schedule O.		
4		cribe the organization's program service accomplishments for each of its three largest program services, as	measure	ed by
7	expe	enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	ons to ot	hers.
	the to	total expenses, and revenue, if any, for each program service reported.		·
4a	(Cod	de) (Expenses \$565,976 including grants of \$) (Revenue \$)	
		LY CHILDHOOD ENRICHMENT		
•				
, 4b	(Cod	de) (Expenses \$1,148,011 including grants of \$) (Revenue \$)	
ţ	SERV	VICES TO FAMILIES & INDIVIDUALS		
1				
		······································		
4c	(Cod	de) (Expenses \$ 302,212 including grants of \$) (Revenue \$	١	
40	•		/	
	001	OF SCHOOL TIME		•••••
				·
				• • • • • • • • • • • • • • • • • • • •
	••			
	•••••			
				••••
		·		
	•••••		••••••	·
4d	Othe	er program services (Describe in Schedule O.)		
		enses \$ 234,849 including grants of \$) (Revenue \$)		
4e	<u> </u>	program service expenses > 2.251.049	 	

Part IV **Checklist of Required Schedules**

			1	'''
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		ν ν
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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	12b		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	<u> </u>
D	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		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
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		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		V
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
		Form	. aan	(2017)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		~
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 `		~
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		~
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	Ì		ľ
	employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
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 .	25a		~
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		~
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	26		'
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	27		/
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b		~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		~
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		~
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		,
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, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-	+	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		+	-
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	1	•
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	,	

	90 (2017)				Page
Part					
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	·	•	<u>. [</u>
	•	1 - 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a			A **
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b			
С	Did the organization comply with backup withholding rules for reportable payments	to vendors and		محدثين	7
0-	reportable gaming (gambling) winnings to prize winners?		1c	There	20004.0
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	0-			M
1_	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2b		2.20
b	If at least one is reported on line 2a, did the organization file all required federal employment Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file-(see inst		20		1823
За	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a	EV. JA	22323 d
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature of				H
74	over, a financial account in a foreign country (such as a bank account, securities account,				
	account)?		4a		'
b	If "Yes," enter the name of the foreign country		MAN		12.2
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fi	nancial Accounts			
	(FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?·	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,0			-	
	organization solicit any contributions that were not tax deductible as charitable contributions		6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such	contributions or	۱		
_	gifts were not tax deductible?		6b	< SHEET	24.78
7	Organizations that may receive deductible contributions under section 170(c).	north for goods			
а.	Did the organization receive a payment in excess of \$75 made partly as a contribution and and services provided to the payor?	partly for goods	7-		1805
			.7a 7b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for		7.0		
· ·	required to file Form 8282?	or willow it was	7c		1
d	If, "Yes," indicate the number of Forms 8282 filed during the year	7d	NA WAR		GH (1)
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	L	7e	VALUE OF STREET	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f	1	~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintained by the	201	W.	
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				315
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor advisor.	son?	9b	1	4.30°.25°.4
10	Section 501(c)(7) organizations. Enter	الما			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a /			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
11	Section 501(c)(12) organizations. Enter	اععما			
a h	Gross income from members or shareholders	11a		ASS.	
b	against amounts due or received from them)	11b			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	L	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	720	10×24	iki si
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a	- 255 x	s question (g
-	Note. See the instructions for additional information the organization must report on Schedule	e O.	200		10.2
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b			濕
С	Enter the amount of reserves on hand	13c			

Did the organization receive any payments for indoor tanning services during the tax year?
If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI		ee ms	structi	ons
Secti	on A. Governing Body and Management	· · · · ·	···		<u> </u>
0001	on 71 dotoning body and management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	a	746	100 X	
	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				1
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .				
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela	tionship with			
•	any other officer, director, trustee, or key employee?		2		-
3	Did the organization delegate control over management duties customarily performed by or uncompensation of officers, directors, or trustees, or key employees to a management company or other p		2		~
	Did the organization make any significant changes to its governing documents since the prior Form 990 v		3		V
4 5	Did the organization become aware during the year of a significant diversion of the organization?		5		~
6	Did the organization have members or stockholders?	, 455015	6		V
7a	Did the organization have members, stockholders, or other persons who had the power to ele	ct or appoint			
	one or more members of the governing body?		⁄7α		~
b	Are any governance decisions of the organization reserved to (or subject to approval b	y) members,		,	
	stockholders, or persons other than the governing body?		7b		~
8	Did the organization contemporaneously document the meetings held or written actions under	taken during			
	the year by the following				
a	The governing body?		8a	<i>V</i>	
b	Each committee with authority to act on behalf of the governing body?		8b	~	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	· · ·	9		/
Secti	on B. Policies (This Section B requests information about policies not required by the li	nternal Reven	_	ode)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of su				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before file	ing the form?	11a	destruite :	ma grage
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				West 2
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12a 12b	V V	
b	Did the organization regularly and consistently monitor and enforce compliance with the poli	,	120		
С	describe in Schedule O how this was done	. res,	12c	~	
13	Did the organization have a written whistleblower policy?		13	~	
14	Did the organization have a written document retention and destruction policy?		14	~	
15	Did the process for determining compensation of the following persons include a review and		100	44.4	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation an				
а	The organization's CEO, Executive Director, or top management official		15a		~
b	Other officers or key employees of the organization		15b	750,5264.8	V
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	arrangamant			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?		16a		V
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to		0.00		HH
J	participation in joint venture arrangements under applicable federal tax law, and take steps to s				
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ OHIO				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	0\			
10	Own website Another's website Upon request Other (explain in School		orost -	odio:	اممو
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents financial statements available to the public during the tax year.	, connict of inte	∌i €SL [Julicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's	books and rec	cords	•	
	RICHGINA JEFF UNWIN RD CLEVELAND, OHIO 44104 (216) 431-7656			-	

orm	990	(2017)	

	-
Page	•

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

·									
Objects of Oak and the Oak and the account of the part of the Control of the Cont								,	\neg
Check if Schedule O contains a response or note to any line in this Part VII							_	!	
Officer in Confedence of Containing a recipient of fraction and in the internal containing and the containin	-	 •	•	•	•	•			

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d org	anız	atic	on c	ompe	nsa	ited any currer	nt officer, directo	r, or trustee
					C)					
(A)	(B)	ا			sition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from related	amount of other
	week (list any hours for	악	Ins	옃	Ke	Hıç	Fol	from the	organizations	compensation
	related	Individual trustee or director	# <u></u>	Officer	Key employee	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ot or	iona		팋	ee co	,	(W-2/1099-MISC)	1	organization and related
	line)	rust	7		yee	mpe				organizations
		%	Institutional trustee			Highest compensated employee	İ			
						8		-		
(1) ERNEST BROWN	2									
PRESIDENT-FINANCE	† -	~						o	٥ ا	0
(2) LATONIA DAVIS	2									
MARKETING GOVERANCE		~						0	o	0
(3) ANDREW CURTIS	2									_
STRATEGIC PLANNING		~				İ		0	o	0
(4) TERRANCE ROBINSON	2									
ENDOWMENT		~						0	0	0
(5) BELINDA HARRIS	2									
GOVERANCE		~						i o	0	0
(6) BRUNETTA HARRIS	2									
GOVERANCE		~	<u> </u>	L				0	0	0
(7) MARY ANN HULME	2									
MARKETING		~					_	0	_0	0
(8) ULYSSES JACKSON	2									
FINANCING		>						0	0	0
(9) DUSTIN KLIEN	2									
MARKETING		~						0	0	0
(10) TEREENA MARKS	2									
AUDIT		~		<u> </u>				0	0	<u> </u>
(11) MAUREEN MITCHELL	2									
FINANCE		>					<u> </u>	0	0	0
(12) TYSON MITCHELL	2									
FINANCE		>					<u> </u>	0	0	0
(13) TAMEKA TAYLOR	2									
STRATEGIC PLANNING		_						0	0	0
(14) RICHGINA JEFFF	2								·	
EXECUTIVE DIRECTOR				>				96,777		6,777

	(A) Name and title		box, office	ot ch unles	Pos eck s pe	rson	than o	n an tee)	(D) Reportable compensation from	(E) Reportable compensation related	- 1	(F) Estimated amount of other
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		compensation from the organization and related organizations
(15)												
(16)												
(17)											7	
(18)												
(19)												
(20)				H					_			
(21)												
(22)												
(23)												
(24)												
(25)												_
	Sub-total	VII, Section				 		A A A	96,777		0	6,777
d 2	Total (add lines 1b and 1c)						above	e) wl	96,777 no received mo 0	ore than \$10	<u> 0 </u> 0,000	6,777 0 of
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	ficer, direct						mp		est compen	sate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or indiv	/idua	
	on B. Independent Contractors	-										
1	Complete this table for your five highest of compensation from the organization. Rep year											
	(A) Name and business addr	ress							(B) Description of se	ervices		(C) Compensation
											-	
2	Total number of independent contractor received more than \$100,000 of compensations.							the	ose listed abo	ove) who		

Par	VIII	Statement of Reve							_
		Check if Schedule C	contains	a res	ponse or note t				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	3	1a	94,998		And products		
Grants	b	Membership dues .		1b					
A, C	С	Fundraising events .		1c					
Gifts, ılar An	d	Related organizations		1d					
ns, Sim	e	Government grants (con		1e	1,308,622				
utio er (f	All other contributions, gi			}				
를 돌 문		and similar amounts not inc		1f	L				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ			679,703				40 Mg Sec. 32
	h	Total. Add lines 1a-1	· · · ·	<u>· · · · </u>	Business Code	2,083,323			MILESCANICACIO
Program Service Revenue	2a	DAY CARE CO-FEES				13,698	13,698	2.02	
æ	b					13,070	13,0 20		
<u>e</u>	C	•••••		••••					
ěΓ	d								
Ē	е								
ogra	f	All other program sen		ie .	_				
<u> </u>	g	Total. Add lines 2a-2				13,698	SEASON AND A		
	3	Investment income			_				
	_	and other similar amo	•		•	56,038			56,038
	4 Income from investment of tax-exemp			•	*				<u>-</u>
	5	Royalties	(i) Real	• •	(II) Personal		E 2019		
	60	Cross ronts	(1) 1 1001		(ii) i eradiiai				
	6a b	Gross rents Less rental expenses							
	C	Rental income or (loss)							
	∖d	Net rental income or (loss) .		•		1000307201011041040411111	18038-1510-0-1	
	.7a	Gross amount from sales of	(i) Securiti	es	(ii) Other	310 310 32 37 30			
	ŵ,	assets other than inventory			1				44.5
	. b	Less cost or other basis	_						
	<u>ئي</u> ريا	and sales expenses .							
	С	Gain or (loss)					建筑是非洲的		
	d	Net gain or (loss) .			<u> ▶</u>	***************************************	COMPANY OF THE PROPERTY OF THE PARKET	S JOHNSON W WATER WARRING WAS SECURIS	A ADDRESS OF THE PARTY OF THE P
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte	_	 c).					
her	_	See Part IV, line 18	• •	· a					
ŏ		Less: direct expenses		. b					
		Net income or (loss) fi Gross income from ga		_	events . ▶				
	Ja	See Part IV, line 19 .		a					
	b	Less: direct expenses		. b	<u> </u>				
	c	Net income or (loss) fr			vities ▶	117.00			
		returns and allowance		. a					
	b	Less. cost of goods se	old .	b					
	С	Net income or (loss) fr	rom sales o	of inve	entory ►				
		Miscellaneous R	evenue		Business Code				
	11a	SUB LEASE RENTAL IN	NCOME			400	400		
	b				····				
	c	A.III							
	d	All other revenue .		.		1	e collection and the collection of the collectio	Problem State Committee	EGISSI PARTABAKANAN
	e 12	Total. Add lines 11a- Total revenue. See in		•		400			
			istructions.	<u> </u>		2,153,459	14,098	0	56,038 Form 990 (2017)

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must coi	mplete all columns	All other organization	ns must complete c	olumn (A) .
	Check if Schedule O contains a respor	nse or note to any l			
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) ' Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			#\$/\$29 7 665,9386	HERMAN
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 ¹ 5	Benefits paid to or for members	1,396,242	1,282,018	114,224	
6 .	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			,	
. 7 8	*Other salaries and wages		,		
9	Other employee benefits	•		:	
10	Payroll taxes	م			•
11	Fees for services (non-employees)				
a	Management		,		· · · · · · · · · · · · · · · · · · ·
b	Legal	•			
ч С	Accounting				
u _	Professional fundraising services. See Part IV, line 17				. ,
f	*Investment management fees	•	- Western Committee of the service of the service of the	THE STREET AND VALUE OF THE PARTY OF THE PAR	,
g	Other (If line 11g amount exceeds 10% of line 25, column	,			
•	(A) amount, list line 11g expenses on Schedule O)	156,503	. 106,795		,
12 -	Advertising and promotion		, ,		, ,
13	Office expenses				
14	Information technology			,	
15	Royalties				
16	Occupancy	209,509			
17 18	Travel	74,207	70,611	3,596	
	for any federal, state, or local public officials		,		
19	Conferences, conventions, and meetings	44.550	20.000	42./54	
20 21	Interest	44,553	30,899	13,654	
22	Depreciation, depletion, and amortization .	117,781	105,908	11,873	
23	Insurance	117,701	103,700	11,075	v.
24	Other expenses. Itemize expenses not covered	10:10:12:10:13:2	ALTONOMIC SE	- 74 M S. C.	
	above (List miscellaneous expenses in line 24e If	A State Oranie			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				Victor of the second
а	SUPPLIES & FOOD PROVISIONS	171,392			
b	MAINT & EQUIP	19,343			' '
C	MISC .	34,838			
d	TELEPHONE •	26,680		3,244	, ,
e 25	All other expenses Total functional expenses. Add lines 1 through 24e		:		
25 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)	2,251.048	2.016.199	234,849	

Part X Balance Sheet

	al CA	Check if Schedule O contains a response or note to any line in this Pa	ort X		
—		Officery in confederate of contrained a recipionist of fine to daily into in this is a	(A)	<u> </u>	(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	36,118	1	. 32,874
	2	Savings and temporary cash investments	,	2	
	3	Pledges and grants receivable, net	. 221,094	3	209,275
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	100	246	
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		10.0	and the second
		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			
ţ		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		. 7	
As	8	Inventories for sale or use		8	1
	9	Prepaid expenses and deferred charges	19,502	9	18,411
_	10a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less. accumulated depreciation 10b	4,462,414		4,376,810
	11	Investments—publicly traded securities	12,100		13,503
	12	Investments—other securities. See Part IV, line 11		12	
		Investments—program-related. See Part IV, line 11		13	
•		Intangible assets		14	
		Other assets. See Part IV, line 11	926,308		900,985
_		Total assets. Add lines 1 through 15 (must equal line 34)	5,677,537		5,551,858
	17	Accounts payable and accrued expenses	146,049	.18	183,890
		Grants payable	•	<u>.10</u> 19	7/7
	19	Tax-exempt bond liabilities :		20	
•		Escrow or custodial account liability Complete Part IV of Schedule D	· '	21	•
S:		Loans and other payables to current and former officers, directors,		Parki	
itie		trustees, key employees, highest compensated employees, and	7.7		
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ë		Secured mortgages and notes payable to unrelated third parties	858,415	23	792,391
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	,		,
		parties, and other liabilities not included on lines 17-24). Complete Part X	,		:
		of Schedule D		∙25	
	26	Total liabilities. Add lines 17 through 25	1,004,463	26	976,281
s		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Se		complete lines 27 through 29, and lines 33 and 34.			
lar	27	Unrestricted net assets	4,588,270	27	4,507,606
B	28	Temporarily restricted net assets	84,804	28 29	67,971
P	29	Permanently restricted net assets	romentality and the second second	29	if of the paragraph and the latest
Ē	. •	complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
Set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds.		32	·
<u>e</u>	33	Total net assets or fund balances	4,673,074	33	4,575,577
z	34	Total liabilities and net assets/fund balances	5,677,537	34	5,551,858
	-				5 990 (0017)

If the organization changed either its oversight process or selection process during the tax year, explain in

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?

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

Form **990** (2017)

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

FRIE	NDLY INN SETTLEMENT INC	<u> </u>					714413
Pai	rt I Reason for Public Cha	rity Status (All	organizations mus	t comple	te this p	art.) See instruction	ons.
The	organization is not a private founda						
1	A church, convention of church	hes, or associat	ion of churches descr	ıbed ın s e	ection 17	70(b)(1)(A)(i).	
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	(Z).)	\sim
3	A hospital or a cooperative ho						•
4	A medical research organization hospital's name, city, and stat		onjunction with a hos	pital desc	ribed in	section 170(b)(1)(A)	(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	or operate	ed by a governmen	tal unit described in
6	A federal, state, or local gover	nment or govern	mental unit described	d in secti	on 170(b)(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)			port fron	n a gover	nmental unit or fror	n the general public
8	A community trust described in	n section 170(b)(1)(A)(vi). (Complete	Part Ii.)			
9	☐ An agricultural research organ	zation describe	d in section 170(b)(1)	(A)(ix) or	erated in	conjunction with a	land-grant college
	or university or a non-land-gra university	int college of agr	riculture (see instruction	ons). Ente	er the nar	ne, city, and state o	f the college or
10	An organization that normally receipts from activities related support from gross investmen	to its exempt fu	inctions—subject to c	ertain ex	ceptions.	and (2) no more that	ın 33 ¹ /3% of its
	acquired by the organization a	fter June 30, 19	75 See section 509(a	a)(2). (Co	mplete P	art III.)	
	☐ An organization organized and						
12	An organization organized and						
	of one or more publicly support						
	Check the box in lines 12a thro	•	• • • • • • • • • • • • • • • • • • • •	-	_		=
а							
	the supported organization					the directors or trust	ees of the
	supporting organization. Y						
b							
	control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.						
С	☐ Type III functionally integ	rated. A suppor	tıng organızatıon opei	rated in c			ally integrated with,
	its supported organization(•				
d	Type III non-functionally integer that is not functionally integer.	_					- ::
	requirement (see instruction						
е		•					e II. Type III
	functionally integrated, or						, ,
f	Enter the number of supported of	organizations .					
g			orted organization(s).	•			
	(i) Name of supported organization	(II) EIN	(III) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
			above (see instructions),				, mondonono,
				Yes	No		
(A)							
(B)							
——				<u> </u>			
(C)							
(D)							
(E)							
Total		* -			7		

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.)

Secti	on A. Public Support					-	
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
. 1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,607,016	1,694,848	1,794,374	1,882,937	2,083,323	9,062,498
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	1,607,016	1,694,848	1,794,374	1,945,453	, 2,153,459	9,195,150
4	Total. Add lines 1 through 3	MORNES ALECTICA MORNES	PRODUCT STREET	ATTURE AND RESERVOIS			<u> </u>
5	The portion of total contributions by each person (other than a governmental, unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						•
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						9,195,150
	on B. Total Support	[61037E941127995069696	POST SERVICE CONTRACTOR	THE SHARE OF THE PROPERTY.		THE PERSON NAMED OF THE PERSON NAMED OF STREET	7,173,130
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
. 7	Amounts from line 4	1,607,016		1,794,374	1,945,453	2,153,459	9,195,150
. 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	44,437	. 38,014	13,962	62,516	. 70,136	229,065
	Net income from unrelated business activities, whether or not the business is regularly carried on	-		, ,			•
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,651,453	1,732,862	1,808,336	2,007,969	2,223,595	9,424,215
11		7,051,455					9,424,215
12	Gross receipts from related activities, etc.	. (see instruction				. 12	229,065
13	First five years. If the Form 990 is for th	ne organization	's first, second	d, third, fourth	, or fifth tax ye	ear as a sectio	
•	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor	t Percentage	€				
14	Public support percentage for 2017 (line 6	6, column (f) di	vided by line 1	1, column (f))		14	98 %
15	Public support percentage from 2016 Sch					15	98 %
_	331/3% support test—2017. If the organi box and stop here. The organization qua	lifies as a publi	cly supported	organization	<i>:</i>		🕨 🖸
£ -	331/3% support test—2016. If the organithis box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizatı	on		🕨 🔽
	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization".	ets the "facts-	and-circumsta	ances" test, ch	eck this box a	ind stop here.	Explain in
, b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fact	e "facts-and-c s-and-circums 	ercumstances" stances" test.	test, check the creation the creation to the c	his box and son qualifies as	a publicly
	instructions						▶ □

Schedu	ile A (Form 990 or 990-EZ) 2017						Page \$
Part		he box on lin	e 10 of Part I	or if the orga	ınızatıon failed		y under Part II.
Secti	ion A. Public Support			•			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (f)∕ Ťotal
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")			1			
. 2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		-				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	-					
6	Total. Add lines 1 through 5						•
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						l .
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						
е 8	Add lines 7a and 7b						
Secti	on B. Total Support		33.345 3800 . 32.0 - 40.	byther collection to the control of the	The second secon	1000 00 720 1 2000	***************************************
	dar year (or fiscal year beginning in)	(a),2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	' (f) Total
9	Amounts from line 6	7.	,			. , ,	`,
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b . ,/						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						,
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for th	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a se	ction 501(c)(3)
-	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8			3, column (fl)		15	%
16	Public support percentage from 2016 Sch					16	%

	(Explain in Part V):)			
13	Total support./(Add lines 9, 10c, 11,			
	and 12.) /			
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year	r as a	section 501(c)(3)
	organization, check this box and stop here		<u></u>	<u> □</u>
Sec	tion C. Computation of Public Support Percentage			
15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15		%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16		<u>%</u>
Sec	tion D./Computation of Investment Income Percentage		•	
17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)	17		%
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18		<u>%</u>
19a	331/3% support tests-2017. If the organization did not check the box on line 14, and line 15 is more	re than	i 331/3%, and lir	ne
•	1/7 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly suppor	ted org	janization	▶ □
b	/331/3% support tests – 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is	s more	than 331/3%, an	nd
	/ line 18 is not more than $33\frac{1}{3}$ %, check this box and stop here. The organization qualifies as a publicly sur	ported	l organization I	▶ □
20/	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box at	nd see	instructions	<u>▶</u> □

Supporting Organizations Part IV

(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 F. If you checked 12d of Part I. complete Sections A and D. and complete Part V.)

S

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings)

	Sections A, B, and E. If you checked 12d of Part I, complete Sections A and B, and complete I	ait v	<u>:/</u>	
ecti	on A. All Supporting Organizations		1.	T
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		<u> </u>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	50		
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	130	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	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		NA.
С	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		ŒĦ
0a	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			

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

10a

10b

 Were a majority of the organization's directors or trustees during the tax year also a majority of the director or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or management supported organization(s) Section D. All Type III Supporting Organizations 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 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? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 	reted 1 2 Yes No
 a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 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 suppoorganizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Were a majority of the organization's directors or trustees during the tax year also a majority of the director or trustees of each of the organization's supported organization, and (in) controlled or management of the supporting organization was vested in the same persons that controlled or management by the supported organization or the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior year, (ii) a copy of the Form 990	Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No
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or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or management described organization(s) Section D. All Type III Supporting Organizations 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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Yes No
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or management of the supporting organization was vested in the same persons that controlled or management supported organization(s) Section D. All Type III Supporting Organizations 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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Yes No
the supported organization(s) Section D. All Type III Supporting Organizations 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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Yes No
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 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? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Yes No
 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 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? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 	
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organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	[1958.3344.16.3369384.4] SLR19225
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	1
argonization(a) or (ii) consing on the collections hads at a consequent accompation() if "Nia " accident in Dawl 111 to	
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI 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 Part VI the role the organization's	
supported organizations played in this regard	3
Section E. Type III Functionally Integrated Supporting Organizations	
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	see instructions)
a The organization satisfied the Activities Test. Complete line 2 below	,
b The organization is the parent of each of its supported organizations. Complete line 3 below	
c The organization supported a governmental entity Describe in Part VI how you supported a government e.	ntity (see instructions)
2 Activities Test Answer (a) and (b) below.	Yes No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	or
those supported organizations and explain how these activities directly furthered their exempt purposes	
how the organization was responsive to those supported organizations, and how the organization determin	
that these activities constituted substantially all of its activities	2a
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or m	ore See No.
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI th	
reasons for the organization's position that its supported organization(s) would have engaged in these	
activities but for the organization's involvement	
3 Parent of Supported Organizations. Answer (a) and (b) below.	re
 Parent of Supported Organizations. Answer (a) and (b) below. Did, the organization have the power to regularly appoint or elect a majority of the officers, directors, or 	2b
3 Parent of Supported Organizations. Answer (a) and (b) below.	2b 3a 3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		1
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		<u> </u>
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		,
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		<u> </u>
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	•	1
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		•
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	According to the control of	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	-10-6-10-41-42-10-42-10-42-10-42-10-42-10-42-10-42-10-42-10-42-10-42-10-42-10-42-10-42-10-42-10-42-10-42-10-42	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1	的第一人的一个	•
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y in	tegrated Type III supporting	g organization (see
instructions).			

Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exc	empt purposes of suppo	orted	-
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	l		
6	Other distributions (describe in Part VI). See instructions.	•		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is re	sponsive	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection 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.	KENNEYAP EZHEZI		Minister College Parket
3	Excess distributions carryover, if any, to 2017		arka en permi	
а				
b	From 2013			
С	From 2014			
	From 2015			
е	From 2016			
f	Total of lines 3a through e	CONTRACTOR NAME AND ADDRESS OF THE OWNER, AN		
g	Applied to underdistributions of prior years		AND REPORT OF THE PROPERTY OF THE PROPERTY AND PROPERTY A	
h	Applied to 2017 distributable amount			MINA E-WA-MAR TO FOR THE COMMISSION OF THE STATE OF
<u>i</u>	Carryover from 2012 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f	Personal Comments with Justice with Association of		
4	Distributions for 2017 from			
	Section D, line 7 ⁻ \$			
<u>a</u>	Applied to underdistributions of prior years		ana matamatan ang ang ang ang ang ang ang ang ang a	
b	Applied to 2017 distributable amount			CONSTRUCTION OF THE THEORY ENDINGERS
С	Remainder. Subtract lines 4a and 4b from 4.	910.6000001.000014.1718.0000#71916 2 888666		
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.	10.76		
7				
7	Excess distributions carryover to 2018. Add lines 3 _j and 4c.			
8	Breakdown of line 7			
a	Excess from 2013			
b	Excess from 2014			
C	Excess from 2015			
d	Excess from 2016			
e e	Excess from 2017			
	LAUG33 II UIII 2017	CONTRACTOR OF STATE O	THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	arewese new crossiste blacks (Chie)

Pac	ıe	8

Part VI	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.)
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••••	

SCHEDÙLE 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

2017

Open to Public Inspection

Employer identification number

FRIEN	DLY INN SETTLEMENT INC			34-0714413
Par	t I Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	ds or Acc	counts.
	Complete if the organization answered			
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year		<u> </u>	
5	Did the organization inform all donors and donor			
	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grain	nt funds ca	n be used
	only for charitable purposes and not for the bene conferring impermissible private benefit?			
Don		· · · · · · · · · · · · · · · · · · ·	· · · ·	· · · U Yes U No
Par	Conservation Easements. Complete if the organization answered	"Vos" on Form 990 Part IV line 7		
	Purpose(s) of conservation easements held by the			
1	Preservation of land for public use (e.g., recrea		f a historica	lly important land area
	Protection of natural habitat	Preservation o		
	Preservation of open space	Treservation o	i a oci illica	motorio di dotaro
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the for	m of a conservation
	easement on the last day of the tax year.	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easement	ts	2b	
С	Number of conservation easements on a certified l			
d	Number of conservation easements included in			
	historic structure listed in the National Register .			
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	ninated by	the organization during the
	tax year ►			
4	Number of states where property subject to conse			
5	Does the organization have a written policy re-			
	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing o	conservation	easements during the year
_	<u></u>			
7	Amount of expenses incurred in monitoring, inspectin \$ \\$	ig, nandling of violations, and enforcing	conservatio	n easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 17)(b)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of		· [] Yes [] No
9	In Part XIII, describe how the organization reports		and evnen	
3	balance sheet, and include, if applicable, the text of			
	organization's accounting for conservation easeme			
Part			Other Sin	nilar Assets.
	Complete if the organization answered '			
1a	If the organization elected, as permitted under SF.	AS 116 (ASC 958), not to report in its	revenue st	atement and balance sheet
	works of art, historical treasures, or other similar			
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements tha	t describes	these items.
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue sta	atement and balance sheet
	works of art, historical treasures, or other similar	· · · · · · · · · · · · · · · · · · ·	lucation, or	research in furtherance of
	public service, provide the following amounts relati	•		
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X $$.			\$
_	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of art,			tinancial gain, provide the
	following amounts required to be reported under S			▶ ♠
a	Revenue included on Form 990, Part VIII, line 1 .			
b	Assets included in Form 990, Part X			▶ \$

Par	Organizations Maintaining Co	Hections of Art, m	istoricai i re	asures, or	Other Similar As	sets (continuea)
3	Using the organization's acquisition, according to the collection items (check all that apply):	ession, and other rec	ords, check a	iny of the fo	llowing that are a s	significant use of its
а	☐ Public exhibition	d	Loan or	exchange p	rograms	
b	☐ Scholarly research	e	☐ Other			
С	☐ Preservation for future generations					
4	Provide a description of the organization' XIII.	's collections and exp	olain how they	further the	organization's exer	npt purpose in Par
5	During the year, did the organization soli assets to be sold to raise funds rather that	n to be maintained as				
Par	Complete if the organization and 990, Part X, line 21	swered "Yes" on Fe				
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?				or other assets no	ot
b	If "Yes," explain the arrangement in Part X	(III and complete the	following table	•	A	mount
С	Beginning balance			[1c	
d	Additions during the year			[1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount or					
	If "Yes," explain the arrangement in Part X	III. Check here if the	explanation h	as been prov	vided on Part XIII .	🛄
Par	t V Endowment Funds.					
	Complete if the organization and					1775
	<u> </u>	a) Current year (b) F	Prior year (c) Two years bad	k (d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions	•				<u> </u>
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance		l			
2	Provide the estimated percentage of the o		nce (line 1g, co	olumn (a)) he	ld as	
а	Board designated or quasi-endowment	·%				
b	Permanent endowment ▶9					
C	Temporarily restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and 2c s					
3a	Are there endowment funds not in the po	ssession of the orga	nization that a	re held and	administered for th	
	organization by					Yes No
	(i) unrelated organizations			• •		3a(i)
	(ii) related organizations			 dulo DO		3a(ii)
ь 4	Describe in Part XIII the intended uses of the					3b
			downlent land	<u> </u>		
Pari	Complete if the organization ans		orm 000 Pari	HV line 11	a See Form 990	Part Y line 10
	Description of property	ſ			c) Accumulated	(d) Book value
	Description of property	(a) Cost or other basis (investment)	(other)		depreciation	(a) Dook value
1a	Land			isa		
b	Buildings		5,	628,202	1,463,631	4,164,571
С	Leasehold improvements		.			
d	Equipment			368,477	326,538	41,939
e	Other			176,776	6,476	170,300
Total	Add lines to through to (Column (d) must	equal Form 990, Pan	t X. column (Ri	line 10cl	▶ i	A 276 Q10

Schedule D (Fo	rm 990) 2017		•		Page
Part VII	Investments - Other Securities				•
	Complete if the organization ans	wered "Yes" on Foi	m 990, Part IV, lin	ie 11b. See Form	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	- (c) Me	thod of valuation d-of-year market value
(1) Financial	derivatives		<u> </u>		
	neld equity interests				
(A) (A)		•			
(A)			•		
(B)	1	. ,			
(C)		•••••			,
(D)					-
(E)			,		
(F)					
(G)			· · · · · · · · · · · · · · · · · · ·	, .	
(H)				•	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	+	•	2/753 (6/2/2/24/5)	
Part VIII	Investments-Program Related	d	,		****
	Complete if the organization ansi	wered "Yes" on For	m 990, Part IV, lin	e 11c. See Form	990, Part X; line 13.
	(a) Description of investment		(b) Book value		thod of valuation
. `				Cost or end	l-of-year market value
(1)					•
(2)				•	
(3)					
(4)					
(5)		+			
(6)		•			
(7)			•		
(8)					, ,
· (9)		v.	1 12		
Total. (Column (I	o) must equal Form 990, Part X, col. (B) line 13.) ▶		* * *		
Part IX	Other Assets.			* .	
٠ 💈	Complete if the organization answ	wered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
¥ .	(a	i) Description		*	· (b) Book value
(1)	•			·	
(2)*	,				
(3)				t .	
(4)			•		
_(5)					,
(6)	\\	<u></u> ,			,
(7)			•		
(8)		•			
(9)					
	nn (b) must equal Form 990, Part X, co	ol (B) line 15)	· ·	<u>.</u> . ▶	
Part X	Other Liabilities.				<u> </u>
	Complete if the organization answline 25.	wered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value	GREET STATE		
,(1) Federal in	come taxes .				
(2)					
(3)					
(4)	- · · · ·	, ,			
(5)					
-(a)					

••	(a) Description	or nabinty	(b) book value	1200		
,(1) Federa	I income taxes	,				
(2)						
(3)	•					
(4)			· *			
(5)	-				An Al-	
(6)	1	• • 1		100		
(7)	٠.					
(8)	<u> </u>		•		100	
(9)						
Totai. (Colum	n (b) must equal Form 990), Part X, col (B) line 25) 🕨				

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

Pair	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	notani.	
	Total revenue, gains, and other support per audited financial statements	1	2,153,459
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	See a Se	2,153,455
	Net unrealized gains (losses) on investments		
a	Donated services and use of facilities		
b			
C	Recoveries of prior year grants		
d	•	2e	
e	Add lines 2a through 2d	3	2.452.450
3		多种型	2,153,459
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)		
b	Add lines 4a and 4b	4c	
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2 152 450
Part			2,153,459
ган	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	i itetuiii.	
1	Total expenses and losses per audited financial statements	1	2,251,048
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		2,231,040
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,251,048
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	E Sale	2,20.,040
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,251,048
Part	XIII Supplemental Information.	<u>'</u>	
	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional in		
		••••••	•••••

	rm 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
,		
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	·	
	·	
•		
		••••••
		•
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	1	
		

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

FRIENDLY INN SETTLEMENT, INC.	34-0714413
FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT OUT OF SCHOOL TIME SERVICES FO	R AT - RISK YOUTH IN CUYAHOGA
COUNTY WORK WITH STUDENTS DURING NON - SCHOOL HOURS TO HELP THEM IMPROVE ACADE	MICALLY, BEHAVIORALLY,
EMOTIONALLY AND SOCIALLY.	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990, PREPARED BY T	HE INDEPENDENT ACCOUNTANT,
IS PRESENTED TO THE EXECUTIVE DIRECTOR AND THE OUTSIDE ACCOUNTANT FOR REVIEW AND	APPROVAL AND THEN
SUBSEQUENTLY FILED.	
FORM 990 VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY EACH YEAR, THE BOARD MEMBER	S ARE ASKED TO REVIEW THE
ORGANIZATION'S CONFLICT OF INTEREST POLICY. AMONG OTHER THINGS, THE POLICY MAKES C	LEAR THAT ALL DECISIONS OF THE
BOARD, OFFICERS AND EMPLOYEES OF THE ORGANIZATION ARE MADE SOLEY ON THE BASIS OF	A DESIRE TO PROMOTE THE BEST
INTEREST OF THE ORGANIZATION AND THE PUBLIC GOOD. THE CONFLICT OF INTEREST STATEME	NT REQUESTS BOARD MEMBERS
TO IDENTIFY TO THE BEST OF THEIR KNOWLEDGE AFFILIATIONS WITH ORGANIZATIONS THAT MAY	Y BE POTENTIALLY RELATED
TO THE FINANCIALS OR OTHER SUBSTANTIVE OPERATIONS OF THE ORGANIZATION. THEY ARE AL	SO ASKED TO IDENTIFY
CIRCUMSTANCES INVOVLING EITHER THEMSELVES, OR A MEMBER OF THEIR EXTENDED FAMILY,	THAT MAY BE CONSTRUCTED
AS A CONFLICT OF INTEREST AT THE STAFF LEVEL, THE ORGANIZATION'S PERSONNEL ALSO EN	SURE THAT THERE ARE NO
CONFLICTS OF INTEREST WHEN CONSIDERING THE ENGAGEMENT OF A NEW VENDOR 1 A POTENT	FIAL CONLICT IS IDENTIFIED,
APPROPRIATE STEPS ARE TAKEN TO BOTH ASSEST THE NATURE OF THE POTENTIAL CONFLICT A	AND SUBSEQUENTLY, TO ENSURE
THAT THE POSSIBILITY OF AN ACTUAL CONLICT IS MITIGATED, SUCH MITIGATION IS MANAGED AN	ID THE LETTER AND SPIRIT
OF THE CONLICTS POLICY ARE UPHELD.	······································
FORM 990, PART VI LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLINANTION, THE ORGANIZATION OF THE ORGANIZAT	ZATION GOVERNING DOCUMENTS,
FOR 990 CONFLICT OF INTEREST AND FINANCIAL STATEMENT ARE MADE AVALAIBLE TO THE PUB	LIC UPON REQUEST THE FORM
990 CAN ALSO BE FOUND ON SEVERAL PUBICALLY - ACCESSIBLE WEBSITES.	

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLINATION UNREALIZED LOSS ON INVESTMENTS.