

Form **990** 

**Return of Organization Exempt From Income Tax** 

Department of the Teasury Internal Revenus Service

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. ∤ 

Open to Public Inspection

AME_Day Shelter Supporters   Same   Dong business as   Dong business	AME Day Shelter Supporters   58-1836946   Dorno business as   Marber and stease (or P.O. box final is not delivered to street address)   Room/suite   E Telephone number   (919) 834-3734   (919) 834-374   (919)	A I	or the	2017 calendar year, or tax year beginning JUL 1, 2017 and e	nding J	UN 30, 2018			
ARIS DAY Shelter Supporters    Seminormood   Compositions as as a composition of the comp	AME_DBY Shelter Supporters   Sentence   Se	В	applicable						
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Number and street (or P.D. box If mail is not delivered to street address)   Room/suite   E Telephone number (919) 834-3734	Number and street (of P.D. box / Imal is not delivered to Street address)   Room/surfe   \$412 Capital Boulevard   \$919   834-3734   \$412 Capital Boulevard   \$77,891.   \$120 City or fown, state or province, country, and ZiP or foreign postal code   \$120 City or fown, state or province, country, and ZiP or foreign postal code   \$120 City or fown, state or province, country, and ZiP or foreign postal code   \$120 City or fown, state or province, country, and ZiP or foreign postal code   \$120 City or fown, state or province, country, and ZiP or foreign postal code   \$120 City or fown, state or province, country, and ZiP or foreign postal code   \$120 City or fown, state or province, country, and ZiP or foreign postal code   \$120 City or fown, state or province, country, and ZiP or foreign postal code   \$120 City or fown, state or province, country, and ZiP or foreign postal code   \$120 City or fown, state or province, country, and ZiP or foreign postal code   \$120 City or fown, state or province, country, and ZiP or foreign postal code   \$120 City or fown, state or province, country, and ZiP or foreign postal code   \$120 City or fown, state or province, country, and ZiP or foreign postal code   \$120 City or fown, state or province, country, and ZiP or foreign postal code   \$120 City or fown, state or province, country, and ZiP or foreign postal code   \$120 City or fown, state or province, country, and ZiP or foreign postal code   \$120 City or fown, state or fown, state or province, country, and ZiP or foreign postal code   \$120 City or fown, state or fown, st		Name			58-1	836946		
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Raleigh NC 27603   Yes   No   Salanes   Fame and address of prompal officer Shirley Sheares   Yes   No   No   The No.* attach a list, fees enstructions   Yes   No   No   The No.* attach a list, fees enstructions   Yes   No   No   The No.* attach a list, fees enstructions   Yes   No   No   The No.* attach a list, fees enstructions   Yes   No   No   No   Yes   Yes   No   No   Yes   Yes   Yes   No   Yes	Raleigh, NC 27603   Heal bit the a group return for subordinates?   Yee   No   No   Take-exempt status   X   Solicity	-	termin-			<del> </del>			
Salares   Sala	Security   Flame and address of principal officer's Shizi ey Sheaze's   Flame and address of principal Bay Road, Raleigh, NC 27613   Flame and address of principal Bay Road, Raleigh, NC 27613   Flame and address of principal Bay Road, Raleigh, NC 27613   Flame and address of principal Bay Road, Raleigh, NC 27613   Flame and address of principal Bay Road, Raleigh, NC 27613   Flame and the state of principal Bay Road, Raleigh, NC 27613   Flame and the state of principal Bay Road, Raleigh, NC 27613   Flame and the state of principal Bay Road, Raleigh, NC 27613   Flame and Road, Road		Amend						
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Taxoxempt status:	Tax-exempt status:	٠			3 6				
J Websites: N DONE Form of organization: X Corporation  Trust  Association  Other  Lyear of formation; 1988 M State of legal domicile; NC Part I  Summary    Briefly describe the organization's mission or most significant activities	Website:   NONE	<del>-</del>	Tay-eye				····· ——• · · · · · · · · · · · · · · ·		
Vear of formation: 1988   M State of legal domicile; NC	Part				A COST	7	•		
Brefty describe the organization's mission or most significant activities   Shelter for Homeless located in downtown Raleigh, North Carolina. The mission is to feed and cloth	Benefity describe the organization's mission or most significant activities   Shelter for Homeless located in downtown Raleigh, North Carolina. The mission is to feed and cloth				I Year				
1 Brefly describe the organization's mission or most significant activities Shelter for Homeless located in downtown Raleigh, North Carolina. The mission is to feed and cloth  2 Check this box E if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 11  4 Number of voting members of the governing body (Part VI, line 1a)  4 Number of indipendent voting members of the governing body (Part VI, line 1a)  5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)  5 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue from Part VIII, column (C), line 12  8 Contributions and grants (Part VIII, line 1th)  9 Program service revenue (Part VIII, line 1th)  10 Investment norm (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), line 12)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)  17 Other expenses (Part IX, column (A), lines 11a-11d, 111c4e)  18 Total sepanses. Add lines 13-17 (must equal Part IX, column (A), lines 5-10)  19 Total fundrianing expenses (Part IX, column (A), line 11e)  10 Total revenue - add lines 3-17 (must equal Part IX, column (A), lines 5-10)  10 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)  10 Salanes, other compensation, employee benefits (Part IX, column (A), line 11e)  10 Total fundrianing expenses. Add lines 13-17 (must equal Part IX, column (A), lines 5-10)  10 Total compensation, employee benefits (Part IX, column (A), lines 5-10)  11 Other expenses (Part IX, line 16)  12 Total labelities (Part X, line 26)  13 Total sessets (Part X, line 26)  14 Total labelities (Part X, line 2	Binethy describe the organization's mission or most significant activities   Shelter for Homeless located in downtown Raleigh, North Carolina. The mission is to feed and cloth					or formation, 2300[h	otate or logal domicile, 240		
downtown Raleigh, North Carolina. The mission is to feed and cloth  Check this box	downtrown Raleigh, North Carolina. The mission is to feed and cloth  2 Check this box	_			er fo	r Homeless 1	located in		
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Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Part II   Signature Block  Under penalties of perjury declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Shirley Sheares, Executive Director  Type or print name and title  Print/Type preparer's name  Preparer's signature  C. Thomas Turner, CPA  Firm's name Heroux & Company, LLP  Firm's address 4700 Falls of Neuse Road, Suite 110	Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Part II Signature Block  Under penalties of perjury, reclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Desfaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Shirley Sheares, Executive Director  Type or print name and title  Print/Type preparer's name  C. Thomas Turner, CPA  Preparer  Firm's name  Heroux & Company, LLP  Firm's address  4700 Falls of Neuse Road, Suite 110  Raleigh, NC 27609  May the IRS discuss this return with the preparer shown above? (see instructions)  End of Vear  79,230. 76,011.  79,230. 76,011.  79,230. 76,011.  79,230. 76,011.  79,230. 76,011.  79,230. 76,011.  79,230. 76,011.  79,230. 76,011.  79,230. 76,011.  79,230. 76,011.  79,230. 76,011.  79,230. 76,011.  79,230. 76,011.  79,230. 74,663.  Patt II Signature Block  Date Only Pill Self-amployed P00537723  Preparer  Firm's name Heroux & Company, LLP  Firm's EIN 56-2082565				און אוו	5.966.			
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Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Part II   Signature Block  Under penalties of perjury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complex, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Signature bi officer  Shirley Sheares, Executive Director  Type or print name and title  Print/Type preparer's name  C. Thomas Turner, CPA  Preparer  Firm's name Heroux & Company, LLP  Firm's address 4700 Falls of Neuse Road, Suite 110	21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Part II Signature Block  Under penalties of perjury declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Shirley Sheares, Executive Director  Type or print name and title  Print/Type preparer's name  C. Thomas Turner, CPA  Preparer  Firm's name  Heroux & Company, LLP  Firm's address  4700 Falls of Neuse Road, Suite 110  Raleigh, NC 27609  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes  No			Total assets (Part X line 16)	UT 🖰				
Net assets or fund balances. Subtract line 21 from line 20  Part II   Signature Block  Under penalties of perjury, acclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign   Shirley Sheares, Executive Director   Type or print name and title    Print/Type preparer's name   Preparer's signature   Date   Check   PTIN    Thomas Turner, CPA   Preparer's signature   Date   Print's elf-employed   P00537723    Firm's name   Heroux & Company, LLP   Firm's EIN   56-2082565    Use Only   Firm's address   4700   Falls of Neuse Road, Suite 110	Net assets or fund balances. Subtract line 21 from line 20   77,798.   74,663.	SSE	20		*****				
Under penalties of perjury rectare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Shirley Sheares, Executive Director  Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  Preparer  Firm's name Heroux & Company, LLP  Firm's address 4700 Falls of Neuse Road, Suite 110	Under penalties of perjury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complate, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Shirley Sheares, Executive Director Type or print name and title  Print/Type preparer's name  C. Thomas Turner, CPA  Prim's name  Heroux & Company, LLP  Firm's name  Heroux & Company, LLP  Firm's address  4700 Falls of Neuse Road, Suite 110  Raleigh, NC 27609  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes  No	et /	22						
Under penalties of perjury reclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Shirley Sheares, Executive Director Type or print name and title  Print/Type preparer's name  Preparer  Firm's name Heroux & Company, LLP  Firm's address 4700 Falls of Neuse Road, Suite 110	Under penalties of perjury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complex. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Shirley Sheares, Executive Director  Type or print name and title  Print/Type preparer's name  C. Thomas Turner, CPA  Prim's name  Heroux & Company, LLP  Firm's name  Heroux & Company, LLP  Firm's address  4700 Falls of Neuse Road, Suite 110  Raleigh, NC 27609  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes  No						, , , , , , , , , , , , , , , , , , , ,		
Sign Here  Shirley Sheares, Executive Director Type or print name and title  Print/Type preparer's name  C. Thomas Turner, CPA  Firm's name  Heroux & Company, LLP  Firm's address 4700 Falls of Neuse Road, Suite 110  Frequency is based on all information of which preparer has any knowledge.  Date  O7/25/18  Self-employed  PTIN  O7/25/18  Firm's EIN  56-2082565	true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Shirley Sheares, Executive Director Type or print name and title  Print/Type preparer's name C. Thomas Turner, CPA  Preparer Firm's name Heroux & Company, LLP Firm's address 4700 Falls of Neuse Road, Suite 110 Raleigh, NC 27609  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No				and stateme	ents, and to the best of my	knowledge and belief, it is		
Sign Here  Shirley Sheares, Executive Director  Type or print name and title  Print/Type preparer's name  C. Thomas Turner, CPA  Preparer  Firm's name Heroux & Company, LLP  Firm's address 4700 Falls of Neuse Road, Suite 110	Sign Here Shirley Sheares, Executive Director Type or print name and title  Print/Type preparer's name C. Thomas Turner, CPA Preparer Firm's name Heroux & Company, LLP Firm's address 4700 Falls of Neuse Road, Suite 110 Raleigh, NC 27609  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No						-		
Shirley Sheares, Executive Director  Type or print name and title  Print/Type preparer's name  C. Thomas Turner, CPA  Preparer  Firm's name Heroux & Company, LLP  Firm's address 4700 Falls of Neuse Road, Suite 110	Here Shirley Sheares, Executive Director  Type or print name and title  Print/Type preparer's name  C. Thomas Turner, CPA  Preparer  Firm's name ► Heroux & Company, LLP  Firm's address ► 4700 Falls of Neuse Road, Suite 110  Raleigh, NC 27609  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No	1100	, 001100	of the destination		1/01-1	<del>-</del> /8		
Shirley Sheares, Executive Director  Type or print name and title  Print/Type preparer's name  C. Thomas Turner, CPA  Preparer  Firm's name Heroux & Company, LLP  Firm's address 4700 Falls of Neuse Road, Suite 110	Here Shirley Sheares, Executive Director  Type or print name and title  Print/Type preparer's name  C. Thomas Turner, CPA  Preparer  Firm's name ► Heroux & Company, LLP  Firm's address ► 4700 Falls of Neuse Road, Suite 110  Raleigh, NC 27609  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No	e:-	_	Stanature of officer	<del></del>	Date	<u> </u>		
Type or print name and title  Print/Type preparer's name  Paid  C. Thomas Turner, CPA  Firm's name	Type or print name and title  Print/Type preparer's name  C. Thomas Turner, CPA  Preparer  Firm's name	_		· 1		/ 1			
Paid C. Thomas Turner, CPA    Company   Firm's name   Heroux & Company   LLP   Firm's address   4700   Falls of Neuse Road, Suite 110   Firm's address   107/25/18   Firm's EIN   56-2082565   Firm's address   108/25/25/25/25/25/25/25/25/25/25/25/25/25/	Paid C. Thomas Turner, CPA   Preparer   Prim'rs name   Prim'rs name   Prim'rs name   Prim'rs name   Prim'rs address   Pr	пег	<b>.</b>			<del>-</del>			
Paid C. Thomas Turner, CPA CPA 07/25/18 self-employed P00537723  Preparer Firm's name Heroux & Company, LLP Firm's ell N 56-2082565  Use Only Firm's address 4700 Falls of Neuse Road, Suite 110	Paid C. Thomas Turner, CPA	_		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Preparer Firm's name Heroux & Company, LLP Firm's EIN 56-2082565  Use Only Firm's address 4700 Falls of Neuse Road, Suite 110	Preparer   Firm's name	Pair	4		CPA O	1			
Use Only Firm's address 4700 Falls of Neuse Road, Suite 110	Use Only Firm's address ► 4700 Falls of Neuse Road, Suite 110 Raleigh, NC 27609  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No		Preparer Furn's name - Heroux & Company I.I.D						
	Raleigh, NC 27609  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No				110	7.3111 0 211			
	May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No		Jy			Phone no 91	9-788-9570		
		Mar	the IE			1. //0/10 110.5 %			
							Form <b>990</b> (2017)		

	990 (2017) AME Day Shelter Supporters	58-1836946	Page 2
Pal	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	The mission is to feed and clothe the homeless, while at		
	instill in them the value of work, responsibility, and t	ne value of	
	being a productive citizen.		
	<del></del>	<del></del>	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	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 services?	Yes	X No
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	nd
	revenue, if any, for each program service reported.	o, the total expenses, at	iu .
4a	(Code) (Expenses \$80,858 • including grants of \$) (Reven	. 46	599.)
40	Year around operation providing shelter for homeless per	162 - 401	
	rear around operation providing sherter for nomeress per	50115.	
		<del></del>	
		<del></del>	
4b	(Code) (Expenses \$ including grants of \$) (Reven	ue \$	)
	(0000 / (0000		
		<del></del>	
			<del></del>
		<del></del>	
		<del> </del>	
		<del></del>	
4c	(Code) (Expenses \$) (Reven	ue \$	)
		<del></del>	
4d	· · · · · · · · · · · · · · · · · · ·		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e	Total program service expenses ▶ 80,858.	<del></del>	
		Form 🤤	<b>990</b> (2017)

Form 990 (2017) AME Day Shelter Supporters
Part IV Checklist of Required Schedules

58-1836946

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	[ _		x
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	} <del>-</del>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			i
	If "Yes," complete Schedule D, Part IV	_ 9 _		_X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? if "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	1		
	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	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			•
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
đ	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	11d		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	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		<u> </u>
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		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا مد ا		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>  ''-</del>		<del></del> -
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	<u> </u>		
	complete Schedule G. Part III	19		X
	Note that the second se		990	(2017)

Page 4

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
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			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
	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			İ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		х
04-	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
243				i
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		X
ь	Schedule K If "No", go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C	any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	District Control of the Control of t			
LUG	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		·	
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"	1		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)		<u> </u>	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	l		v
	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	29	<del> </del>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
	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	32		х
	Schedule N, Part II	32		<del></del>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	<u> </u> ~		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
05-	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<b>-</b>	X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		}
35	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
36	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2017)

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	Check if Schedule O contains a response or note to any line in this Part V	—т		ــــــــــــــــــــــــــــــــــــــ
_	- · · · · · · · · · · · · · · · · · · ·		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  U  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		-	
		1c		
	(gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<del>''</del>		$\overline{}$
	filed for the calendar year ending with or within the year covered by this return  2a  2		ŀ	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	<del></del>		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	If "Yes," enter the name of the foreign country			$\overline{\cdot}$
•	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			_ <b>-</b> -
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).			لــــا
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	İ		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<del></del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		$\vdash$
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del> </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			است
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<del>                                     </del>
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	-90		i
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10a  10b			
b	Section 501(c)(12) organizations. Enter.			
11	Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources against	I		
b	amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.			
h	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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		
		Form	990	(2017)

Form 990 (2017) AME Day Shelter Supporters 58-1836946 Pag
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

Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			X						
000	don A. Governing Body and Management		Yes	No						
10	Enter the number of voting members of the governing body at the end of the tax year 11		105	INO						
10	If there are material differences in voting rights among members of the governing body, or if the governing			. 1						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
ь	Enter the number of voting members included in line 1a, above, who are independent  1b		:							
2										
~	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		X						
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
_	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	Ť								
<i>r</i> a	more members of the governing body?	7a		х						
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
D	persons other than the governing body?	7b		х						
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
8		8a	X							
a	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X							
ь	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
<u> </u>	tion B. I Gliolog (Inis Section B requests information about policies not required by the internal nevertue Code.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
·	In Schedule O how this was done	12c								
13	Did the organization have a written whistleblower policy?	13		Х						
14	Did the organization have a written document retention and destruction policy?	14		х						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	`								
a	The organization's CEO, Executive Director, or top management official	15a		X						
	Other officers or key employees of the organization	15b		X						
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		*							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
ь	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								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶NC									
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) as	allable	,							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal							
	statements available to the public during the tax year.	-								
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
_0	Bessie Walker - 919-467-0956									
	1115 Evans Road, Cary, NC 27513									

Form	aan	(2017)	
rorm	990	(2017)	

### AME Day Shelter Supporters

58-1836946

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

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

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

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

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

X Check this box if neither the organization ne	or any related	orga	nıza	tion	con	npen	sate		rector, or trustee.	
(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition more	i than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	amount of
	week	⊢	T a	1000	I GC IC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		from	from related	other
	(list any hours for	recto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9 9	뾽			sated		(W-2/1099-MISC)	(** 2/ 1000 141100)	organization
	organizations	Individual trustee or director	Institutional trustee		ag	m per		(** 2/ 100000)		and related
	below	dual	rtion.	<u>_</u>	윭	est co	et			organizations
	line)	hdiv	Instri	Officer	Key employee	Highest compensated employee	<b>Former</b>			
(1) Shirley Sheares	20.00									
Director		X		L_			L	0.	0.	0.
(2) G.L. Edmond	3.00						ŀ			_
Chair				X	L.,			0.	0.	0.
(3) Bessie Walker	10.00								_	_
Treasurer				X				0.	0.	0.
			1							
	<u></u>	<u> </u>	┕		┖	┖	L			
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AME Day Shelter Supporters

58-1836946

Page 8

		Check if Schedule O contains a r	esponse	or note to any line	e in this Part VIII			
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1:	<ul> <li>b Membership dues</li> <li>c Fundraising events</li> <li>d Related organizations</li> <li>e Government grants (contributions)</li> <li>f All other contributions, gifts, grants, and similar amounts not included above</li> </ul>	1a 1b 1c 1d 1e	30,542.	·			
ont nd (		g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f			31,292.	,		
0.6		n Total. Add lines 14-11		Business Code	31,232,			
	2:	a Weekly Tenant Depos	sits	531390	46,599.	46,599.		
Š	_ i	b						
Ser	,	c						
am	,	d						
Program Service Revenue		e						
4	1	f All other program service revenue		L	16.500		<del></del>	<del> </del>
	ئــــا	g Total. Add lines 2a-2f			46,599.	ļ		`
	3	,	ids, intere	est, and				
		other similar amounts)	_4					<del> </del>
	4	· · · · · · · · · · · · · · · · · · ·	pt bona p	proceeds				<del> </del>
	5	Royalties	Real	(ii) Personal				
	6		itoai	(ii) r ersoriai	ļ			'
		b Less, rental expenses			,			
	ı	c Rental income or (loss)			•			
		d Net rental income or (loss)						
	ı	<u> </u>	curities	(ii) Other				
		assets other than inventory						
		b Less cost or other basis		1		:		-
	i	and sales expenses		ļ				
	<u>'</u>	c Gain or (loss)		٠				
	l	d Net gain or (loss)					<u> </u>	
venue	8	including \$	of					
ě	ļ	contributions reported on line 1c). Se	00	1	i			
Other Re		Part IV, line 18	a					
₹.		b Less direct expenses	b	)			<del></del>	-  <del></del>
		<ul><li>c Net income or (loss) from fundraising</li><li>a Gross income from gaming activities</li></ul>					<del></del>	
	"	Part IV, line 19	. See a	J				
	,	b Less. direct expenses	b					
		c Net income or (loss) from gaming act		<b></b>				
		a Gross sales of inventory, less returns						
	ļ	and allowances	а	·	•			,
	<b>]</b>	<b>b</b> Less cost of goods sold	t	·[]				·
		c Net income or (loss) from sales of inv	entory				<del></del>	
	<u> </u>	Miscellaneous Revenue		Business Code				
	11 :	<del></del>		<b></b>		<b> </b> -	<del></del>	
	ļ	b				<del> </del>		<del></del>
	l	C		<del></del>				<del> </del>
	l	d All other revenue			<del> </del>			<del> </del>
	12	e Total. Add lines 11a-11d  Total revenue. See instructions.			77,891.	46,599.	0.	0.
73200		-28-17		<u></u>				Form <b>990</b> (2017)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) Management and general expenses (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 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) 49,021. 49,021. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 3,750. 3,750. 10 Payroll taxes Fees for services (non-employees) Management Legal Accounting Lobbying 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 Sch O.) Advertising and promotion 12 13 Office expenses 14 Information technology 26,805. 26,805. Royalties 15 Occupancy 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates 1,282. 1,282. 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 168 168 Bank Fees b All other expenses 81,026. 80,858. 168 0. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here \_\_\_\_\_\_if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 9,998. 8,061. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 110,000. basis. Complete Part VI of Schedule D 10a 42,050. 69,232. 67,950. 10b 10c b Less, accumulated depreciation 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 14 Intangible assets 15 15 Other assets. See Part IV, line 11 76,011. 79,230. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of <u>1,348.</u> ,432. 25 Schedule D 432. 1,348. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 77.798. 74,663. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 77,798. 74,663 33 33 Total net assets or fund balances 230. 76,011. 34 Total liabilities and net assets/fund balances

F <u>or</u> m	990 (2017) AME Day Shelter Supporters	28-183	6946	_ Page	12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1 _	77	, 891	L.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,026	
3	Revenue less expenses. Subtract line 2 from line 1	3		135.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77	,798	<u>3.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(	<u>.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	74	,663	<u>}                                    </u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes N	10
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		1 1	.	. [
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	2	<u>X_</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			]
	separate basis, consolidated basis, or both			-	.
	Separate basis Consolidated basis Both consolidated and separate basis		-		
b	Were the organization's financial statements audited by an independent accountant?		_2b		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1	- 1	1
	consolidated basis, or both:		l l	ŀ	ĺ
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	-		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	-+	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			ĺ	1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gie Audit			X
	Act and OMB Circular A-133?	المناسبية المناسب	3a	<del>-                                     </del>	<u>~</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	rea audit	_		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	_	3b	990 (20	<del></del>
			LOIM 4	<i></i> (20	, i / )

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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

2017

Open to Public Inspection

Name of	lame of the organization Employer identification number								
	AME 1	Day Shelter	r Supporters				5	8-1836946	
Part I	Reason for Public C	Charity Status 🖟	All organizations must co	mplete th	s part ) Se	e instructions	3.		
The organ	nization is not a private found	ation because it is (F	or lines 1 through 12, cl	neck only	one box.)			P	
1 🗀	A church, convention of chu	urches, or association	n of churches described	ın sectio	n 170(b)(1	)(A)(i).		$\wedge \wedge$	
2 🔲	A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	1 990 or 99	90-EZ).)				
з 🔲	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	í).		$\cup$ $\mid$	
4 🔲	A medical research organiza	ation operated in cor	njunction with a hospital	described	ın sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,	
	city, and state								
5 🔲	An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
	section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6 🔲	A federal, state, or local gov	vernment or governm	nental unit described in s	section 17	/O(b)(1)(A)	(v).			
7 🗀	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	emmental i	unit or from th	ne general p	oublic described in	
	section 170(b)(1)(A)(vi). (Co	omplete Part II )							
8 🔲	A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Part	t II.)					
9 🔲	An agricultural research org	anization described	ın section 170(b)(1)(A)(i	ix) operate	ed in conju	nction with a	land-grant	college	
	or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or	
	university								
10 X									
	activities related to its exem								
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	janization a	ifter June 30, 1975.	
	See section 509(a)(2). (Cor	•							
11 🖳	An organization organized a								
12	An organization organized a								
	more publicly supported org							Check the box in	
_	lines 12a through 12d that								
a	Type I. A supporting orga								
	the supported organization			majority o	of the direc	tors or truste	es of the su	pporting	
-	organization. You must o				_				
Ь	Type II. A supporting org								
	control or management o			ame perso	ns that co	ntrol or mana	ge tne supp	οοποα	
	organization(s). You mus	•					II	مافست ام	
c L	Type III functionally inte						ny miegrate	o with,	
_	its supported organization							4:(-)	
d L	Type III non-functionally								
	that is not functionally int						an attentiv	veness	
_	requirement (see instructi	•	•				II. Typo III		
e	Check this box if the orga					Type I, Type	п, туре п		
	functionally integrated, or	-	nally integrated supporting	ng organiz	ation.				
	er the number of supported of	-	d organization(s)					<del></del>	
	vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of other	
	organization		(described on lines 1-10 above (see instructions))	Yes	No.	support (see II	nstructions)	support (see instructions)	
		<del></del>	above (see instructions)						
				i	Ì			1	
	<del> </del>							· · · · · · · · · · · · · · · · · · ·	
		<del>                                     </del>						1	
				l_					
						<u> </u>			
		<del></del>		1					

Part II Support Schedule for C				/bV/tVAVivA and	.81-83 <b>3747/17/17/17</b>	36946 /Page 2
(Complete only if you checked						
fails to qualify under the tests	listed below plea	se complete Part I	ir ii ii <del>o</del> organizati( III \	or railed to quality	under Fart III II III	e organization
Section A. Public Support		iso complete rait		<del></del>		<u></u>
	4 ) 0040	T	1	1		<del></del>
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not		[	[			
include any "unusual grants.")				<del> </del>	<del></del>	<del> </del>
2 Tax revenues levied for the organ-			)			)
ization's benefit and either paid to			1			ì
or expended on its behalf		{	<b></b>	<del>                                     </del>	<del> </del>	<del> </del>
3 The value of services or facilities			1		1	1
furnished by a governmental unit to			}		j	}
the organization without charge		<del></del>		<del>/</del>	<del> </del>	<del> </del>
4 Total. Add lines 1 through 3			<del>                                     </del>	+	<del> </del>	+
5 The portion of total contributions					1	}
by each person (other than a	_					
governmental unit or publicly					1	1
supported organization) included				1	1	1
on line 1 that exceeds 2% of the	3	1 .	V	}	1	1
amount shown on line 11,		/	1			
column (f)	<del></del>	<del>/-</del>	<del></del>	<del></del>	<del> </del>	<del> </del>
6 Public support. Subtract line 5 from line 4   Section B. Total Support	·	<del></del>	L	<del></del>	<del></del>	<del></del>
<del></del>		1 1/2211	1 1 2015	T 40.0040	T 1.0047	T 40 7 1 1 1
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4		<del>/</del>		<del></del>	<del></del>	<del> </del>
8 Gross income from interest,	,	ľ		-	1	
dividends, payments received on		j		ļ	]	
securities loans, rents, royalties,			1			
and income from similar sources	<del>/</del>	<del> </del>		<del> </del>	<del> </del>	<del>-</del>
9 Net income from unrelated business		•	}	1		
activities, whether or not the		ļ	}	1		
business is regularly carried on	<del>/</del>	<del> </del>	<del> </del>	<del></del> -	<del> </del>	<del></del>
10 Other income. Do not include gain		ì	ł			
or loss from the sale of capital		}	}	1		i
assets (Explain in Part VI.)		<u> </u>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
11 Total support. Add lines 7 through 10		<u> </u>	<u> </u>	<u> </u>	<del> </del>	_L
12 Gross receipts from related activities,					12	
13 First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	. —
organization, check this box and stop Section C. Computation of Public	here	roontogo				
					Tarl	
14 Public support percentage for 2017 (li	,	•	olumn (f))		14	
15 Public support percentage from 2016					15	%
16a 33 1/3% support test - 2017. If the o				14 is 33 1/3% or r	nore, check this be	
stop here. The organization qualifies a						
<b>b 33 1/3% support test - 2016.</b> If the o				d line 15 is 33 1/3%	% or more, check t	his box
and stop here. The organization quali						▶∟⊥
17a 10% -1acts-and-circumstances test						
and if the organization meets the "fact					art VI how the orga	anization
meets the "facts-and-circumstances" t	•	•		-		
b 10% -facts-and-circumstances test	-	·				
more, and if the organization meets th						<b>т</b> ө
organization meets the "facts-and-circ						▶∐
18 Private foundation. If the organization	n did not check a	hay on line 13, 16	a 16b 17a or 17	b check this box	and see instruction	ne 🕨

# Schedule A (Form 990 or 990-EZ) 2017 AME Day Shelter Supporters 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

ē-	quality under the tests listed be	elow, please comp	ete Part II.)		<del></del>		
	ction A. Public Support						
Cale	ndar 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						
	ınclude any "unusual grants ")	34,379.	34,377.	26,467.	21,882.	31,292.	148,397.
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	60,936.	55,013.	46,586.	59,235.	46,599.	268,369.
2	Gross receipts from activities that		33,013	10,300.	33,233	10,333.	200,303.
3	are not an unrelated trade or bus- iness under section 513				•		
4	Tax revenues levied for the organ-						
٠	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	95,315.	89,390.	73,053.	81,117.	77,891.	416,766.
	Amounts included on lines 1, 2, and			,		.,,05±•	
	3 received from disqualified persons Amounts included on lines 2 and 3 received						0.
K	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				!		0.
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6)						416,766.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	95,315.	89,390.	73,053.	81,117.	77,891.	416,766.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	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)	95,315.	89,390.	73,053.	81,117.	77,891.	416,766.
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth tax	x year as a section	i 501(c)(3) organiza	ation,
_	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2017 (li	ne 8, column (f) div	rided by line 13, co	olumn (f))	<u>-</u>		<u> 100.00 %</u>
_16	Public support percentage from 2016	Schedule A, Part I	II, line 15			16	100.00 %
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	17 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	.00_%
	Investment income percentage from 2	•				18	%
	a 33 1/3% support tests - 2017. If the			n line 14, and line	15 is more than 3	3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box an	d stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	►X
'	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, chec						

## 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 and

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

Section	A.	Ali	Supp	orting	Orga	nizations
---------	----	-----	------	--------	------	-----------

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

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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3a		
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3b	-	
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9b		
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	)	
10a		
10b_		<u> </u>

	dule A (Form 990 or 990-EZ) 2017 AME Day Shelter Supporters	58-183	694	6 Pa	age 5
Par	t IV   Supporting Organizations (continued)				
		_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u> -	44-		اـــا
<b>.</b>	below, the governing body of a supported organization?  A family member of a person described in (a) above?	-	11a 11b		<b></b> -
	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.	<u> </u>	11c		<b></b>
	tion B. Type I Supporting Organizations		110		
		<del></del>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	ſ			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	İ			
	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,	1			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	(-	احصدس		لــــا
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year		_1		<b></b>
2	Did the organization operate for the benefit of any supported organization other than the supported	1			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1			İ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	[			
500	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		2		Ь
360	don of Type it 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	Γ		163	1,00
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed	}			
	the supported organization(s).		1		
Sec	tion D. All Type III Supporting Organizations				
		_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ł	-		
	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_	├	<del></del>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			ĺ	1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		2		
•	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in (2), did the organization's supported organizations have a	-		-	<del>  ,  </del>
3	significant voice in the organization's investment policies and in directing the use of the organization's	İ		Ι,	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	į		1	]
	supported organizations played in this regard.	-	3		<u> </u>
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 in:	structions).			
а	The organization satisfied the Activities Test. Complete line 2 below.				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.				
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ıty (see instru	ctions,		
2	Activities Test. Answer (a) and (b) below.	Г		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			ì	1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	}		1	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,				]
	how the organization was responsive to those supported organizations, and how the organization determined	-	20		-
L	that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	-	<u>2a</u>	<del>                                     </del>	
a	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	ľ		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these	İ			
	activities but for the organization's involvement	[-	2b	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.				4 -
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	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		3b_	l	<u> </u>
73202	5 10-06-17 Schedule	A (Form 99	0 or 99	90-EZ	2017 (

	dule A (Form 990 or 990-EZ) 2017 AME Day Shelter Support		<del> </del>	<u>58-1836946 Page 6</u>
Pai	Type to the tent to the te			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	_4		
5	Depreciation and depletion	_5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 1		1
	maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		, ,	· · · · · · · · · · · · · · · · · · ·
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	_1b		
c	Fair market value of other non-exempt-use assets	_1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		,	,
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
·	emergency temporary reduction (see instructions)	6	1	
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	janization (see
•	,,,			·

Schedule A (Form 990 or 990-EZ) 2017

Sche <b>Par</b>	dule A (Form 990 or 990-EZ) 2017 AME Day Shelto	er Supporters a)(3) Supporting Orga	nizations (continued)	8-1836946 Page 7
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			1
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<u> </u>	
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			
_ <b>7</b> _	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on 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	į.		
2	Underdistributions, if any, for years prior to 2017 (reason-	*		
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a			1	
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016		٠	
	Total of lines 3a through e			1
9	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7· \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017 Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
<del></del> -	Excess distributions carryover to 2018. Add lines 3			
•	and 4c.			
8	Breakdown of line 7			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015		· · · · · · · · · · · · · · · · · · ·	

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016 e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 201	7 AME Day	Shelter	Supporters	5	8-1836946	Page 8
Part VI	Supplemental Information Part IV, Section A, lines Inne 1, Part IV, Section D	r <b>mation.</b> Prov 1, 2, 3b, 3c, 4b, 4 , lines 2 and 3, P	ide the explanat Ic, 5a, 6, 9a, 9b art IV. Section E	ions required by Part I , 9c, 11a, 11b, and 11 . lines 1c. 2a. 2b. 3a. ;	I, line 10, Part II, line 17a or 17l c; Part IV, Section B, lines 1 and and 3b, Part V, line 1; Part V, Se lete this part for any additional i	o, Part III, line 12; d 2, Part IV, Section C ection B. line 1e: Part	<b>.</b>
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## SCHEDULE D

(Form 990)

Department of the Treasury nai Revenue Se

## 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

Schedule D (Form 990) 2017...

Name of the organization **Employer identification number** AME Day Shelter Supporters 58-1836946 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes impermissible private benefit? No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b\_ Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 ▶ \$ b Assets included in Form 990, Part X

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

		Shelter S					<u>58-18</u>	<u> 36946</u>	Page 2
Par	t III   Organizations Maintaining C	ollections of A	t, Histor	ical Tre	asures, or Oth	er Simila	r Assets	(contin	ued)
3	Using the organization's acquisition, accession	on, and other record	ls, check a	ny of the f	ollowing that are a	significant i	use of its c	ollection	items
	(check all that apply)								
а	Public exhibition	•	d 🗔 Lo	an or excl	hange programs				
b	Scholarly research		• 🗀 o	her					
C	Preservation for future generations								
4	Provide a description of the organization's co	llections and explai	n how they	further th	e organization's ex	empt purpo	se in Part	XIII	
5	During the year, did the organization solicit or	receive donations	of art, histo	rical treas	ures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organiz	ation's col	lection?			Yes	No.
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the o	rganizatıoı	n answered "Yes" o	n Form 990	D, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for co	ntributions	or other assets no	t included			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing tab	le					
								Amount	
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 on Fo	orm 990, Part X, line	21, for esc	crow or cu	stodial account liab	ulity?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanation	has been p	provided on Part XII	<u> </u>			
Par	t V Endowment Funds. Complete	the organization ar	nswered "Y	es" on Fo	rm 990, Part IV, line	10.			
	-	(a) Current year	(b) Pric	or year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance								
ь	Contributions								
С	Net investment earnings, gains, and losses			_					
d	Grants or scholarships					I			
•	Other expenditures for facilities								
	and programs		_						
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, d	column (a)	) held as				
а	Board designated or quasi-endowment	•	%						
ь	Permanent endowment	%							
С	Temporarily restricted endowment ▶	<del></del>							
	The percentages on lines 2a, 2b, and 2c shot	uld equal 100%.							
За	Are there endowment funds not in the posses		ation that a	re held an	d administered for	the organiz	ation	_	
	by	-							Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Sch	edule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment fun	ds					
Pai	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV, I	ine 11a. S	ee Form 990, Part	( <u>, line</u> 10			
	Description of property	(a) Cost or o		(b) Cost		Accumulat	ed	(d) Book	value
		basis (investi	J	basis	, , ,	epreciation			
1a	Land	50,	000.					50	0,000.
	Buildings		000.			32,0	50.		7,950.
c	Leasehold improvements		000.			10,0			0.
d				<del></del>					
	Other	<del></del>							0.
	Add lines 1a through 1e (Column (d) must o	gual Form 000 Dort	Y column	(P) line 10	20 l	· · · <del>·</del>		67	7.950.

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.

1,348

(9)

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

Schedule D (Form 990) 2017 AME Day Shelter Supporters	3	58-1836946 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue po	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a	
1 Total revenue, gains, and other support per audited financial statements		_1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
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	1 1
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		46
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part XII   Reconciliation of Expenses per Audited Financial Staten	nents With Expenses	per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12		
Total expenses and losses per audited financial statements		1 1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	<u> </u>
b Prior year adjustments	2b	
Other Lands	2c	
	2d	
		2e
-		3
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1401	1 1
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del> </del>
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.)		
Part XIII Supplemental Information.	ANA be and the send Obs. Don't	/ Image A. Don't V. Image Or Don't VI
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa		, IIII 4, Part A, IIII 2, Part AI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad	iditional information.	
Part X, Line 2:		
a a a a a a a a a a a a a a a a a a a		
None, and no audit or footnotes prepared.		_ <del></del>
		<del></del>
		<del></del>
		<del></del>

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public ➤ Attach to Form 990 or 990-EZ. ■ Go to www.irs.gov/Form990 for the latest information. Inspection

OMB No 1545-0047

**Employer identification number** 

Internal Revenue Service Name of the organization

58-1836946 AME Day Shelter Supporters Form 990, Part I, Line 1, Description of Organization Mission: the homeless, while attempting to instill in them the value of work, responsibility, and the value of being a productive citizen. Form 990, Part VI, Section B, line 11b: The board of directors reviews Form 990 prior to filing at the most recent board meeting following completion of Form 990. Form 990, Part VI, Section C, Line 19: Governing Documents, conflict of interest policy, and financial statements are available to the public by request of Shirley Sheares.