Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u> </u>	roi tile	ZUI7 Calell	uar year, or tax year begin	ning	, 2017,	and ending		,	1
В	Check if a	applicable:	С				D Emplo	er identi	fication number
	Addr	ess change	FRESNO RESCUE MI	CCTON THE			0.4-	12797	705
	\vdash	-		SSION, INC.					
	Nam	ie change	PO BOX 1422				E relepii	one numb	oer .
	Initia	al return	FRESNO, CA 93716				(55	9) 26	68-0839
	Final	return/terminated					,	,	
	\vdash							,	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Ame	ended return					G Gross		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Appli	ication pending	F Name and address of principa	l officer: STEVEN OCE	HELTREE. (CPA H	(a) Is this a group retu	n for sub	ordinates? Yes X No
			SAME AS C ABOVE	3121211 331	, \		(b) Are all subordinate If 'No,' attach a list	included	1? Yes No
_	Tay ov	empt status	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527	If 'No,' attach a list	(see inst	tructions)
<u> </u>		· ·		, , ,	4347(a)(1) 01				
J	Webs	site: ► FR	ESNORESCUEMISSION	N.ORG		н	(c) Group exemption n	umber >	-
Κ	Form of	of organization:	X Corporation Trust	Association Other ►	LY	ear of formation	1: 1950 M	State of le	egal domicile: CA
Pa	ırt I	Summar	v				·		
	1 B	riefly descri	be the organization's missi	ion or most significant a	activities:TO	PROVIDE	PRACTICAL.	MATI	ERIAL AND
			L ASSISTANCE TO E						
ဗ္ပ									
Ĕ			<u> THROUGH REHABIL</u>	<u>LTATION PROGRAM</u>	<u>IS FOR ALC</u>	COHOLIC.	AND DRUG A	<u>)DTCT</u>	ED MEN AND
Ē	N	WOMEN.							
Š	2 C	heck this bo	ox ► if the organizatio	e than 25% of its	net ass	sets.			
ၓ	3 N	lumber of vo	oting members of the gover		3	12			
∘ఠ			dependent voting members					4	12
Se			of individuals employed in	0 0	•	•		5	
ŧ			of volunteers (estimate if						131
Activities & Governance			•					6	2,878
ĕ			ed business revenue from I					7a	0.
	b N	let unrelated	d business taxable income	from Form 990-T, line 3	34			7b	0.
							Prior Year		Current Year
	8 C	Contributions	and grants (Part VIII, line	1h)			4,817,9	161	5,208,046.
PE			vice revenue (Part VIII, line	•					
e.		-	•	-			190,0		176,255.
Revenue			ncome (Part VIII, column (A	•			114,2		137,436.
Œ			e (Part VIII, column (A), lir				1,222,6	587.	171,466.
	12 T	otal revenue	e – add lines 8 through 11	(must equal Part VIII,	column (A), lin	ne 12)	6,344,9	955.	5,693,203.
	13 G	rants and s	imilar amounts paid (Part I	X, column (A), lines 1-	3)		7.1	11.	4,329.
			to or for members (Part I)	• •	•		.,.		1,0231
			er compensation, employee						0.000.444
ø				2,176,410.		2,298,444.			
se	16a P	Professional	fundraising fees (Part IX, o	column (A), line 11e)					
Expenses	h T	otal fundrais	sing expenses (Part IX, col	umn (D) line 25) ▶	001	0,371.			
蓝			- '						
			ses (Part IX, column (A), li	•			4,183,5		3,119,675.
	18 T	otal expense	es. Add lines 13-17 (must	equal Part IX, column ((A), line 25)		6,367,0	069.	5,422,448.
	19 R	Revenue less	s expenses. Subtract line 1	8 from line 12			-22,		270,755.
<u> </u>			<u>'</u>				Beginning of Curre		End of Year
ts or inces	20 T	otal accete	(Part X, line 16)						
3ala	20 T		` ' '				15,077,9		13,780,885.
ĀΕ	21 T	otal liabilitie	es (Part X, line 26)				11,579,5	83.	10,011,798.
Net Assets Fund Balan	22 N	let assets or	fund balances. Subtract li	ne 21 from line 20			3,498,3	332.	3,769,087.
	rt II	Signatur	e Block						<u> </u>
com	er penaitie: plete. Decl	s of perjury, I de laration of prepa	eclare that I have examined this retu arer (other than officer) is based on	irn, including accompanying sc all information of which prepar	nedules and statem er has any knowled	ients, and to the ge.	e best of my knowledge	and belie	et, it is true, correct, and
			·						
		Signatu	ire of officer				Dete		
Sig	gn	Signatu	ire of officer				Date		
He	re	DON	ESKES				EXECUTIVE	DIR.	
			print name and title						
		Print/Type r	preparer's name	Preparer's signature		Date	Chook	X if	PTIN
_		, ,	·	,			<u> </u>		
Pa			. SAVAGE	KEN W. SAVAGE		3/29/1	8 self-employ	ed]	P00703357
	eparer		■ SAVAGE & COM	PANY					
	ė Only				TE 101		Firm's EIN	► 77-	-0825812
	,								9) 256-3601
N.4 -	ا مالا مالا	C alianiria II	FRESNO, CA 93		aturation - N		Phone no.	(339	
IV/IA	, ilia ib'		us railirii wiin tha nranarar		- ITTUCHION CA				

Part			П
1	Check if Schedule O contains a response or note to any line in this Part III.		
1	Briefly describe the organization's mission:	3 T C 3 3	TD
	TO PROVIDE PRACTICAL, MATERIAL AND SPIRITUAL ASSISTANCE TO HOMELESS INDIVIDU		<u>1D</u>
	FAMILIES AND NEGLECTED AND ABUSED CHILDREN THROUGH REHABILITATION PROGRAMS F	<u> </u>	
	ALCOHOLIC AND DRUG ADDICTED MEN AND WOMEN.		
	Did the organization undertake any significant program services during the year which were not listed on the prior		
		es X	No
	If 'Yes,' describe these new services on Schedule O.		
		'es 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 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	by exper	ises.
	and revenue, if any, for each program service reported.	и схроп.	505,
4 a	a (Code:) (Expenses \$ 4,064,866. including grants of \$) (Revenue \$	176,2	55.)
	PROVIDED SHELTER TO APPROXIMATELY 2,600 HOMELESS PEOPLE; PROVIDED APPROXIMATE		
	174,000 MEALS TO HOMELESS PEOPLE; AND PROVIDED DRUG AND ALCOHOL RECOVERY PRO		
	FOR THE 18-MONTH MEN'S PROGRAM (ACADEMY), APPROXIMATELY 464 MEN WERE SERVED	- 64 N	ÆN
	TRANSITIONED TO AFTERCARE AND 67 FOUND EMPLOYMENT AND 8 ENROLLED IN TRADE SC		
	COLLEGE. FOR THE 18-MONTH WOMEN'S PROGRAM (RESCUE THE CHILDREN), 175 WOMEN A		
	CHILDREN WERE SERVED - 14 WOMEN TRANSITIONED TO AFTERCARE AND 16 FOUND EMPLO		
	WERE ENROLLED IN COLLEGE, AND 27 MOTHERS WERE REUNITED WITH THEIR CHILDREN.		
	THE MISSION'S PRIMARY FINANCIAL SUPPORT COMES FROM CONTRIBUTIONS FROM INDIVI	DUALS	AND
	BUSINESSES.		
4 b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			
4 c	c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
			
4 d	d Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	e Total program service expenses ► 4.064.866		

Part IV Checklist of Required Schedules

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

Form 990 (2017) FRESNO RESCUE MISSION, INC. Part IV Checklist of Required Schedules (continued)

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

Part V | Statements Regarding Other IRS Filings and Tax Compliance

Check	if Schedule O contains a response or note to any line in this Part V						
					Yes	No	
1 a Enter the r	number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	23				
b Enter the r	umber of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0				
c Did the orga (gambling)	anization comply with backup withholding rules for reportable payments to vendors and a winnings to prize winners?.	reportab	le gaming	1 c			
2a Enter the r	number of employees reported on Form W-3, Transmittal of Wage and Tax State-		101				
	d for the calendar year ending with or within the year covered by this return		131	0.1	v		
	one is reported on line 2a, did the organization file all required federal employments sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see in			2b	Х		
	anization have unrelated business gross income of \$1,000 or more during the year		•	3 a		Х	
•	filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>			3 b		71	
•	during the calendar year, did the organization have an interest in, or a signature or other to count in a foreign country (such as a bank account, securities account, or other to					Х	
	er the name of the foreign country: ►	IIIIaiiCia	r account)?	4 a		Λ	
See instruct	ions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	l Accour	its (FBAR).				
	ganization a party to a prohibited tax shelter transaction at any time during the ta	-		5 a		X	
-	able party notify the organization that it was or is a party to a prohibited tax shel			5 b		Х	
c If 'Yes,' to	line 5a or 5b, did the organization file Form 8886-T?			5 c	<u> </u>		
6 a Does the o solicit any	rganization have annual gross receipts that are normally greater than \$100,000, a contributions that were not tax deductible as charitable contributions?	and did	the organization	6a		Х	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
7 Organizations that may receive deductible contributions under section 170(c).							
a Did the org	anization receive a payment in excess of \$75 made partly as a contribution and povided to the payor?	partly fo	or goods and	7 a	X		
•	I the organization notify the donor of the value of the goods or services provided?			7 b	Х		
	anization sell, exchange, or otherwise dispose of tangible personal property for which it?	was req	uired to file	7 c		Х	
d If 'Yes,' inc	licate the number of Forms 8282 filed during the year	7 d					
e Did the org	anization receive any funds, directly or indirectly, to pay premiums on a personal	l benefit	t contract?	7 e		Χ	
f Did the org	anization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit cor	ntract?	7 f		Х	
	zation received a contribution of qualified intellectual property, did the organization file 1?	Form 88	399 	7 g			
h If the organ Form 1098	nization received a contribution of cars, boats, airplanes, or other vehicles, did the -C?	e organ	ization file a	7 h			
	organizations maintaining donor advised funds. Did a donor advised fund maintained in have excess business holdings at any time during the year?	-	, -	8			
ŭ	g organizations maintaining donor advised funds.			0			
-	onsoring organization make any taxable distributions under section 4966?			9 a			
	onsoring organization make a distribution to a donor, donor advisor, or related pe			9 b			
	1(c)(7) organizations. Enter:	. 50.11		3.5			
	es and capital contributions included on Part VIII, line 12	10 a					
	ipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b					
11 Section 50	1(c)(12) organizations. Enter:						
	me from members or shareholders	11 a					
b Gross inco against am	me from other sources (Do not net amounts due or paid to other sources ounts due or received from them.).	11 b					
•	47(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		1041?	12a			
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b							
13 Section 501(c)(29) qualified nonprofit health insurance issuers.							
a Is the organization licensed to issue qualified health plans in more than one state?							
Note. See	the instructions for additional information the organization must report on Schedu	ıle O.					
b Enter the a which the d	mount of reserves the organization is required to maintain by the states in organization is licensed to issue qualified health plans	13 b					
	mount of reserves on hand	13 c					
14a Did the org	anization receive any payments for indoor tanning services during the tax year?.			14a		Х	
b If 'Yes,' ha	s it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedu	<i>lle O</i>	14 b			
۸۸	TEE 0010EL 00/09/17	-		Form	aan /	(2017)	

Form 990 (2017) FRESNO RESCUE MISSION, INC. 94-1279785 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15 a Χ **b** Other officers or key employees of the organization..... 15 b 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?..... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request X Other (explain in Schedule O) SEE SCH. O Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

MARIA VARGAS 310 G STREET

Form 990	(2017)	FRESNO	RESCUE	MISSION.	TNC

94-1279785

Page 7

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

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

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

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

				(C)							
Na	(A) ame and Title	(B) Average	Pos thar	Position (do not check more than one box, unless person is both an officer and a director/trustee)			re on	(D) Reportable	(E) Reportable	(F) Estimated	
		hours per	0 =					Т	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the
		week (list any hours for	Individual trustee or director	Institutional trustee	Officer	Key e	Highest co employee	om	(W-2/1099-WISC)	(W-2/1099-WISC)	organization and related
		related organiza-	dividual	tions	<u>-</u> ₹	/ employee	st co yee	ď			organizations
		tions below	mst	il tru		yee	nper				
		dotted line)	8	stee			Highest compensated employee				
(1) STEVE PI	EARSON, CPA	2					٥				
DIRECTO		0	X						0.	0.	0.
(2) JEFFREY	BERGMAN	2									
SECRETAI		0	Х		Χ				0.	0.	0.
	OCHELTREE CPA	22									
CHAIRMAI		0	X		Χ				0.	0.	0.
(4) JIM MOS(2									_
DIRECTO		0	Х						0.	0.	0.
(5) LEONEL A		2	.,						0	0	0
DIRECTO		0	Х						0.	0.	0.
(6) ROBERT A		2	Х		Х				0.	0.	0
		2	X		Λ				0.	0.	0.
(7) MATTHEW TREASURI		$-\frac{2}{0}$	Х		Χ				0.	0.	0.
	DAVID CAROTHERS	2	Λ		Λ				0.	0.	<u> </u>
DIRECTO		- 2 -	Х						0.	0.	0.
	ON TERRELL	2							· ·	· ·	<u> </u>
DIRECTO		0	Х						0.	0.	0.
(10) LONNIE I	PETTY	2									
DIRECTO	ξ	0	Х						0.	0.	0.
(11) EMIL RUS	SCONI	2									
DIRECTO	₹	0	X						0.	0.	0.
	reinhauer	22									
DIRECTO		0	X						0.	0.	0.
(13) DON ESKI		32_									
EXECUTIV	Æ DIR.	8			X				77,192.	0.	0.
<u>(14)</u>	. – – – – – – – – – – – – – – – – – – –										

Part VII Section A. Officers, Directors, Tru	1	Key	Em	_	_	es,	and	d Highest Com	pensated Emp	oyees	(conti	nued)
(A) (B) (C) Position (do not check more than one												
(A)	Average hours	(do	not o	heck: ss pe	more erson	than	one h an	(D)	(E)	_	(F)	1
Name and title	per week	offic	cer ar	nd a d	direct	or/trus	tee)	Reportable compensation from the organization	Reportable compensation from related organizations	amo	stimated unt of ot ipensation	her
	(list any hours	or d	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	f	om the anizatio	
	for related	Individual trustee or director	tutio	쯗	emp	lest o	ner			an	d related anization	d
	organiza - tions	Q ₹	nalt		oloye	omp				*-5		
	below dotted line)	Istee	ruste		0	ensa						
	iiie)		কৈ			ited						
(15)												
(16)												
(17)												
(17)												
(18)												
(19)												
(20)												
(01)												
(21)												
(22)												
	1											
(23)	1											
(24)												
(35)												
(25)												
1 b Sub-total		<u> </u>					>	77,192.	0.			0.
c Total from continuation sheets to Part VII, Secti	on A						▶	0.	0.			0.
d Total (add lines 1b and 1c).								77,192.	0.			0.
2 Total number of individuals (including but not limited	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	า	
from the organization 0												
											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru	stee, <i>al</i>	key	em/	ploy	/ee,	or h	nighest compensat	ted employee	3		Х
,												71
the organization and related organizations greate	er than \$1	50,00	00?	115α f '}	es,	com	iple	te Schedule J for	ITOTTI			.,
such individual										. 4		X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' comple	isatio <i>te Sc</i>	n tro chea	om Iule	any <i>J fo</i>	unre <i>r suc</i>	late ch p	ed organization or erson	ındıvıdual	. 5		Х
Section B. Independent Contractors										1		
Complete this table for your five highest compen compensation from the organization. Report compen	sated indes	epend	dent	COI	ntrad	ctors	tha	t received more the	nan \$100,000 of			
		110 0	alcin	uui .	ycui	Crian	iig v	(B)	Ť		C)	
(A) Name and business add	ress							Description of	of services	Compe	nsatio	n
2 Total number of independent contractors (including t	out not lim	ited to) thr	se I	ister	aho	ve)	Mho received more	than			
\$100,000 of compensation from the organization							-/	2				

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			(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	b c d e f	Federated campaigns				
	h	Total. Add lines 1a-1f▶	5,208,046.			
Program Service Revenue	2a b		176,255.	176,255.		
Servi	d					
ran	e	All other program service revenue				
rog		Total. Add lines 2a-2f	176,255.			
ш	3	Investment income (including dividends, interest and other similar amounts)	4,992.			4,992.
	4	Income from investment of tax-exempt bond proceeds .				
	5	Royalties				
	6 2	Gross rents				
		Less: rental expenses				
		Rental income or (loss)				
		Net rental income or (loss)				
		Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 190,000.				
	b	Less: cost or other basis and sales expenses				
	С	Gain or (loss)				
		Net gain or (loss)	132,444.			132,444.
Other Revenue	8 a	Gross income from fundraising events (not including. \$ of contributions reported on line 1c).				
Re		See Part IV, line 18 a 268,579.				
er	b	Less: direct expenses b 105,773.				
Œ	С	Net income or (loss) from fundraising events	162,806.			162,806.
,	9 a	Gross income from gaming activities. See Part IV, line 19 a				
	b	Less: direct expenses				
	С	Net income or (loss) from gaming activities ▶				
		Gross sales of inventory, less returns and allowances a				
		Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11 a	OTHER INCOME	8,660.	8,660.		
	ııa b		0,000.	0,000.		
	c					
	d	All other revenue				
	е	Total. Add lines 11a-11d	8,660.			
	12	Total revenue. See instructions	5.693.203.	184.915.	0.	300.242.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re	<u>'</u>			
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,329.	4,329.	3	,
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,020	2,020		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	77,192.	37,824.	38,596.	772.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,799,679.	1,351,356.	197,508.	250,815.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,755,075.	1,331,330.	137,300.	230,013.
9	Other employee benefits	272,654.	197,951.	44,262.	30,441.
10	Payroll taxes	148,919.	108,813.	16,913.	23,193.
11	Fees for services (non-employees):				
a	Management				
Ł	Legal	22,015.	4,519.	17,496.	
C	: Accounting	77,980.		77,980.	
C	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
12	Advertising and promotion	533,553.	90,763.	2,728.	440,062.
13	Office expenses	28,798.	26,543.	1,581.	674.
14	Information technology	207.300	20,0101		<u> </u>
15	Royalties				
16	Occupancy	296,614.	279,173.	7,267.	10,174.
17	Travel	26,721.	25,161.	558.	1,002.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,		,
19	Conferences, conventions, and meetings				
20	Interest	118,928.	118,928.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	381,038.	359,805.	12,781.	8,452.
23	Insurance	160,134.	148,836.	4,707.	6,591.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	FOOD_COSTS-IN-KIND	698,124.	698,124.		
ŀ	PROGRAM SUPPLIES & EXPENSE	162,196.	162,196.		
	PROFESSIONAL FEES	137,719.	92,617.	38,213.	6,889.
C	FOOD & VENDING	101,275.	77,486.	219.	23,570.
e	All other expenses	374,580.	280,442.	16,402.	77,736.
25	Total functional expenses. Add lines 1 through 24e	5,422,448.	4,064,866.	477,211.	880,371.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,088,506.	1	834,323.
	2	Savings and temporary cash investments			1,414,605.	2	2,753,494.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			832,103.	4	725,123.
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated et Part II of Schedule L	officers nploye	s, directors, es. Complete		-	
	c			_		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(1) employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ind contributing untary employees' I of Schedule L		6		
sts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
Ä	9	Prepaid expenses and deferred charges			43,115.	9	48,865.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	12,075,078.			
	b	Less: accumulated depreciation	10 b	3,381,512.	8,955,683.	10 c	8,693,566.
	11	Investments – publicly traded securities			,	11	
	12	Investments – other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11.		13			
	14	Intangible assets		435,202.	14	418,204.	
	15	Other assets. See Part IV, line 11			308,701.	15	307,310.
	16	Total assets. Add lines 1 through 15 (must equal line	34)		15,077,915.	16	13,780,885.
	17	Accounts payable and accrued expenses	129,842.	17	601,128.		
	18	Grants payable		L.	0 101 500	18	1 505 065
	19	Deferred revenue		<u> </u>	3,421,723.	19	1,597,967.
(A	20	Tax-exempt bond liabilities		<u> </u>		20	
ţį	21	Escrow or custodial account liability. Complete Part I		<u> </u>		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	l disau	alified persons.		22	
	23	Secured mortgages and notes payable to unrelated th	ird par	ties	8,028,017.	23	7,812,703.
	24	Unsecured notes and loans payable to unrelated third	parties	S	, ,	24	, ,
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			1.	25	
	26	Total liabilities. Add lines 17 through 25			11,579,583.	26	10,011,798.
S		Organizations that follow SFAS 117 (ASC 958), check he	re ►	X and complete			
8	0-	lines 27 through 29, and lines 33 and 34.			0.400.000	0=	0 800 00=
a	27	Unrestricted net assets			3,498,332.	27	3,769,087.
Ba	28	Temporarily restricted net assets.				28	
nd	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.	re F				
S.	30	Capital stock or trust principal, or current funds				30	
8	31	Paid-in or capital surplus, or land, building, or equipm	ent fur	nd		31	
As	32	Retained earnings, endowment, accumulated income,	or oth	er funds		32	
let	33	Total net assets or fund balances			3,498,332.	33	3,769,087.
_	34	Total liabilities and net assets/fund balances			15,077,915.	34	13,780,885.

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Pa	art XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	1 Total revenue (must equal Part VIII, column (A), line 12)		1	5	693	3,20	J3.
2	2 Total expenses (must equal Part IX, column (A), line 25)		2	5	422	2,44	48.
3	Revenue less expenses. Subtract line 2 from line 1		3		270	7.	<u>55.</u>
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	3	498		
5	5 Net unrealized gains (losses) on investments		5			, -	
6	6 Donated services and use of facilities		6				
7	7 Investment expenses		7				
8	8 Prior period adjustments		8				
9	9 Other changes in net assets or fund balances (explain in Schedule O)		9				0.
10							<u> </u>
	column (B))		10	3	769	0,08	37.
Pa	art XII Financial Statements and Reporting		-				
	Check if Schedule O contains a response or note to any line in this Part XII						
							No
1	1 Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain						
_	in Schedule O.						V
23	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				a .		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled separate basis, consolidated basis, or both:	or reviewe	ed on a	a			
	Separate basis Consolidated basis Both consolidated and separate basis						
ı	b Were the organization's financial statements audited by an independent accountant?			2	b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited o basis, consolidated basis, or both:	n a separa	ite				
	Separate basis X Consolidated basis Both consolidated and separate basis						
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or review, or compilation of its financial statements and selection of an independent accountant?	of the audit,			c c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex in Schedule O.	plain					
3	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?				a		Х
			:1		а	_	Λ
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits explain why in Schedule O and describe any steps taken to undergo such audits.	equired aud	IL		h		

TEEA0112L 08/08/17

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

vame	or the	organization					-	imployer identifica	ation number	ſ
FRE	ESN(O RESCUE MISSION, I						94-127978		
Par	tΙ	Reason for Public Cha	rity Status (All or	ganizations must o	comple	te this	part.)	See instruc	tions.	
		nization is not a private found	lation because it is: (For lines 1 through 12,	check o	nly one	box.)			
1		A church, convention of church	es, or association of ch	nurches described in sect	tion 1 70 (b)(1)(A)((i).			
2		A school described in section 1					•			
3	H	A hospital or a cooperative h		·		•	\\iii\			
4	H	A medical research organiza						'bV1VAViii\ =	ntor the h	ospital's
4	Ш	name, city, and state:								
5	Ш	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or oper	ated by	a govern	mental unit de	escribed in	า
6		A federal, state, or local gove	ernment or governme	ntal unit described in s	ection 1	70(b)(1))(A)(v).			
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	it or from	the general pul	olic describ	ped
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
9		An agricultural research organi	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a	land-grant colle	ege	
	ш	or university or a non-land-gran								
		university:								
10		An organization that normally r from activities related to its investment income and unre June 30, 1975. See section 5	eceives: (1) more than exempt functions—sub- lated business taxable	33-1/3% of its support from the support of the supp	ns, and	(2) no r	more thai	n 33-1/3% of i	ts support	t from gross
11		An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4).		
12		An organization organized ar	nd operated exclusive	ly for the benefit of, to	perform	the fun	ctions of	, or to carry o	ut the pur	poses of one
		or more publicly supported o lines 12a through 12d that de	rganizations describe escribes the type of si	d in section 509(a)(1) dupporting organization :	or sectio and com	n 509(a) plete lir)(2). See nes 12e.	12f. and 12g.)(3). Uned	k the box in
ā		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect	d. or controlled by its sur	ported o	rganizati	ion(s), tvr	ically by giving	the suppo on. You m i	orted ust
ŀ	, \Box	Type II. A supporting organiz		ontrolled in connection	with its	support	ted organ	ization(s), by	having co	ntrol or
		management of the supporting must complete Part IV, Section	organization vested in	the same persons that co	ontrol or	manage	the supp	orted organizat	ion(s). You	1
(; <u> </u>	Type III functionally integrated organization(s) (see instructi	A supporting organizat	ion operated in connection	n with, an	nd function	onally inte	grated with, its	supported	
C	I 🗌	Type III non-functionally integrated. The of	r ated. A supporting org organization generally	anization operated in cor must satisfy a distribu	nection	with its s	supported	organization(s	that is no	ot ent (see
6	· 🖂	instructions). You must com Check this box if the organiz	ation received a writte	en determination from t	the IRS	that it is	a Type I	, Type II, Typ	e III functi	ionally
	En	integrated, or Type III non-futer the number of supported of	nctionally integrated:	supporting organizatior	١.				Г	
		ovide the following information	3							
,		me of supported organization					44 000	unt of monetary		1.6.11
	(I) Na	ine oi supporteu organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g docur	overning		see instructions)		mount of other (see instructions)
					Yes	No				
(A)										
<u>,,,,</u>										
(B)										
(C)										
(D)										
(E)										
T_+										

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

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

Section A. Public Support							
Cale begi	ndar year (or fiscal year nning 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.')	5,220,895.	4,689,072.	4,450,913.	4,817,961.	5,208,046.	24,386,887.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	5,220,895.	4,689,072.	4,450,913.	4,817,961.	5,208,046.	24,386,887.
6	Public support. Subtract line 5 from line 4						24,386,887.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	5,220,895.	4,689,072.	4,450,913.	4,817,961.	5,208,046.	24,386,887.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,229.	54,852.	-801.	600.	4,992.	71,872.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	10,003	31,002.	001.	550.	1, 332.	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	274,537.	535,188.	124,630.	1,405,574.	303,910.	2,643,839.
	Total support. Add lines 7 through 10						27,102,598.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20						89.98%
15	Public support percentage from					<u> </u>	90.00%
16a	33-1/3% support test—2017. If t and stop here. The organization	he organization di qualifies as a pul	d not check the bolicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, checl	k this box
b	b 33-1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	r e. Explain in Part	t VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an Private foundation. If the organi	meets the 'facts-a d-circumstances'	and-circumstance: test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Part ed organization.	t VI how the

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

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

Sec	tion A. Public Support	,		,			
	dar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support					1	
	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)	⁽³⁾ ▶ □
	tion C. Computation of Pul						
	Public support percentage for 20						%
	Public support percentage from 2					16	%
	tion D. Computation of Inv				(6)	17	0,
	Investment income percentage for	•	• • •	-			0/0
	Investment income percentage fit 33-1/3% support tests—2017. If t						<u> </u>
	is not more than 33-1/3%, check 33-1/3% support tests—2016. If t	this box and sto he organization o	p here. The organ did not check a bo	ization qualifies x on line 14 or lii	as a publicly supp ne 19a, and line 1	orted organizatio	n ▶ 📗
	line 18 is not more than 33-1/3%	o, check this how	and ston here . Th	e organization di	jalifies as a nublic	dv supported ora:	anization PII

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

Sche	edule A (Form 990 or 990-EZ) 2017 FRESNO RESCUE MISSION, INC.		94-12	79785 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion 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):			
á	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). Schedule A (Form 990 or 990-EZ) 2017

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			
DAA		Calcadala A /Ea	000 000 EZ\ 0013

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Schedule A (Form 990 or 990-EZ) 2017

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2017	2016	2015	2014	2013
OTHER INCOME \$ ADMINISTRATIVE SERVICES	8,660.	\$ 1,872. \$	13,999. \$	10,077. 430,507. \$	153,614.
NET INCOME-FUNDRAISING GROSS SALES OF INVENTORY	162,806.	140,446.	110,631.	94,604.	116,607. 4,316.
HSR RELOCATION REVENUE		1,149,633.			,
GAIN ON SALE OF ASSETS	132,444.	113,623.			
TOTAL \$	303,910.	<u>\$1,405,574.</u> \$	<u> 124,630.</u> \$	535 , 188. \$	<u> 274,537.</u>

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

Department of the Treasury Internal Revenue Service

Name of the organization

PUBLIC DISCLOSURE COPY

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Employer identification number

FRESNO RESCUE MISSION, INC.		94-1279785
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter numb	ber) organization
	4947(a)(1) nonexempt char	ritable trust not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private for	oundation
1 01111 330 1 1		
		ritable trust treated as a private foundation
	501(c)(3) taxable private fo	oundation
Check if your organization is covered by the Ger	neral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10)	organization can check boxes for bo	oth the General Rule and a Special Rule. See instructions.
General Rule		
		ng the year, contributions totaling \$5,000 or more (in money or ns for determining a contributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)	(vi), that checked Schedule A (Form 99 ng the year, total contributions of the	Z that met the 33-1/3% support test of the regulations 90 or 990-EZ), Part II, line 13, 16a, or 16b, and that e greater of (1) \$5,000 or (2) 2% of the amount on (i) and II.
For an organization described in section during the year, total contributions of m purposes, or for the prevention of cruel	ore than \$1,000 exclusively for relig	990 or 990-EZ that received from any one contributor, gious, charitable, scientific, literary, or educational Parts I, II, and III.
during the year, contributions <i>exclusive</i> \$1,000. If this box is checked, enter her	ly for religious, charitable, etc., purprete the total contributions that were rearnly of the parts unless the Gener	990 or 990-EZ that received from any one contributor, coses, but no such contributions totaled more than received during the year for an <i>exclusively</i> religious, ral Rule applies to this organization because \$5,000 or more during the year
	/. line 2. of its Form 990: or check the	ecial Rules doesn't file Schedule B (Form 990, 990-EZ, or he box on line H of its Form 990-EZ or on its Form 990-PF, B (Form 990, 990-FZ, or 990-PF)

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

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

age

1 of

1 of Part I

FRESNO RESCUE MISSION, INC.

Employer identification number

94-1279785

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$128,676.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$155,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

FRESNO RESCUE MISSION, INC.

Name of organization

Employer identification number

94-1279785

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

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additi	onal space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY		
1	<u> </u>		
		======================================	VARIOUS_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u></u>	 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>	⁵	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u></u>	 	
	<u> </u>	⁵	

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page of Part III Name of organization Employer identification number FRESNO RESCUE MISSION, INC. 94-1279785 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	N/A				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	of gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gift			
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee	
	<u></u>		 		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FRESNO RESCUE MISSION, INC. 94-1279785 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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..... 1 Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes 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 No impermissible private benefit?.... Yes **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 land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 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 violations, No 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. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a 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.....

Part III Organizations Maintaining Coll	ections of Art, Histo	orical Treasures, or	Other Similar As	sets (continu	ued)			
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):								
a Public exhibition	d Loan	or exchange programs						
b Scholarly research	e Other							
c Preservation for future generations								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Part IV Escrow and Custodial Arrange line 9, or reported an amount or	ments. Complete if t n Form 990, Part X,	he organization and line 21.	swered 'Yes' on F	orm 990, Pa	rt IV,			
1 a Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermediary	for contributions or other	er assets not included	Yes	□No			
b If 'Yes,' explain the arrangement in Part XIII								
				Amount				
c Beginning balance			1с					
d Additions during the year			1 d					
e Distributions during the year			1 e					
f Ending balance			1f					
2a Did the organization include an amount on Fo	orm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes	No			
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explar	nation has been provide	d on Part XIII					
				_	_			
Part V Endowment Funds. Complete it	the organization ar	swered 'Yes' on Fo	orm 990, Part IV, I	ine 10.				
(a) Curren	nt year (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four yea	rs back			
1 a Beginning of year balance								
b Contributions								
c Net investment earnings, gains,								
and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage of the curr	ent year end balance (lir	ne 1g, column (a)) held	as:					
a Board designated or quasi-endowment ▶	%							
b Permanent endowment ►	00							
c Temporarily restricted endowment ►	%							
The percentages on lines 2a, 2b, and 2c should	equal 100%.							
3 a Are there endowment funds not in the possessio organization by:	n of the organization that a	are held and administered	I for the	Yes	No			
(i) unrelated organizations				3a(i)	1			
(ii) related organizations					1			
b If 'Yes' on line 3a(ii), are the related organization					1			
4 Describe in Part XIII the intended uses of the	•							
Part VI Land, Buildings, and Equipmer								
Complete if the organization and	swered 'Yes' on Form	n 990, Part IV, line	11a. See Form 9					
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue			
1 a Land		3,636,178.		3,636	5,178.			
b Buildings		7,419,126.	2,549,479.	4,869	647.			
c Leasehold improvements		186,740.	141,289.	45	,451.			
d Equipment		691,648.	574,335.	117	,313.			
e Other		141,386.	116,409.	24	1,977.			
Total. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X, o	column (B), line 10c.).		8,693	3,566.			
DAA			Caha	dula D (Form 00)	0) 2017			

Schedule **D** (Form 990) 2017

Part VII Investments — Other Securities.		N/A
		0, Part IV, line 11b. See Form 990, Part X, line 12
(a) Description of security or category (including name of secu	* * * * * * * * * * * * * * * * * * * *	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12		37 / 7
Part VIII Investments — Program Related	wered 'Yes' on Form 99	N/A 0, Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	(4) 2001 04110	(2)
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 1.	3.) ▶	
Part IX Other Assets.	N/A	1
Complete if the organization ansi		0, Part IV, line 11d. See Form 990, Part X, line 15
(1)	(a) Description	(b) Book value
<u>(1)</u> <u>(2)</u>		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, co	lumn (B) line 15.)	
Part X Other Liabilities.	al an Farma 000 Dark IV line 1	11 11f Can Farma 000 Dant V Line 0F
Complete if the organization answered 'Ye (a) Description of liability	(b) Book value	· · · ·
(1) Federal income taxes	(b) Book value	:
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25	i.) ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statemen	•	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, F	Part IV, line 12a.	
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	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2 e
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	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Return N/A
- and the second and	ind with Expenses per	INCUALITY IN / II
Complete if the organization answered 'Yes' on Form 990, F		Notarii. 11/11
	Part IV, line 12a.	1
Complete if the organization answered 'Yes' on Form 990, F	Part IV, line 12a.	T T
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements	Part IV, line 12a.	T T
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	Part IV, line 12a.	T T
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements	Part IV, line 12a. 2a 2b	T T
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements	2a 2b 2c	T T
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses.	Part IV, line 12a. 2a	T T
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.)	Part IV, line 12a. 2a	1
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	Part IV, line 12a. 2a	1
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	Part IV, line 12a. 2a	1
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Part IV, line 12a. 2a	1
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b	Part IV, line 12a. 2a	2e 3
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	Part IV, line 12a. 2a	1

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

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND HAS ALSO BEEN RECOGNIZED BY THE CALIFORNIA FRANCHISE TAX BOARD AS A TAX-EXEMPT ORGANIZATION UNDER CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701(D), AND CONTRIBUTIONS TO IT ARE TAX DEDUCTIBLE WITHIN LIMITATIONS PRESCRIBED BY THE CODE. THE ORGANIZATION HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION, WHICH IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE ORGANIZATION IS SUBJECT TO INCOME TAXES ON ANY

Schedule D (Form 990) 2017

Part XIII Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

UNRELATED BUSINESS INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY

CARRIED ON AND NOT IN THE FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED

EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM

ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO

THE ACCOMPANYING FINANCIAL STATEMENTS TAKEN AS A WHOLE.

THE ORGANIZATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF AN UNCERTAIN TAX
POSITION ONLY AFTER CONSIDERING THE PROBABILITY THAT A TAX AUTHORITY WOULD SUSTAIN
THE POSITION IN AN EXAMINATION. FOR TAX POSITIONS MEETING A "MORE LIKELY THAN NOT"
THRESHOLD, THE AMOUNT RECOGNIZED IN THE FINANCIAL STATEMENTS IS THE BENEFIT EXPECTED
TO BE REALIZED ON SETTLEMENT WITH THE TAX AUTHORITY. FOR TAX POSITIONS NOT MEETING
THE THRESHOLD, NO FINANCIAL STATEMENT BENEFIT IS RECOGNIZED. AS OF DECEMBER 31,
2017, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS. THE ORGANIZATION RECOGNIZES
INTEREST AND PENALTIES, IF ANY, RELATED TO UNCERTAIN TAX POSITIONS AS INCOME TAX
EXPENSE. INCOME TAX RETURNS PRIOR TO 2012 ARE NO LONGER SUBJECT TO EXAMINATION BY
TAX AUTHORITIES. THE ORGANIZATION IS RELYING ON ITS EXEMPT STATUS AND ITS ADHERENCE
TO ALL APPLICABLE LAWS AND REGULATIONS TO PRESERVE THAT STATUS.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

FRESNO RESCUE MISSION, INC. 94-1279785 **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key Yes X No **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Sche	edule	G (Form 990 or 990-EZ) 2017 FRESNO	RESCUE MISSION	, INC.	94-12	79785 Page 2
		Fundraising Events. Complete if t more than \$15,000 of fundraising List events with gross receipts gre	he organization ar event contributions	nswered 'Yes' on Fo	rm 990, Part IV, li on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
R			(a) Event #1 FALL BANQUET (event type)	(b) Event #2 GOLF TOURN. (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
R E V E N U E	1	Gross receipts	181,403.	87,176.		268,579.
E	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	181,403.	87,176.		268,579.
	4	Cash prizes				
D	5	Noncash prizes				
R E C T	6	Rent/facility costs				
	7	Food and beverages				
E X P E N S E S	8	Entertainment				
N S E	9	Other direct expenses	51,394.	54,379.		105,773.
	10 11	Net income summary. Subtract line 10 fro Gaming. Complete if the organiza	om line 3, column (d).			105,773. 162,806. ported more than
		\$15,000 on Form 990-EZ, line 6a.				48711
R E V E N U E			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
U E	1	Gross revenue				
F	2	Cash prizes				
D X I P R E E N	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses		0		
	6	Volunteer labor	Yes 8	Yes%	Yes 8	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			
	8	Net gaming income summary. Subtract lin	ne 7 from line 1, colum	nn (d)	>	
9	Ente	er the state(s) in which the organization co	nducts gaming activitie	es:		
		ne organization licensed to conduct gaming lo,' explain:	activities in each of th	nese states?		Yes No

b If 'Yes,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

Sch	edule G (Form 990 or 990-EZ) 2017 FRESNO RESCUE MISSION, INC.	94-1279	9785	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed t administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1		
	a The organization's facility.	13a		%
	b An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:		
	Name ►			
	Address ►			
	a Does the organization have a contract with a third party from whom the organization receives gaming reverse bild 'Yes,' enter the amount of gaming revenue received by the organization and of gaming revenue retained by the third party tild 'Yes,' enter name and address of the third party:			No
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the		
	organization's own exempt activities during the tax year ► \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, c and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a	olumns ((iii) and ((v);
	information. See instructions.	rry addit	ioriai	

SCHEDULE M (Form 990)

Name of the organization

Noncash Contributions

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.ir

FRESNO RESCUE MISSION,

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

94-1279785

Par	irt i Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method on noncash cor	(d) of determin tribution a	ning mounts
1	Art — Works of art						
2	Art – Historical treasures						
3	Art – Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6							
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust inte	rests.					
12	Securities - Miscellaneous						
13	Qualified conservation contribution — Historic structures						
14	Qualified conservation contribution - Othe	r					
15	Real estate – Residential						
16	Real estate - Commercial						
17	Real estate — Other						
18	Collectibles						
19	Food inventory	X	1	698,124.	COST		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other • ()					
26)					
27)					
28	Other► ()			ı		
29	Number of Forms 8283 received by the organi organization completed Form 8283, Part IV				29		
						Yes	No
30a	a During the year, did the organization receive to it must hold for at least three years from the						
	for exempt purposes for the entire holding) a	Х
b	b If 'Yes,' describe the arrangement in Part I	•					
	Does the organization have a gift acceptar		res the review of any r	nonstandard contributio	ns? 3 °	Х	
32a	Does the organization hire or use third par noncash contributions?	•			33	2a	Х
h	b If 'Yes,' describe in Part II.				32		/\
	If the organization didn't report an amount describe in Part II.	in column (c) for a	type of property for wh	nich column (a) is chec	ked,		

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

BAA TEEA4602L 08/10/17 Schedule M (Form 990) (2017)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FRESNO RESCUE MISSION, INC

Employer identification number 94-1279785

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

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR BEFORE IT IS SIGNED. A COPY IS ALSO GIVEN TO ALL BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING.

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

EACH BOARD MEMBER RECEIVES A COPY OF THE CONFLICT OF INTEREST POLICY. EACH BOARD

MEMBER IS REQUIRED TO READ, UNDERSTAND AND COMPLY WITH THE POLICY AND SIGN A

STATEMENT TO THAT EFFECT. THERE IS A DUTY TO DISCLOSE ANY ACTUAL OR POSSIBLE

CONFLICT OF INTEREST TO THE BOARD. BOARD MEMBERS NOT IMPACTED BY THE CONFLICT OF

INTEREST WILL ASSESS THE ISSUE AND TAKE NECESSARY ACTION.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE CEO FOR THE ORGANIZATION IS ALSO THE CEO FOR FRESNO RESCUE MISSION FOUNDATION
AND FRESNO WORKS, INC.

FRESNO RESCUE MISSION, INC. PAYS 100% OF THE COMPENSATION OF THE CEO. THE MISSION
THEN CHARGES THE AFFILIATED ORGANIZATIONS AN ADMINISTRATIVE ALLOCATION FOR SERVICES
RENDERED BY THE CEO TO THE AFFILIATES.

FRESNO RESCUE MISSION, INC.'S EXECUTIVE COMMITTEE MEETS ANNUALLY TO REVIEW AND SET
THE CEO'S SALARY. COMPENSATION IS BASED UPON JOB PERFORMANCE AND INDUSTRY DATA THAT
IS AVAILABLE. A RECOMMENDATION FOR COMPENSATION IS THEN MADE TO THE ENTIRE BOARD AND
THE BOARD MAKES THE FINAL DETERMINATION.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION

EXEMPT ORGANIZATION RETURNS ARE AVAILABLE AT GUIDESTAR.ORG, ON THE FRESNO RESCUE

MISSION, INC. WEBSITE, AND UPON REQUEST.

Name of the organization

FRESNO RESCUE MISSION, INC.

Employer identification number
94-1279785

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE ON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

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

2017

2017

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FRESNO RESCUE MISSION, INC.

Employer identification number 94-1279785

(a) Name, address, and EIN (if applicable) of disregarded el	ntity (b) Primary ac	ctivity	Legal dom or foreign	icile (state	То	(d) tal income	End-c	(e) of-year assets	Dire	(f) ct contro entity	lling
<u>(1)</u>											
(2)											
<u>(2)</u>											
(3)											
Part II Identification of Related Tax-Exempt On had one or more related tax-exempt org	rganizations. Complete anizations during the ta	if the organs	anization	answered	d 'Yes	on Form 990	0, Part	IV, line 34,	becau	ise it	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domic or foreign	cile (state	(d) Exempt (section	Code	(e) Public charity (if section 501)	status (c)(3))	(f) Direct contro entity	olling	Sec 512 controlled	(b)(13) d entity?
AN EDECNO DECOME MICCION FOUNDATION										Yes	No
(1) FRESNO RESCUE MISSION FOUNDATION 310 G STREET	RAISE/HOLD FUNDS										
FRESNO, CA 93706 77-6187872	FOR FRESNO RESCUE MISS.	C	7 \	501 (C)	(3)	SCHEDULE LN 112		N/A		Х	
(2) FRESNO WORKS, INC.		C.	ra	301 (0)	(3)	<u> </u>	n	N/A		Λ	
310 G STREET FRESNO, CA 93706	THRIFT STORE, JOB TRAINING FOR					SCHEDULE	: A.				
68-0582604	THE NEEDY	C	A	501 (C)	(3)	LN 9		N/A		X	
<u>(3)</u>											

Part III	Identification of Related Organizations because it had one or more related orga	Taxable as a Partnership	Complete if the organization	answered 'Yes'	on Form 990,	Part IV, line 34,
	because it had one of more related orga	nizations treateu as a par	thership during the tax year.			

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	Dispr tior	h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti) ral or aging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
(1)												
(2)												
(3)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlled	(b)(13) d entity?
		country)	Critity	or trusty				Yes	No
(1)									
(2)									
(3)									
									1

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

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		Х
b Gift, grant, or capital contribution to related organization(s)			1b		Х
c Gift, grant, or capital contribution from related organization(s)			1с		Χ
d Loans or loan guarantees to or for related organization(s).			1 d		Х
e Loans or loan guarantees by related organization(s)			1e		Х
f Dividends from related organization(s)					X
g Sale of assets to related organization(s)					X
h Purchase of assets from related organization(s)					X
i Exchange of assets with related organization(s)					X
j Lease of facilities, equipment, or other assets to related organization(s)			1j		X
k Lease of facilities, equipment, or other assets from related organization(s)			1k		Х
I Performance of services or membership or fundraising solicitations for related organization(s)			11		Х
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		Х
o Sharing of paid employees with related organization(s)					X
p Reimbursement paid to related organization(s) for expenses			1р		Х
q Reimbursement paid by related organization(s) for expenses.			1q		Х
r Other transfer of cash or property to related organization(s)			1r		Х
s Other transfer of cash or property from related organization(s)			1s	Х	
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered	ed relationships and trans	saction thresholds.	•		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of amount	d) detern involv	nining red
1) FRESNO RESCUE MISSION FOUNDATION	S	1,195.	COST		
2) FRESNO WORKS, INC.	S	350,000.	COST		
3)					
4)					
5)					
·					
6)					
AA TEEA5003L 11/29/17		Schedul	le R (Forn	n 990`	2017
		Sonicadi	(. 011	555)	, _3.,

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity		(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	Are all	e) partners ction (c)(3) zations?	(g) Share of end-of-year assets	tion	h) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging ner?	(k) Percentage ownership
		sections 512-514)	Yes	No		Yes	No	(1 11)	Yes	No	†
<u>(1)</u>											
<u>(2)</u>											
	_										
<u>(3)</u>	-										
	-										
<u>(4)</u>											
	1										
(5)											
<u>(6)</u>											
<u></u>											
]										
<u>(8)</u>											
	_										

BAA TEEA5004L 08/09/17 Schedule **R** (Form 990) 2017

Part VII Supplemental Information.

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

BAA TEEA5005L 08/09/16 Schedule **R** (Form 990) 2017

3/29/18

FEDERAL WORKSHEETS

PAGE 1

CLIENT 515A

FRESNO RESCUE MISSION, INC.

94-1279785 08:38AM

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

PROGRAM

	SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	4,064,866.	4,329.	PART IX, LINE 25, COL. B
GRANTS	0.		PART IX, LINES 1-3, COL. B
REVENUE	176,255.		PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 24E OTHER EXPENSES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
		TOTAL	SERVICES	& GENERAL	FUNDRAISING
BAD DEBTS					
BANK FEES/FINANCE CHARGES		22,280.	-817.	1,859.	21,238.
EQUIPMENT-NONCAPITAL		18,712.	18,712.		
OTHER EXPENSE		25,395.	19,991.	1,153.	4,251.
POSTAGE AND SHIPPING		38,130.	14,107.	1,654.	22,369.
PRINTING AND PUBLICATIONS		34,534.	15,168.		19,366.
RENT-EQUIP.		38,300.	32,560.	2,870.	2,870.
REPAIRS & MAINTENANCE		76,869.	72,049.	2,191.	2,629.
SPECIAL EVENTS		15,455.	15,455.		
STAFF DEVELOPMENT		16,394.	15,374.	1,020.	
TAXES LICENSES & PERMITS		10,570.	8,599.	896.	1,075.
TELEPHONE		47,739.	41,493.	4,005.	2,241.
VEHICLE EXPENSES		30,202.	27,751.	754.	1,697.
	TOTAL \$	374,580.	280,442.	\$ 16,402.	\$ 77,736.

2017 California Exempt Organization Annual Information Return

FORM

199

		ear beginning (mm/dd/	уууу)		, ar	d ending (m	nm/dd/yyy	y)			
Corporation/Or	ganization name								C	alifornia corporation r	number
FRESNO	RESCUE MIS	SION, INC.							lo	249032	
	mation. See instruction									EIN	
										94-1279785	
	(suite or room)								PI	MB no.	
PO BOX	1422					T.	01.1		-		
City FRESNO							State CA			ip code 93716	
Foreign country	v name							ince/state/county		oreign postal code	
	,									g p	
B Amended C IRC Section D Final Info ■ □ Di Enter date E Check acc 1 □ C F Federal re 4 □ Oth	Return	Surrendered (Withdrawn) al 3		X No X No x No organized H (990) X No	orga See K Is the lifty nonnonnonnonnonnonnonnonnonnonnonnonnon	nization engar instructions. le organization es,' enter the member sourc ganization is meets the filin iling fee is receive organization the organization	on exempt ur gross receip ces		n 23701 \$ 23701dy?y?	g? • Yes • X • Yes ort	X No X No X No
If 'Yes,' w	vhat is the parent's na	exemption?	Yes	X No	O Is the audi	ne organizatior ted in a prior	n under aud year? 023/1024 pe	it by the IRS or h	as the I	IRS Yes	X No
	•	nanges to its guidennes istructions	Yes	X No	Date	illeu willi inc				CACA1112L	01/02/18
<u> </u>		unless not required t			neral In	formation	B and C.			0,10,111122	01702710
	· ·	s or receipts from oth							1	645	3,486.
		s and assessments from							2	040	7,400.
Receipts									3	F 200	2 046
and		ributions, gifts, grants					ЭДД	э.Сп., ●	3	5,208	3,046.
Revenues	_	receipts for filing rec				•		6	4	- o-	
		nust be completed. If					ral Inform	nation B ●	4	5,856	6 , 532.
		ods sold									
		er basis, and sales e						57 , 556.			
	7 Total costs	. Add line 5 and line	5						7	57	7 , 556.
	8 Total gross	income. Subtract line	e 7 from line 4.					•	8	5,798	3 , 976.
Expenses	9 Total expert	nses and disbursemer	nts. From Side	2, Part I	I, line 1	8		• • • • •	9	5,528	3,221.
Lxpelises	10 Excess of	receipts over expense	s and disburse	ments. S	Subtract	line 9 from	n line 8	•	10	270	755.
	11 Total paym	nents							11		
	12 Use tax. Se	ee General Informatio	n K						12		
		balance. If line 11 is r	more than line	12, subti	ract line	12 from lir	ne 11		13		
	I -	lance. If line 12 is mo							14		
Filing Fee									15		
1 66	15 Filing fee \$	\$10 or \$25. See Gene	ral Information	F							
	16 Penalties a	and Interest. See Gen	eral Informatio	n J					16		
	17 Balance due.	Add line 12, line 15, and li	ne 16. Then subtra	ct line 11 f	rom the re	sult			17		0.
Sign	Under penalties of per	rjury, I declare that I have ex . Declaration of preparer (oth	amined this return, i	ncluding ac	companyir	ng schedules a	and statemer	its, and to the bes	t of my	knowledge and belief	, it is true,
Here		. Declaration of preparer (otr		based on a Fitle	ali intorma	ion of which p		any knowledge. ate		Telephone	
	Signature of officer			EXECU'	TIVE	DIR.				(559) 268-0	0839
	Dana ananda 🕨					ate		heck if	_	PTIN	
Paid	Preparer's KEN	N W. SAVAGE				3/29/1	L8 s	elf- mployed > X		200703357	
Preparer's		SAVAGE & COM	PANY		'*		•			FEIN	
Use Only	or yours, if						77-0825812				
	self-employed) and address	FRESNO, CA 9		., 20.		- -			<u> </u>	Telephone	
		INDINO, OR J	0,20						\dashv	(559) 256-3	3601
	May the FTB di	scuss this return with	the preparer s	hown ah	ove? Se	e instruction	ons			X Yes	No
	,			ub							

FRESNO RESCUE MISSION, INC.

Part II

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

		1	Gross sales or receipts from all bu	usiness activities. See	instructions		1	
		2	Interest				2	
		3	Dividends				3	
Rece		4	Gross rents				4	
Othe	r	5	Gross royalties			•	5	
Sour	ces	6	Gross amount received from sale	of assets (See Instruc	tions)	•	6	190,000.
		7	Other income. Attach schedule				7	458,486.
		8	Total gross sales or receipts from other so				8	648,486.
		9	Contributions, gifts, grants, and similar amo				9	4,329.
		10	Disbursements to or for members				10	1,0251
		11	Compensation of officers, director	s, and trustees. Attach	schedule	SEE STMT 3 .	11	77,192.
		12	Other salaries and wages				12	1,799,679.
Expe	enses	13	Interest				13	118,928.
and Disb	urse-	14	Taxes				14	148,919.
ment		15	Rents				15	296,614.
		16	Depreciation and depletion (See ii				16	381,038.
		17	Other Expenses and Disbursemen				17	2,701,522.
		18	Total expenses and disbursements. Add lin				18	5,528,221.
Sch	edule		Balance Sheet	Beginning of				able year
		· L	Balance Sheet	(a)	(b)	(c)	I OI LAX	(d)
Asse 1				(u)	4,503,111.		•	
2			receivable		832,103.		•	
3			eivable		032,103.		•	
4							•	l
5			tate government obligations				•	1
6			n other bonds				•	
7	Investm	nents i	n stock				•	1
8	Mortga	ge loar	18				•	1
9	_	-	nents. Attach schedule				•	
10 a	Depreci	iable a	ssets	9,314,109.		8,438,9	00.	
			ated depreciation	3,937,470.	5,376,639.			5,057,388.
11				, ,	3,579,044.		•	
12			Attach schedule		787,018.		•	
13					15,077,915.			13,780,885.
			et worth		,			
14			able		129,842.		•	601,128.
15		. ,	gifts, or grants payable				•	
16			tes payable				•	l
17			yable		8,028,017.		•	7,812,703.
18			es. Attach schedule		3,421,724.			1,597,967.
19			or principal fund		3,498,332.		•	
20			pital surplus. Attach reconciliation		0,150,0020		•	
21			ings or income fund				•	r
22			es and net worth		15,077,915.			13,780,885.
Sch	edule	M-1	Reconciliation of income per b Do not complete this schedule if t	ooks with income per	return L. line 13. column (d).	is less than \$50.000		
1	Net inc	ome no	er books	270,755		n books this year not inc		
			ne tax	210,133	in this return. Atta	-		
3			ital losses over capital gains		8 Deductions in this			
4			ecorded on books this year.		against book incon	-		
			ıle		Attach schedule			
5	Expense	es reco	orded on books this year not deducted		9 Total. Add line 7 a	nd line 8		
	-		Attach schedule		10 Net income pe			
6	Total. A	Add line	e 1 through line 5	270 , 755	Subtract line 9	from line 6		270,755.
	-							

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

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

Department of the Treasury Internal Revenue Service CA PUBLIC DISCLOSURE COPY

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Name of the organization		Employer identification number
FRESNO RESCUE MISSION, INC.		94-1279785
Organization type (check one):		<u> </u>
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated	as a private foundation
	527 political organization	·
	327 pointed organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as	a private foundation
	501(c)(3) taxable private foundation	a private real action
Check if your organization is covered by the Gener	al Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) org	ganization can check boxes for both the General Rule ar	nd a Special Rule. See instructions.
General Rule		·
	Z, or 990-PF that received, during the year, contribution	as totaling \$5,000 or more (in money or
property) from any one contributor. Comp	lete Parts I and II. See instructions for determining a co	ntributor's total contributions.
Special Rules		
X For an organization described in section 5	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/3%	support test of the regulations
under sections 509(a)(1) and 170(b)(1)(A)(vi)	, that checked Schedule A (Form 990 or 990-EZ), Part II, lin the year, total contributions of the greater of (1) \$5,000	e 13, 16a, or 16b, and that
Form 990, Part VIII, line 1h; or (ii) Form 9	90-EZ, line 1. Complete Parts I and II.	or (2) 2% or the amount on (i)
For an organization described in section 5	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece e than \$1,000 <i>exclusively</i> for religious, charitable, scient	eived from any one contributor,
purposes, or for the prevention of cruelty	to children or animals. Complete Parts I, II, and III.	inc, inerary, or educational
For an organization described in section 5	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece	eived from any one contributor,
during the year, contributions exclusively	for religious, charitable, etc., purposes, but no such conf	tributions totaled more than
	the total contributions that were received during the year	
	any of the parts unless the General Rule applies to this able, etc., contributions totaling \$5,000 or more during the	
soon ou menone agreed, order to	and the second s	
Caution. An organization that isn't covered by	the General Rule and/or the Special Rules doesn't file S	Schedule B (Form 990. 990-EZ. or
990-PF), but it must answer 'No' on Part IV, I	ine 2, of its Form 990; or check the box on line H of its lefiling requirements of Schedule B (Form 990, 990-EZ,	Form 990-EZ or on its Form 990-PF,
raiti, iiie 4, to certify that it doesn't meet the	e ming requirements of Schedule B (Form 990, 990-EZ,	UI 330-FI J.

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

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

Name of organization FRESNO RESCUE MISSION, INC. Page 1 of 1 of Part I
| Employer identification number

94-1279785

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$ <u>128,676.</u>	Person Payroll Complete Part II for noncash contributions.)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
න <u> </u>		\$155,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Complete Part II for noncash contributions.)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total	(d) Type of contribution			

			noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
BAA	TEEA0702L 08/09/17	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2017)

Page

1 to

1 of Part II

FRESNO RESCUE MISSION, INC.

Name of organization

Employer identification number

94-1279785

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

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional and in the copies of Part II	tional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
. —	OOD INVENTORY		
1			
F		\$128,676.	VARIOUS_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		· \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		·	
-		· ^{\$}	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		· · ₁	
-		^{\$}	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		; 	
(a) No	(1-)	(2)	(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		· _{\$}	
AA		Schedule B (Form 990, 990-EZ	

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page of Part III Name of organization Employer identification number FRESNO RESCUE MISSION, INC. 94-1279785 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	N/A				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee	
	<u></u>		 		

2017	CALIFORNIA STATEMENTS	PAGE 1
	FRESNO RESCUE MISSION, INC.	94-1279785
OTHER INCOMEOTHER INVESTMENT INCOME	S	268,579. 8,660. 4,992. 176,255. 458,486.
STATEMENT 2 FORM 199, PART II, LINE 9 CONTRIBUTIONS, GIFTS, GRAN	NTS, AND SIMILAR AMOUNTS PAID	
DONEE'S NAME: AMOUNT GIVEN:	ASSOC OF GOSPEL RESCUE MISSI	2,000.
DONEE'S NAME: AMOUNT GIVEN: DESCRIPTION OF PROPERTY:	CARMEL RESCUE MINISTRY LAPTOP	1,500.
FAIR MARKET VALUE:		829.

STATEMENT 3 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
STEVE PEARSON, CPA PO BOX 1422 FRESNO, CA 93716	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.
JEFFREY BERGMAN PO BOX 1422 FRESNO, CA 93716	SECRETARY 2.00	0.	0.	0.
STEVEN OCHELTREE CPA PO BOX 1422 FRESNO, CA 93716	CHAIRMAN 2.00	0.	0.	0.
JIM MOSQUEDA PO BOX 1422 FRESNO, CA 93716	DIRECTOR 2.00	0.	0.	0.
LEONEL ALVARADO PO BOX 1422 FRESNO, CA 93716	DIRECTOR 2.00	0.	0.	0.

4,329.

TOTAL \$

CALIFORNIA STATEMENTS

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FRESNO RESCUE MISSION, INC.

94-1279785

STATEMENT 3 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ROBERT ABRAMS PO BOX 1422 FRESNO, CA 93716	VICE-CHAIRMAN 2.00	\$ 0.	\$ 0.	\$ 0.
MATTHEW DILDINE PO BOX 1422 FRESNO, CA 93716	TREASURER 2.00	0.	0.	0.
PASTOR DAVID CAROTHERS PO BOX 1422 FRESNO, CA 93716	DIRECTOR 2.00	0.	0.	0.
DON ESKES PO BOX 1422 FRESNO, CA 93716	EXECUTIVE DIR. 32.00	77,192.	0.	0.
WEAVERTON TERRELL PO BOX 1422 FRESNO, CA 93716	DIRECTOR 2.00	0.	0.	0.
LONNIE PETTY PO BOX 1422 FRESNO, CA 93716	DIRECTOR 2.00	0.	0.	0.
EMIL RUSCONI PO BOX 1422 FRESNO, CA 93716	DIRECTOR 2.00	0.	0.	0.
JANET STEINHAUER PO BOX 1422 FRESNO, CA 93716	DIRECTOR 2.00	0.	0.	0.
	TOTAL	\$ 77,192.	\$ 0.	\$ 0.

STATEMENT 4 FORM 199, PART II, LINE 17 OTHER EXPENSES

ACCOUNTING FEES	\$ 77,980.
ADVERTISING AND PROMOTION	533,553.
BANK FEES/FINANCE CHARGES	22,280.
EQUIPMENT-NONCAPITAL	18,712.
FOOD & VENDING.	101,275.
FOOD COSTS-IN-KIND	698,124.
INSURANCE	160,134.
LEGAL FEES	22,015.
OFFICE EXPENSES	28,798.
OTHER EMPLOYEE BENEFIT	272,654.
OTHER EXPENSE	25,395.

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CALIFORNIA STATEMENTS

PAGE 3

FRESNO RESCUE MISSION, INC.

94-1279785

STATEMENT 4 (CONTINUED)
FORM 199, PART II, LINE 17
OTHER EXPENSES

POSTAGE AND SHIPPING	\$	38,130.
PRINTING AND PUBLICATIONS		34,534.
PROFESSIONAL FEES		137,719.
PROGRAM SUPPLIES & EXPENSE		162,196.
RENT-EQUIP.		38,300.
REPAIRS & MAINTENANCE		76,869.
SPECIAL EVENT EXPENSES		105,773.
SPECIAL EVENTS		15,455.
STAFF DEVELOPMENT		16,394.
TAXES LICENSES & PERMITS		10,570.
TELEPHONE		47,739.
TRAVEL		26,721.
VEHICLE EXPENSES		30,202.
TOTAL	\$ 2	2,701,522.

STATEMENT 5 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS

DEPOSITS.	12,310.
LAND HELD FOR SALE	295,000.
NET INTANGIBLE ASSETS	418,204.
PREPAID EXPENSES AND DEFERRED CHARGES	48,865.
TOTAL 3	\$ 774,379.

STATEMENT 6 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES

DEFERRED REVENUE	1,597,967.
TOTAL	\$ 1,597,967.

IN

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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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



State Ch	narity Registration Number	110317			Check if: Change of address							
					Amended							
	O RESCUE MISSION,	INC.			·							
РО ВО	X 1422				Corporate or	Organization No. 0249032						
FRESN	FRESNO, CA 93716 Federal Employer I.D. No. 94-1279785											
City or Tov			State ZIF		<u> </u>							
	ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts											
Gross A	Annual Revenue	Fee	Gross Annua	al Revenue	Fee	Gross Annual Revenue	i	Fee				
	an \$25,000	0		0,001 and \$250,000		Between \$1,000,001 and \$10 millio		150				
Between	n \$25,000 and \$100,000	\$25	Between \$25	0,001 and \$1 millio	on \$75	Between \$10,000,001 and \$50 milli Greater than \$50 million	•	\$225 \$300				
PART	A – ACTIVITIES					areater than \$50 minor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Fo	r your most recent full acco	ounting peri	iod (beginning	1/01/17	ending	12/31/17) list:						
Gre	oss annual revenue \$	Ę	5,693,203	_ Total assets	\$	13,780,885.						
PART	B - STATEMENTS RE	GARDIN	G ORGANIZ	ATION DURIN	G THE PERI	OD OF THIS REPORT						
Note:												
	'yes' response. Please re	view RRF-1	instructions f	or information req	uired.		Yes	No				
org	ring this reporting period, w anization and any officer, dire ector or trustee had any fina	ector or truste	ee thereof eithe	oans, leases or oth r directly or with an	er financial tra entity in which a	nsactions between the any such officer,		X				
	ring this reporting period, was operty or funds?	there any th	eft, embezzlem	ent, diversion or mi	suse of the orga	nization's charitable		X				
3 Du	ring this reporting period, d	id non-progr	ram expenditu	res exceed 50% of	gross revenue	s?		X				
4 Dur For	ring this reporting period, were rm 4720 with the Internal Re	e any organiz evenue Serv	zation funds use vice, attach a c	ed to pay any penall copy.	ty, fine or judgm	ent? If you filed a		X				
pur	ring this reporting period, w poses used? If 'yes,' provide ovider.							X				
	ring this reporting period, did					de an attachment listing		X				
	ring this reporting period, did in its included in its included in the right right right.				oses? If 'yes,' pi	rovide an attachment SEE STATEMENT 1	X					
the	es the organization conduct a program is operated by the aritable purposes.	vehicle dona e charity or	ation program? whether the or	lf 'yes,' provide an a ganization contrac	attachment indicates with a comm	ating whether lercial fundraiser for		X				
	I your organization have prenciples for this reporting pe		udited financia	I statement in acco	ordance with ge	enerally accepted accounting SEE STATEMENT 2	X					
Organiza	ation's area code and telepl	hone numbe	er (559) 2	68-0839								
Organiza	ation's e-mail address											
	I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.											
		DOM	FCKEC		EAECIIM±17	מדח י						
Signature of	of authorized officer	Printed	ESKES I Name		EXECUTIVE Title	Date						

2017

CALIFORNIA STATEMENTS

PAGE 1

FRESNO RESCUE MISSION, INC.

94-1279785

STATEMENT 1 FORM RRF-1, PART B, LINE 7 NUMBER AND DATES OF RAFFLES

TWO RAFFLES CONDUCTED ON 9/18/2017 AND 10/24/2017.

STATEMENT 2 FORM RRF-1, PART B, LINE 9 AUDITED FINANICAL STATEMENTS

THIS ORGANIZATION IS INCLUDED IN A CONSOLIDATED AUDIT FINANCIAL STATEMENT WITH AFFILIATED ENTITIES.

Form **990**

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A	For t	he 2017 calen	dar year, or tax year begir	nnina		. 2017.	and ending				
В		if applicable:	C			, ,		D E	mployer iden	tification number	
		ddress change	FRESNO RESCUE MI	SSTON FO	иотталин				77-6187	1872	
		ame change	PO BOX 1422	.SSION IO	ONDATION				elephone num		
	-	-	FRESNO, CA 93716						•		
		iitial return							(559) 2	68-0839	
	\vdash	nal return/terminated						1_		A	
	A	mended return	_						Pross receipts		<u>,131.</u>
	A	pplication pending	F Name and address of principa	al officer: STE	VEN OCHEL	TREE, C	CPA "	l(a) Is this a grou		ب. ا	——————————————————————————————————————
			SAME AS C ABOVE				Н	(b) Are all subore If 'No,' attach	dinates include a list. (see in	ed? Yes	No No
ı	Tax-	-exempt status	X 501(c)(3) 501(c) () ◄ (in	sert no.) 4	947(a)(1) or	527	,			
J	We	bsite: ► N/	'A				Н	(c) Group exemp	tion number I	-	
K	Forn	n of organization:	X Corporation Trust	Association	Other ►	LY	ear of formation	n: 2000	M State of	legal domicile: CA	4
Pa	ırt I	Summar	v	<u></u>		L			1		
	1		ibe the organization's miss	ion or most s	significant activ	vities:T∩	BE A SII	PPORTING	ORGANI	ZATION OF	THE
	-		RESCUE MISSION, I								
Governance			RATING, AND DIST								<u></u>
<u>n</u> a		MISSION.		11201110			<u>, </u>		<u> </u>	<u> </u>	
ē	2	Check this bo		on discontinue	ed its operation	ns or dispo	sed of mor	e than 25% o	of its net as	ssets.	
ဗ	3		oting members of the gove								12
•ಶ	4	Number of in	dependent voting member	s of the gove	rning body (Pa	art VI, line	1b)		4		12
ië.	5		r of individuals employed in								0
Activities &	6	Total number	r of volunteers (estimate if	necessary).					6		3
Ac	7a	Total unrelate	ed business revenue from	Part VIII, col	umn (C), line 1	2			7a		0.
	b	Net unrelated	d business taxable income	from Form 9	90-T, line 34				7b		0.
								Prior `	Year	Current Y	'ear
4	8	Contributions	s and grants (Part VIII, line	: 1h)							
Revenue	9	Program serv	vice revenue (Part VIII, line	e 2g)							
š	10	Investment in	ncome (Part VIII, column (A), lines 3, 4	, and 7d)			5	9,024.	64	,131.
ď	11	Other revenu	ıe (Part VIII, column (A), li	nes 5, 6d, 8c	, 9c, 10c, and	11e)					
	12	Total revenue	e - add lines 8 through 11	(must equal	Part VIII, colu	mn (A), lin	ne 12)	Ľ)	9,024.	64	,131.
	13	Grants and s	imilar amounts paid (Part	IX, column (A	A), lines 1-3)						
	14	Benefits paid	d to or for members (Part I	X, column (A), line 4)						
	15	Salaries, other	er compensation, employe	e benefits (P	art IX, column	(A), lines	5-10)				
ses	16a	Professional	fundraising fees (Part IX,	column (A). I	ine 11e)						
Expenses					·						
ᄶ			sing expenses (Part IX, co								
_	17	•	ses (Part IX, column (A), li		•				5,270.		<u>,113.</u>
	18		es. Add lines 13-17 (must						5,270.		,113.
	19	Revenue less	s expenses. Subtract line 1	18 from line 1	2				3,754.		2,018.
9 9								Beginning of (Current Year	End of Y	
Net Assets or Fund Balances	20		(Part X, line 16)						1,871.		8,889.
A P	21	Total liabilitie	es (Part X, line 26)					68	6,577.	686	5,577.
2 E	22	Net assets or	r fund balances. Subtract I	ine 21 from li	ne 20			4.46	5,294.	4.527	,312.
Pa	rt II	Signatur	re Block					,		,	
				urn, including acc	ompanying schedul	es and statem	ents, and to the	e best of my know	vledge and be	lief, it is true, correc	t. and
com	plete. D	eclaration of prepa	eclare that I have examined this ret arer (other than officer) is based on	all information of	which preparer has	any knowled	ge.			,	,
Sig	nr	Signatu	ure of officer					Date			
He	re	DOM	ESKES					EXECUTIV	/F DTR		
			r print name and title					LALCOII	IL DIN.		
			preparer's name	Preparer's sign	ature		Date	Chec	K X if	PTIN	
ь.	اد!										7
Pa			. SAVAGE	KEN W.	SA VAGE		4/24/1	LO Self-6	mployed	P00703357	
rr(epare e Or		<u> </u>			105				0005016	
US	e Of	Firm's addre		BROOK AV	E., SUITE	101				-0825812	
			FRESNO, CA 9					Phon	(00	- /	
Ma	y the	IRS discuss th	nis return with the prepare	r shown abov	e? (see instruc	ctions)				X Yes	No

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

4e Total program service expenses ► 1,195.

Part IV Checklist of Required Schedules

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

Form 990 (2017) FRESNO RESCUE MISSION FOUNDATION Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V						
	-			Yes	No		
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a)				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b)				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	eportable gaming	1 c				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-						
	ments, filed for the calendar year ending with or within the year covered by this return	l l)				
	If at least one is reported on line 2a, did the organization file all required federal employment		2 b				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in: Did the organization have unrelated business gross income of \$1,000 or more during the year	•	2.0		X		
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line $3b$, provide an explanation in Schedule 0		3 a		Λ		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If 'Yes,' enter the name of the foreign country:							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR).					
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year?	5 a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		X		
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c				
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		Х		
b	If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were					
	Organizations that may receive deductible contributions under section 170(c).		6 b				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	partly for goods and	7 a				
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 a				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v		7.5				
	Form 8282?		7 c				
	If 'Yes,' indicate the number of Forms 8282 filed during the year						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben		7 f				
Ĭ	If the organization received a contribution of qualified intellectual property, did the organization file las required?		7 g				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		7 h				
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained organization have excess business holdings at any time during the year?	• •	8				
	Sponsoring organizations maintaining donor advised funds.		-				
	Did the sponsoring organization make any taxable distributions under section 4966?		9 a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per						
	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12	10 a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b					
11	Section 501(c)(12) organizations. Enter:	<u>.</u>					
	Gross income from members or shareholders.	11 a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	11 b					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	f Form 1041?	12 a				
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b					
	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note. See the instructions for additional information the organization must report on Schedul	e O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13 c					
	Did the organization receive any payments for indoor tanning services during the tax year?		14 a		Х		
b AA	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O		aan ((2017)		
$\alpha \alpha$	TET 4010EL 00/00/17		- Orn	· uuli /	2011 /\		

MARIA VARGAS 310 G STREET

Form 990 (2017) FRESNO RESCUE MISSION FOUNDATION 77-6187872 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15 a Χ **b** Other officers or key employees of the organization..... 15 b 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? Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \rightarrow CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request X Other (explain in Schedule O) SEE SCH. O Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

(559)

268-0839

FRESNO CA 93716

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

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

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

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

		(C)								
(A) Name and Title	(B) Average hours	than o age is b		oox, i an of	unles		n	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) STEVE PEARSON CPA	2									_
DIRECTOR	0	Χ						0.	0.	0.
(2) JEFFREY BERGMAN	2									
SECRETARY	0	Χ		Χ				0.	0.	0.
(3) STEVE OCHELTREE CPA	2									
CHAIRMAN	0	Χ		Χ				0.	0.	0.
(4) JIM MOSQUEDA	2									
DIRECTOR	0	Χ						0.	0.	0.
(5) LEONAL ALVARADO	2									
DIRECTOR	0	Χ						0.	0.	0.
(6) ROBERT ABRAMS	2									
VICE-CHAIRMAN	0	Χ		X				0.	0.	0.
_(7)_MATHEW_DILDINE	2									
TREASURER	0	Χ		X				0.	0.	0.
(8) PASTOR DAVID CAROTHERS	2									
DIRECTOR	0	Χ						0.	0.	0.
(9) WEAVERTON TERRELL	2									
DIRECTOR	0	Χ						0.	0.	0.
(10) JANET STEINHAUER	2									
DIRECTOR	0	Χ						0.	0.	0.
(11) LONNIE PETTY	2									
DIRECTOR	0	Χ						0.	0.	0.
(12) EMIL RUSCONI	2									
DIRECTOR	0	Χ						0.	0.	0.
(13) DON ESKES	4									
EXECUTIVE DIR.	32			Χ				0.	77,192.	0.
(14)										

Part VII	Section A. Office	ers, Directors, Tru		Key	Εm	_	_	es,	and	Highest Con	ipensated Emp	loyees	5 (cont	inued)
			(B)			((•							
	(A)		Average hours	(do	not c	Pos heck	more	than	one	(D)	(E)	_	(F)	
	Name and tit	le	per week	offic	cer ar	nd a	direct	or/trus	tee)	Reportable compensation from	Reportable compensation from	amo	stimated unt of o	ther
			(list any hours	or c	ısul	9	Кеу	Higt emp	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	f	npensati	
			for related	Individual or director	illi	Officer	em	nest Noye	mer			ar	ganizatio id relate anizatio	:d
			organiza - tions	र्ष व	orial.		Key employee	com				org	ai iizatio	115
			below dotted	Individual trustee or director	Institutional trustee		8	pens						
			line)	(1)	8			Highest compensated employee						
(15)														
(13)				-										
(16)														
7.2/														
(17)														
				1										
(18)														
(19)														
(20)														
(21)				-										
(00)														
(22)														
(23)														
(23)				-										
(24)														
<u> </u>														
(25)														
1 b Sub-									•	0.	77,192.	•		0.
	I from continuation sh									0.	0.			0.
	l (add lines 1b and 1c)								<u> </u>	0.	77,192.			0.
	number of individuals (in	•	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	oensatio	n	
from	the organization >	0												
_													Yes	No
3 Did t	the organization list any ne 1a? <i>If 'Yes,' comple</i>	y former officer, direct	tor, or tru h <i>individu</i>	ıstee, <i>ıal</i>	key	em/	nploy	/ee,	or h	nighest compensa	ted employee	3		Х
														21
4 For a	any individual listed on organization and related	ilne Ta, is the sum of d organizations greate	reportab r than \$1	1e co 50,00	mpe 00?	ensa If '\	ition /es,	and com	otn <i>ple</i> :	te Schedule J for	trom			
such	individual											. 4		X
5 Did a	any person listed on lin ervices rendered to the	e 1a receive or accrue	e comper	satio	n fr	om	any	unre	late	ed organization or	individual	. 5		Х
	B. Independent Co		, comple	ie st	neu	luie	J 10	Suc	πρ	ersorr		. J		Λ
1 Com	plete this table for you	r five highest compens	sated ind	epen	dent	t cor	ntrad	ctors	tha	t received more to	nan \$100,000 of			
comp	pensation from the organ	ization. Report compen	sation for	the c	alen	dar	year	endi	ng v	vith or within the or	ganization's tax yea	r.		
	Na	(A) me and business addr	229							(B) Description (of services	Compe	C) ensatio	nn.
	IVAI	me and business addi								Description	or services	ООПРС	, i i Sati	JII
2 Total	number of independent	contractors (including b	ut not lim	ited to	o the	se I	isted	d abo	ve)	who received more	than			
	0,000 of compensation								,					
			_											

Form 990 (2017) FRESNO RESCUE MISSION FOUNDATION 77-6187872 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (A) Total revenue (B) (D) Related or Unrelated Revenue business excluded from tax exempt under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues..... 1 b c Fundraising events..... 1 c **d** Related organizations..... 1 d e Government grants (contributions) 1 e **f** All other contributions, gifts, grants, and similar amounts not included above . . . g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f **Business Code** Program Service Revenue h f All other program service revenue. . . g Total. Add lines 2a-2f Investment income (including dividends, interest and other similar amounts) 64,131. 64,131 Income from investment of tax-exempt bond proceeds . > Royalties.... (i) Real (ii) Personal 6a Gross rents..... **b** Less: rental expenses c Rental income or (loss) . . . **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss)..... **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including. \$ of contributions reported on line 1c). See Part IV, line 18..... **b** Less: direct expenses **b** c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses b c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold..... **b c** Net income or (loss) from sales of inventory..... Miscellaneous Revenue **Business Code** 11a OTHER REVENUE d All other revenue e Total. Add lines 11a-11d

64

.31

0

0

64,131

Total revenue. See instructions.....

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete $_{ m i}$	column (A)).
--	------------	----

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		одренеес	general expenses	слропосо
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	: Accounting				
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1,195.	1,195.		
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	BANK_CHARGES	918.		918.	
k	'				
([
C	'				
	All other expenses.	0 110	4 405	010	
25	Total functional expenses. Add lines 1 through 24e	2,113.	1,195.	918.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to	any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			9,511.	1	60,696.
	2	Savings and temporary cash investments			6,824.	2	5,803.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated em	fficers,	directors, es. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 4958(c)(3) employers and sponsoring organizations of section 501(c)(6) beneficiary organizations (see instructions). Complete	as defined under d contributing tary employees' of Schedule L		6		
ts	7	Notes and loans receivable, net			5,049,400.	7	5,049,400.
Assets	8	Inventories for sale or use			·	8	<u> </u>
Ä	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	5,709.			
	b	Less: accumulated depreciation	10 b	5,709.		10 c	
	11	Investments – publicly traded securities			86,136.	11	97,990.
	12	Investments – other securities. See Part IV, line 11			,	12	,
	13	Investments – program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 3	34)		5,151,871.	16	5,213,889.
	17	Accounts payable and accrued expenses			17		
	18	Grants payable		18			
	19	Deferred revenue		_		19	
"	20	Tax-exempt bond liabilities				20	
tie	21	Escrow or custodial account liability. Complete Part IV		<u> </u>		21	
Liabilities	22	Loans and other payables to current and former officer key employees, highest compensated employees, and Complete Part II of Schedule L	disqua	lified persons.		22	
	23	Secured mortgages and notes payable to unrelated thin	rd parti	es		23	
	24	Unsecured notes and loans payable to unrelated third	oarties.			24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp	to rela lete Pa	ated third parties, art X of Schedule D.	686,577.	25	686,577.
	26	Total liabilities. Add lines 17 through 25			686,577.	26	686,577.
S		Organizations that follow SFAS 117 (ASC 958), check here	e ►	X and complete			
8		lines 27 through 29, and lines 33 and 34.		_			
an	27	Unrestricted net assets		_	4,393,294.	27	4,455,312.
Ba	28	Temporarily restricted net assets.		<u> </u>		28	
pu	29	Permanently restricted net assets.			72,000.	29	72,000.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), che and complete lines 30 through 34.					
3	30	Capital stock or trust principal, or current funds				30	
8	31	Paid-in or capital surplus, or land, building, or equipme	ent fund	j		31	
As	32	Retained earnings, endowment, accumulated income,	or othe	r funds		32	
fet	33	Total net assets or fund balances			4,465,294.	33	4,527,312.
~	34	Total liabilities and net assets/fund balances			5,151,871.	34	5,213,889.

BAA Form **990** (2017)

Pa	rt 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		64,1	L31.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,1	L13.
3	Revenue less expenses. Subtract line 2 from line 1	3	(62,0	018.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,4	65,2	294.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,5	27,3	312.
Pa	rt XII Financial Statements and Reporting			•	
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	-
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	ed on a			
I	b Were the organization's financial statements audited by an independent accountant?		2 b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:	te			
	Separate basis X Consolidated basis Both consolidated and separate basis				
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA				990	(2017)

TEEA0112L 08/08/17

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number FRESNO RESCUE MISSION FOUNDATION 77-6187872 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No FRESNO RESCUE MISSION, (A) 94-1279785 Χ 1,195 (B) (C) (D) (E) Total 1,195.

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

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

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see in:	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20						%
	Public support percentage from					<u> </u>	%
16a	33-1/3% support test—2017. If t and stop here. The organization	he organization d qualifies as a pul	id not check the bolicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2016. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a or 16	a, and line 15 is 3	3-1/3% or more, c	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Part ed organization.	VI how the▶
18	Private foundation. If the organize	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions

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

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

Sec	tion A. Public Support			,			
Calend	dar year (or fiscal year beginning in) >	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	l					
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b. 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.)						•
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3))
	tion C. Computation of Pul					<u> </u>	
	Public support percentage for 20	•	•				%
	Public support percentage from 2					16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentage)			
17	Investment income percentage for	•	• •	-			%
18	Investment income percentage for						%
	33-1/3% support tests—2017. If t is not more than 33-1/3%, check 33-1/3% are the set of the set	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization.	
b	33-1/3% support tests—2016. If the line 18 is not more than 33-1/3%						
20	Private foundation. If the organiz		-				_

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Par	t IV	Supporting Organizations (continued)			
				Yes	No
		the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
а		rning body of a supported organization?	11a		X
b	A fan	nily member of a person described in (a) above?	11b		Χ
С	A 359	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		Χ
Sec	tion I	B. Type I Supporting Organizations			
_	D: 1 II			Yes	No
1	or ele Part If the direct	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint et at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. To organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,		**	
		ed to such powers during the tax year.	1	Х	
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		X
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	orgar year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	orgar	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how			
	the o	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice	eason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
		is regard.	3		
Sec	tion l	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	The organization satisfied the Activities Test. Complete line 2 below.			
b	, 🗍 т	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	: 🗍 т	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ities Test. Answer (a) and (b) below.	ļ	Yes	No
а	suppo orgai	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
b	the o	he activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

SCITE	edule A (Form 990 of 990-E2) 2017 FRESNO RESCUE MISSION FOUNDALLO			.87872 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion 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):			
- 6	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
	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		

Schedule A (Form 990 or 990-EZ) 2017

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

10 Line 8 amount divided by line 9 amount

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	

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Schedule A (Form 990 or 990-EZ) 2017

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

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

	FRESNO RESCUE MISSION FOUNDATION	77-6187872
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fundamental Complete if the organization answered 'Yes' on Form 990, Part IV, line 6	
1 2 3 4	Total number at end of year	(b) Funds and other accounts
5	Did the organization inform all donors and donor advisors in writing that the assets held in dor are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other properties impermissible private benefit?	s can be used only ourpose conferring Yes No
Par	Complete if the organization answered 'Yes' on Form 990, Part IV, line 7	7.
2		a historically important land area a certified historic structure of a conservation easement on the
I	a Total number of conservation easements. b Total acreage restricted by conservation easements. c Number of conservation easements on a certified historic structure included in (a)	2b 2c
	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.	. 2d
3 4 5 6	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, hand and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations.	dling of violations,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations \$	ation easements during the year
8 9	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)?	e statement, and balance sheet, and
Par	include, if applicable, the text of the footnote to the organization's financial statements that de conservation easements. The conservation easements are conservations of Art, Historical Treasures, or Complete if the organization answered 'Yes' on Form 990, Part IV, line 8	Other Similar Assets.
	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or research in fur 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 s historical treasures, or other similar assets held for public exhibition, education, or research in furthers following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1.	ue statement and balance sheet works of therance of public service, provide, tatement and balance sheet works of art, ance of public service, provide the
á	(ii) Assets included in Form 990, Part X	ial gain, provide the following
	b Assets included in Form 990, Part X	

Part III Organizations Mainta	ining Collec	ctions	of Art, Histo	ricai	reasures, or	Otner	Similar Ass	ets (c	วทtเทน	ea)
3 Using the organization's acquisition items (check all that apply):	, accession, an	d other r	ecords, check a	ny of t	he following that are	a signif	icant use of its of	collectio	n	
a Public exhibition			d Loan	or exc	hange programs					
b Scholarly research			e Other							
c Preservation for future gener	ations									
4 Provide a description of the organiz Part XIII.	ation's collection	ons and e	explain how they	furthe	er the organization's	exempt	purpose in			
5 During the year, did the organiza to be sold to raise funds rather the	nan to be mair	ntained a	as part of the o	rganiz	ration's collection?			Yes		No
Escrow and Custodia line 9, or reported an	I Arrangem amount on	ents. (Form S	Complete if t 990, Part X,	he oi line 2	rganization ans 21.	wered	'Yes' on Foi	m 990), Par	t IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodiar	or othe	er intermediary	for co	ntributions or othe	r assets	not included	Yes	Γ	No
b If 'Yes,' explain the arrangement	in Part XIII ar	nd comp	lete the followi	ng tab	ole:		_		·	_
								Amoun	t	
c Beginning balance						1 с				
d Additions during the year						1 d				
e Distributions during the year						1е				
f Ending balance						1f				
2a Did the organization include an a	mount on Form	n 990, F	Part X, line 21,	for es	crow or custodial a	account	liability?	Yes		No
b If 'Yes,' explain the arrangement							_		🖿	7
2 11, 1 , 1									<u> </u>	
Part V Endowment Funds. C	omplete if t	he ora	anization an	SWA	ed 'Yes' on For	m 990	Part IV lin	ne 10		
Endownent ands.	(a) Current y	T T	(b) Prior year		(c) Two years back		Three years back		Four years	s hack
1 a Beginning of year balance		000.	72,0		72,000		236,688.	(6)		688.
b Contributions	12,	000.	12,0	00.	72,000	•	230,000.		230,	000.
D Contributions										
c Net investment earnings, gains,										
and losses								1		
d Grants or scholarships										
e Other expenditures for facilities and programs							164,688.			
f Administrative expenses										
g End of year balance		000.	72,0		72,000		72,000.		<u>236,</u>	688.
2 Provide the estimated percentage	e of the curren	it year e	nd balance (lin	ie 1g,	column (a)) held a	s:				
a Board designated or quasi-endowm	ent ►		<u> </u>							
b Permanent endowment ►	100.00%									
c Temporarily restricted endowmer	nt ►		%							
The percentages on lines 2a, 2b, and	nd 2c should eq	ual 1009	- %.							
3 a Are there endowment funds not in t	he possession	of the or	ganization that a	are hel	d and administered	for the		Г	Yes	No
organization by: (i) unrelated organizations								3a(i)	162	No
(ii) related organizations								<u> </u>		X
•								3a(ii)		X
b If 'Yes' on line 3a(ii), are the rela	•							3b		<u> </u>
4 Describe in Part XIII the intended			tion's endowme	ent fur	ids. SEE PART	, XIII				
Part VI Land, Buildings, and			V1 -	00	0 Deal IV Co.	11. 0			LV E.	10
Complete if the organi	zation answ	vered '	Yes' on Forr	n 990	J, Part IV, line	11a. S	see Form 990	J, Par	t X, IIr	ne 10.
Description of property	(or other basis restment)	(b)	Cost or other pasis (other)		cumulated reciation	(d) [Book va	lue
1 a Land										
b Buildings										
c Leasehold improvements										
d Equipment	_		4,698.				4,698.			0.
e Other	<u> </u>		1,011.				1,011.			0.
Total. Add lines 1a through 1e. (Colum		ual Forn		colum	n (B) line 10c)					0.
Totali rida inico la unough le. (colum	(a) mast eq	aari OIII	. 220, 1 UIL / (Joraiiii	, (U), iiile 106.)					<u> </u>

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Schedule **D** (Form 990) 2017

Part VII Investments — Other Securities. Complete if the organization answere	d 'Ve	s' on Form 99(n p	N/A Part IV line 11h See Form 9	190 Part X line 12
(a) Description of security or category (including name of security)		(b) Book value	J, 1	(c) Method of valuation: Cost or end-o	
(1) Financial derivatives.		•			,
(2) Closely-held equity interests.					
(3) Other					
(A) (B)					
(C)					
(C) (D) (E)					
(F)					
(G)	_				
(H)					
(1)					
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •				NI / 7	
Part VIII Investments — Program Related. Complete if the organization answere	d 'Ye	es' on Form 990	0. P	N/A art IV. line 11c. See Form 9	90. Part X. line 13
(a) Description of investment		(b) Book value	(c	Method of valuation: Cost or end	-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.	1	N/A			
Complete if the organization answered	d 'Ye	es' on Form 990	Ď, P	art IV, line 11d. See Form 9	90, Part X, line 15
	escrip	tion			(b) Book value
(1)					
(2)					
(3) (4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, column	(B) Iir	ne 15.)		··············	
Part X Other Liabilities. Complete if the organization answered 'Yes' on	Form	990 Part IV line 1	1e ni	r 11f See Form 990 Part X line 25	
(a) Description of liability	1 01111	(b) Book value		771. 300 F0111 330, Fart X, III. 23	
(1) Federal income taxes		(1)			
(2) PAYABLE TO FRESNO RESCUE MISSION,	Ι	686,57	77.		
(3)					
(4)					
(5)					
(6) (7)					
(8)	1				
(9)					
(10)					
(11)					
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)		686,57	77.		

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2 e
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	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses.	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.)	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a b Other (Describe in Part XIII.) 4 b 12a 12a 2b 2c 4d 4b	per Return. N/A 1 2e 3
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	per Return. N/A 1 2e 3

Part XIII | Supplemental Information.

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

ENDOWMENT FUNDS ARE TO BE HELD INDEFINITELY. THE PERMANENT ENDOWMENT PRINCIPAL MAY NOT BE EXPENDED. THE EARNINGS ARE TO BE USED TO SUPPORT FRESNO RESCUE MISSION, INC.

ENDOWMENT BALANCES REPORTED IN PRIOR YEARS INCLUDED BOARD-DESIGNATED ENDOWMENTS BUT WERE NOT DISCLOSED AS SUCH. BOARD-DESIGNATED ENDOWMENTS HAVE BEEN RECLASSIFIED AS UNRESTRICTED AND THE REMAINING BALANCE AT YEAR-END IS DONOR RESTRICTED.

BAA Schedule **D** (Form 990) 2017

Part XIII Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND HAS ALSO BEEN RECOGNIZED BY THE CALIFORNIA FRANCHISE TAX BOARD AS A TAX-EXEMPT ORGANIZATION UNDER CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701(D), AND CONTRIBUTIONS TO IT ARE TAX DEDUCTIBLE WITHIN LIMITATIONS PRESCRIBED BY THE CODE. THE ORGANIZATION HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION, WHICH IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE ORGANIZATION IS SUBJECT TO INCOME TAXES ON ANY UNRELATED BUSINESS INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON AND NOT IN THE FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE ACCOMPANYING FINANCIAL STATEMENTS TAKEN AS A WHOLE.

THE ORGANIZATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF AN UNCERTAIN TAX
POSITION ONLY AFTER CONSIDERING THE PROBABILITY THAT A TAX AUTHORITY WOULD SUSTAIN
THE POSITION IN AN EXAMINATION. FOR TAX POSITIONS MEETING A "MORE LIKELY THAN NOT"
THRESHOLD, THE AMOUNT RECOGNIZED IN THE FINANCIAL STATEMENTS IS THE BENEFIT EXPECTED
TO BE REALIZED ON SETTLEMENT WITH THE TAX AUTHORITY. FOR TAX POSITIONS NOT MEETING
THE THRESHOLD, NO FINANCIAL STATEMENT BENEFIT IS RECOGNIZED. AS OF DECEMBER 31,
2017, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS. THE ORGANIZATION RECOGNIZES
INTEREST AND PENALTIES, IF ANY, RELATED TO UNCERTAIN TAX POSITIONS AS INCOME TAX
EXPENSE. INCOME TAX RETURNS PRIOR TO 2012 ARE NO LONGER SUBJECT TO EXAMINATION BY
TAX AUTHORITIES. THE ORGANIZATION IS RELYING ON ITS EXEMPT STATUS AND ITS ADHERENCE
TO ALL APPLICABLE LAWS AND REGULATIONS TO PRESERVE THAT STATUS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FRESNO RESCUE MISSION FOUNDATION

Employer identification number

77-6187872

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

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR BEFORE IT IS SIGNED. A COPY IS ALSO GIVEN TO ALL BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING.

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

EACH BOARD MEMBER RECEIVES A COPY OF THE CONFLICT OF INTEREST POLICY. EACH BOARD MEMBER IS REQUIRED TO READ, UNDERSTAND AND COMPLY WITH THE POLICY AND SIGN A STATEMENT TO THAT EFFECT. THERE IS A DUTY TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST TO THE BOARD. BOARD MEMBERS NOT IMPACTED BY THE CONFLICT OF INTEREST WILL ASSESS THE ISSUE AND TAKE NECESSARY ACTION.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT THE CEO FOR FRESNO RESCUE MISSION FOUNDATION DOES NOT RECEIVE ANY COMPENSATION FROM THE ORGANIZATION. THE CEO IS ALSO THE CEO FOR FRESNO RESCUE MISSION, INC. AND FRESNO WORKS, INC.

FRESNO RESCUE MISSION, INC. PAYS 100% OF THE COMPENSATION OF THE CEO.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION
EXEMPT ORGANIZATION RETURNS ARE AVAILABLE AT GUIDESTAR.ORG, ON THE FRESNO RESCUE
MISSION, INC. WEBSITE, AND UPON REQUEST.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE ON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

JOB TRAINING FOR

NEEDY

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

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

2017

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

FRESNO, CA 93716

FRESNO RESCUE MISSION FOUNDATION

Open to Public Inspection

Employer identification number

77-6187872

(a) Name, address, and EIN (if applicable) of disregarded ent	ity (b) Primary a	ctivity	Legal domi or foreign	cile (state	То	(d) tal income	End-o	(e) f-year assets	Direc	(f) et contro entity	lling
<u>(1)</u>											
(2)											
<u>(3)</u>											
Part II Identification of Related Tax-Exempt Organization of related tax-exempt organization.	ganizations. Complete nizations during the ta	if the org	anization	answered	d 'Yes'	on Form 990	0, Part	IV, line 34,	becaus	se it	
Name, address, and EIN of related organization	(b) Primary activity	Legal domi or foreign	icile (state	(d) Exempt 0 section		(e) Public charity (if section 501	status (c)(3))	(f) Direct contro entity	olling	Sec 5120 controlled	(b)(13) d entity?
									Ī	Yes	No
(1) FRESNO RESCUE MISSION, INC. 310 G STREET FRESNO, CA 93716	TO PROVIDE SHELTER & FOOD					SCHEDULE	: A,	1-			
94-1279785 (2) FRESNO WORKS, INC. 310 G STREET	FOR HOMELESS	C	:A	510 (C)	(3)	LN 7		N/A			Х

CA

Χ

N/A

501 (C) (3)

SCHEDULE A,

LN 9

Part III	Identification of Related Organizations because it had one or more related orga	Taxable as a Partnership	Complete if the organization	answered 'Yes'	on Form 990,	Part IV, line 34,
	because it had one of more related orga	nizations treateu as a par	thership during the tax year.			

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	Dispr tior	h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti) ral or aging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
(1)												
(2)												
(3)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlled	(b)(13) d entity?
		country)	entity	or trust)				Yes	No
(1)									
(2)									
	ļ								
(3)									
	İ								
	†								
	†								
	I	1		ı		I	ĺ		<u> </u>

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

Yes No

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

b Gift, grant, or capital contribution to related organization(s)			Г	1 b	X
c Gift, grant, or capital contribution from related organization(s)				1 c	X
d Loans or loan guarantees to or for related organization(s)				1 d	X
e Loans or loan guarantees by related organization(s)			[1 e	X
f Dividends from related organization(s)				1 f	X
g Sale of assets to related organization(s)			_	1 g	X
h Purchase of assets from related organization(s)				1 h	Х
i Exchange of assets with related organization(s)				1i	Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j	X
k Lease of facilities, equipment, or other assets from related organization(s)				1 k	X
l Performance of services or membership or fundraising solicitations for related organization(s)				11	X
m Performance of services or membership or fundraising solicitations by related organization(s)				1 m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х
o Sharing of paid employees with related organization(s)				1 o	Х
p Reimbursement paid to related organization(s) for expenses				1 p	X
q Reimbursement paid by related organization(s) for expenses.			Г	1 q	X
r Other transfer of cash or property to related organization(s).				1r	X
s Other transfer of cash or property from related organization(s)				1 s	X
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including the above is 'Yes,' see the instruction of the above is 'Yes,' see the above is 'Y	ered relationships and tran	saction thresholds.			•
(a) Name of related organization	(b) Transaction	(c) Amount involved			termining
	type (a-s)		am	ount in	volved
	_				
(1) FRESNO RESCUE MISSION, INC.	R	1,195.0	COST		
(2)					
(3)					
(4)					
(5)					
(6)					
BAA TEEA5003L 11/29/17	<u> </u>	Schedul	le R	(Form 9	990) 2017
					•

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	l lated, excluded	Are all sec 501(organiz	partners tion	(f) Share of total income	(g) Share of end-of-year assets	l tior	n) ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana partr) ral or aging ner?	(k) Percentage ownership
			from tax under sections 512-514)	Yes	No	•		Yes	No	, ,	Yes	No	
<u>(1)</u>													
	-												
(2)													
<u></u>	1												
	1												
(3)													
	-												
	-												
(4)													
]												
]												
<u>(5)</u>	-												
	1												
	1												
(6)													
]												
(7)													
<u>(7)</u>	†												
	1												
	1												
(8)													
	-												
													L

BAA TEEA5004L 08/09/17 Schedule **R** (Form 990) 2017

Part VII Supplemental Information.

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

BAA TEEA5005L 08/09/16 Schedule **R** (Form 990) 2017

2017

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

FRESNO RESCUE MISSION FOUNDATION

77-6187872

FORM 990, PART I, LINE 5; PART IX, LINE 7 NUMBER OF EMPLOYEES/COMPENSATION

FRESNO RESCUE MISSION FOUNDATION DOES NOT DIRECTLY EMPLOY PERSONNEL AND THEREFORE DOES NOT FILE PAYROLL RETURNS.

2017 California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ear 2017 or fisc	al year beginning (mm/dd/y	ууу)		, a	and ending (r	nm/dd/y	/yy)			
Corporation/Or	ganization name								С	alifornia corporation n	umber
FRESNO	RESCUE M	ISSION FOUNDATION)N							2241371	
	mation. See instru		<u> </u>							EIN	
									-	77-6187872	
Street address	(suite or room)									MB no.	
PO BOX	1422										
City							State			ip code	
FRESNO Foreign country	/ name						CA Foreign pr	ovince/state/county		93716 oreign postal code	
r oreigir country	y Harrie						i oreigii pi	ovince/state/county		oreign postar code	
			□ Vaa	SZ Na	J If	ovomnt under E	DO TO Cont	ion 23701d, has the			
			=	X No				itical activities?	;	<u></u>	
			- -	X No						• Yes	X No
C IRC Section	on 4947(a)(1) trus	t	Yes	X No							
D Final Info	rmation Return? _	_	_		K Is	the organizatio	n evemnt	under R&TC Section	n 23701	g? ● Yes	X No
• Di	ssolved	Surrendered (Withdrawn)	Merged/R	eorganized		'Yes,' enter the			11 20701	•	<u></u>
	e (mm/dd/yyyy)	•			no	nmember source	ces		\$		
	counting method:				L If	organization is	exempt u	nder R&TC Section	23701d		
		ccrual 3 Other	a - □a					eption, check box.		• X	
		990T 2 ● 990-PF	3 ● 50	ch H (990)		-		d Liability Company		=	X No
	er 990 series			X No		=				_	X No
G is this a g	group filing? See i	nstructions	•	<u> </u>	tax	xable income? .		rm 100 or Form 109		• Yes	X No
	ganization in a gro what is the parent's	up exemption?	· · · · Yes	X No				udit by the IRS or h			X No
,	'				P Is	federal Form 1	023/1024	pending?		Yes	No
I Did the o	rganization have a	ny changes to its guidelines				ite filed with IR		ponding			
	•	ee instructions	• Yes	X No		nto mou with m				CACA1112L	01/02/18
Part I	Complete Par	t I unless not required to	file this forn	ı. See Ge	neral I	nformation	B and C	<u> </u>			
		ales or receipts from othe							1	64	1,131.
		ues and assessments from							2	0.	,, 101.
Receipts		ontributions, gifts, grants,							3		
and											
Revenues		oss receipts for filing reque must be completed. If t				•	ral Infor	mation B	4	6/	1,131.
		goods sold					iai iiiioi	mation b ●		04	,,131.
		other basis, and sales ex									
										1	
		sts. Add line 5 and line 6							7		
		oss income. Subtract line							<u>8</u> 9		1,131.
Expenses		penses and disbursemen							10		2,113.
	l	of receipts over expenses								62	2,018.
	11 Total pa	•						•	11	1	
		See General Information						-	12		
	_	ts balance. If line 11 is m							13		
Filing	14 Use tax	balance. If line 12 is mor	e than line 1	1, subtrac	ct line	11 from line	12	• • • •	14		
Fee	15 Filing fe	e \$10 or \$25. See Gener	al Information	า F					15		
	16 Penaltie	s and Interest. See Gene	ral Information	on J					16		
	17 Balance d	lue. Add line 12, line 15, and lin	e 16. Then subtr	act line 11 f	rom the	result			17		0.
		perjury, I declare that I have exallete. Declaration of preparer (other								knowledge and belief.	
Sign Here	-	lete. Declaration of preparer (other		s based on a Title	all inform	ation of which p		s any knowledge. Date	_		,
Here	Signature of officer			EXECU'	m T 17E	חדם		Date		● Telephone (559) 268-(1030
-				EVECO	TIAE	Date Date		Check if		PTIN	1033
Daid	Preparer's ► K	EN W. SAVAGE				4/24/1	8	self- employed ► X		200703357	
Paid Preparer's		SAVAGE & COMP	ANY			,, -	- ~			FEIN	
Use Only	Firm's name (or yours, if	► 8441 N. MILLE		. GII	ITE :	1 0 1			-	77-0825812	
	self-employed) and address	FRESNO, CA 93		1., 50.	<u> </u>	<u> </u>				● Telephone	
		FRESHO, CA 93	120						\dashv	(559) 256-3	3601
	May the FTR	discuss this return with t	he preparer	shown ah	ove? S	See instructi	ons.			X Yes	No
	, 10		- F Pon 01 6							<u></u> L	

FRESNO RESCUE MISSION FOUNDATION

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

Receipts from Other Sources Expenses and Disbursements Schedule L Assets Cash Net notes r Investment	Total gross sales or receipts from othe Contributions, gifts, grants, and similar Disbursements to or for memb Compensation of officers, direct Other salaries and wages. Interest. Taxes. Rents. Depreciation and depletion (Secondary Control of the	ale of assets (See Instruct r sources. Add line 1 through line amounts paid. Attach schedule. ers. ctors, and trustees. Attach see instructions) ments. Attach schedule d line 9 through line 17. Enter he Beginning of (a)	see ST. Enter here and on Side 1 schedule	ATEMENT 1 . , Part I, line 1 . EE STMT 2 . ATEMENT 3 .	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 of taxab	64,131. 64,131. 0. 2,113. 2,113.
Receipts from Other Sources 6 8 9 10 11 12 13 15 15 16 15 16 17 18 16 17 18 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Gross rents. Gross royalties. Gross amount received from sa Other income. Attach schedule Total gross sales or receipts from othe Contributions, gifts, grants, and similar Disbursements to or for memb Compensation of officers, direct Other salaries and wages. Interest. Taxes. Rents. Depreciation and depletion (Set Other Expenses and Disburser Total expenses and disbursements. Add. Balance Sheet	ale of assets (See Instruct r sources. Add line 1 through line amounts paid. Attach schedule. ers. ctors, and trustees. Attach ee instructions) nents. Attach schedule. d line 9 through line 17. Enter he Beginning of (a)	see ST schedule SEE ST see and on Side 1 schedule SEE ST see and on Side 1, Part I, line taxable year (b) 16,335.	ATEMENT 1 Part I, line 1 EE STMT 2 ATEMENT 3 9 End c	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	2,113. 2,113.
Receipts from Other Sources 5 8 9 10 11 12 12 12 12 12 12 12 12 12 12 12 12	Gross rents. Gross royalties. Gross amount received from sa Other income. Attach schedule Total gross sales or receipts from othe Contributions, gifts, grants, and similar Disbursements to or for member Compensation of officers, direct Compensation of officers, direct Compensation of officers. Interest. Taxes. Rents. Depreciation and depletion (Second Compenses and Disburser Total expenses and disbursements. Add. Balance Sheet	r sources. Add line 1 through line amounts paid. Attach schedule. ers	see ST. Enter here and on Side 1 schedule S see ST. ST. SEE ST. schedule SEE ST. see and on Side 1, Part I, line taxable year (b) 16,335.	ATEMENT 1 , Part I, line 1 EE STMT 2 ATEMENT 3 9 End c	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	2,113. 2,113.
from Other Sources Expenses and Disbursements Schedule L Assets Cash Net notes r Investment Investmen	Gross royalties. Gross amount received from sa Other income. Attach schedule Total gross sales or receipts from othe Contributions, gifts, grants, and similar Disbursements to or for memboration of officers, direct Compensation of officers, direct Interest Taxes Rents Depreciation and depletion (Secondary Contents) Total expenses and Disbursements. Add Balance Sheet Total expenses and disbursements. Add Taxes Total expenses and disbursements. Add Total expenses and Disbursements.	ale of assets (See Instruct r sources. Add line 1 through line amounts paid. Attach schedule. ers. ctors, and trustees. Attach ee instructions) ments. Attach schedule d line 9 through line 17. Enter he Beginning of (a)	se 7. Enter here and on Side 1 n schedule S SEE ST SEE ST re and on Side 1, Part I, line taxable year (b) 16,335.	ATEMENT 1 , Part I, line 1 EE STMT 2 ATEMENT 3 9	5 6 7 8 9 10 11 12 13 14 15 16 17	2,113. 2,113.
Cother Sources Sourc	Gross royalties. Gross amount received from sa Other income. Attach schedule Total gross sales or receipts from othe Contributions, gifts, grants, and similar Disbursements to or for memboration of officers, direct Compensation of officers, direct Interest Taxes Rents Depreciation and depletion (Secondary Contents) Total expenses and Disbursements. Add Balance Sheet Total expenses and disbursements. Add Taxes Total expenses and disbursements. Add Total expenses and Disbursements.	ale of assets (See Instruct r sources. Add line 1 through line amounts paid. Attach schedule. ers. ctors, and trustees. Attach ee instructions) ments. Attach schedule d line 9 through line 17. Enter he Beginning of (a)	se 7. Enter here and on Side 1 n schedule S SEE ST SEE ST re and on Side 1, Part I, line taxable year (b) 16,335.	ATEMENT 1 , Part I, line 1 EE STMT 2 ATEMENT 3 9	6 7 8 9 10 11 12 13 14 15 16 17 18	2,113. 2,113.
Expenses and Disbursements 12 Expenses and Disbursements 15 Schedule L Assets 1 Cash 2 Net accoun 3 Net notes r 4 Inventories 5 Federal and 6 Investment 7 Investment 8 Mortgage ld 9 Other inves 10 a Depreciable b Less accum 11 Land 17	Gross amount received from sa Other income. Attach schedule Total gross sales or receipts from othe Contributions, gifts, grants, and similar Disbursements to or for memb Compensation of officers, direct Other salaries and wages	ale of assets (See Instruct r sources. Add line 1 through line amounts paid. Attach schedule. ers. ctors, and trustees. Attach ee instructions). nents. Attach schedule d line 9 through line 17. Enter he Beginning of (a)	see ST stee 7. Enter here and on Side 1 schedule S see ST stee and on Side 1, Part I, line taxable year (b) 16,335.	ATEMENT 1 . , Part I, line 1 . EE STMT 2 . ATEMENT 3 . 9	6 7 8 9 10 11 12 13 14 15 16 17 18	2,113. 2,113.
Expenses and Disbursements 12 Expenses and 13 Disbursements 14 Schedule L Schedule L Assets 1 Cash	7 Other income. Attach schedule 8 Total gross sales or receipts from othe 9 Contributions, gifts, grants, and similar 10 Disbursements to or for memb 11 Compensation of officers, direct 12 Other salaries and wages	r sources. Add line 1 through line amounts paid. Attach schedule ers. ctors, and trustees. Attach ee instructions). nents. Attach schedule d line 9 through line 17. Enter he Beginning of	SEE ST e 7. Enter here and on Side 1 n schedule	ATEMENT 1 • , Part I, line 1 • EE STMT 2 • ATEMENT 3 • 9	7 8 9 10 11 12 13 14 15 16 17	2,113. 2,113.
Expenses and Disbursements 12 Expenses and Disbursements 15 Schedule L Assets 1 Cash	Total gross sales or receipts from othe Contributions, gifts, grants, and similar Disbursements to or for member Compensation of officers, direct Cother salaries and wages. Interest	r sources. Add line 1 through line amounts paid. Attach schedule. ers	SEE ST ere and on Side 1, Part I, line taxable year (b) 16,335.	Part I, line 1	8 9 10 11 12 13 14 15 16 17 18	2,113. 2,113.
Expenses and Disbursements 12 Schedule L Assets 1 Cash 2 Net accoun 3 Net notes r 4 Inventories 5 Federal and 6 Investment 7 Investment 8 Mortgage ld 9 Other inves 10 a Depreciable b Less accum 11 Land	9 Contributions, gifts, grants, and similar 0 Disbursements to or for memb 1 Compensation of officers, direct 2 Other salaries and wages 3 Interest	amounts paid. Attach schedule. ers. ctors, and trustees. Attach ee instructions). nents. Attach schedule d line 9 through line 17. Enter he Beginning of (a)	SEE ST ere and on Side 1, Part I, line taxable year (b) 16,335.	EE STMT 2 • • • • • • • • • • • • • • • • • • •	9 10 11 12 13 14 15 16 17 18	2,113. 2,113.
Expenses and Disbursements 12 Schedule L Assets 1 Cash 2 Net account 3 Net notes r 4 Inventories 5 Federal and 6 Investment 7 Investment 8 Mortgage ld 9 Other inves 10 a Depreciable b Less accum 11 Land	O Disbursements to or for memb Compensation of officers, direct Other salaries and wages Interest	ers ctors, and trustees. Attach ee instructions) nents. Attach schedule d line 9 through line 17. Enter he Beginning of (a)	SEE ST we and on Side 1, Part I, line taxable year (b) 16,335.	EE STMT 2 • • • • • • • • • • • • • • • • • • •	10 11 12 13 14 15 16 17	2,113. 2,113.
Expenses and Disbursements 14 Schedule L Assets 1 Cash 2 Net accoun 3 Net notes r 4 Inventories 5 Federal and 6 Investment 7 Investment 8 Mortgage ld 9 Other inves 10 a Depreciable b Less accum 11 Land	1 Compensation of officers, direct 2 Other salaries and wages 3 Interest	ee instructions) nents. Attach schedule d line 9 through line 17. Enter he Beginning of (a)	SEE ST we and on Side 1, Part I, line taxable year (b) 16,335.	EE STMT 2 • • • • • • • • • • • • • • • • • • •	11 12 13 14 15 16 17 18	2,113. 2,113.
Expenses and Disbursements 12 13 14 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	2 Other salaries and wages 3 Interest	ne instructions) nents. Attach schedule d line 9 through line 17. Enter he Beginning of (a)	SEE ST ere and on Side 1, Part I, line taxable year (b) 16,335.	ATEMENT 3 • 9	12 13 14 15 16 17 18	2,113. 2,113.
Expenses and Disburse-ments 13 Disburse-ments 15 16 17 18 Schedule L Assets 1 Cash	3 Interest	ne instructions) nents. Attach schedule d line 9 through line 17. Enter he Beginning of (a)	SEE ST ere and on Side 1, Part I, line taxable year (b) 16,335.	ATEMENT 3 • 9 End c	13 14 15 16 17 18	2,113.
and Disbursements 14 Schedule L Assets 1 Cash 2 Net accoun 3 Net notes r 4 Inventories 5 Federal and 6 Investment 7 Investment 8 Mortgage ld 9 Other inves 10 a Depreciable b Less accum 11 Land	4 Taxes. 5 Rents. 6 Depreciation and depletion (Se 7 Other Expenses and Disburser 8 Total expenses and disbursements. Ad Balance Sheet ats receivable. because of the control of the con	ee instructions) nents. Attach schedule d line 9 through line 17. Enter he Beginning of (a)	SEE ST re and on Side 1, Part I, line taxable year (b) 16,335.	• • • • • • • • • • • • • • • • • • •	14 15 16 17 18	2,113.
ments 15 16 17 18 Schedule L Assets 1 Cash 2 Net accoun 3 Net notes r 4 Inventories 5 Federal and 6 Investment 7 Investment 8 Mortgage ld 9 Other inves 10 a Depreciable b Less accum 11 Land	5 Rents	ee instructions)	SEE ST ere and on Side 1, Part I, line taxable year (b) 16,335.	ATEMENT 3 • 9	15 16 17 18	2,113.
Schedule L Assets 1 Cash 2 Net accoun 3 Net notes r 4 Inventories 5 Federal and 6 Investment 7 Investment 8 Mortgage ld 9 Other inves 10 a Depreciable b Less accum 11 Land	6 Depreciation and depletion (Sec. 7 Other Expenses and Disburser 8 Total expenses and disbursements. Add. Balance Sheet htts receivable	ee instructions)	SEE ST ere and on Side 1, Part I, line taxable year (b) 16,335.	ATEMENT 3 • 9 End o	16 17 18	2,113.
Schedule L Assets 1 Cash 2 Net accoun 3 Net notes r 4 Inventories 5 Federal and 6 Investment 7 Investment 8 Mortgage ld 9 Other inves 10 a Depreciable b Less accum 11 Land	7 Other Expenses and Disburser 8 Total expenses and disbursements. Add. Balance Sheet hts receivable	nents. Attach schedule d line 9 through line 17. Enter he Beginning of (a)	SEE ST ere and on Side 1, Part I, line taxable year (b) 16,335.	ATEMENT 3	17 18	2,113.
Schedule L Assets 1 Cash 2 Net accoun 3 Net notes r 4 Inventories 5 Federal and 6 Investment 7 Investment 8 Mortgage ld 9 Other inves 10 a Depreciable b Less accum 11 Land	8 Total expenses and disbursements. Add Balance Sheet Ints receivable	Beginning of (a)	taxable year (b) 16,335.	9 End c	18	2,113.
Schedule L Assets 1 Cash 2 Net accoun 3 Net notes r 4 Inventories 5 Federal and 6 Investment 7 Investment 8 Mortgage ld 9 Other inves 10 a Depreciable b Less accum 11 Land	8 Total expenses and disbursements. Add Balance Sheet Ints receivable	Beginning of (a)	taxable year (b) 16,335.	9 End c		2,113.
Schedule L Assets 1 Cash 2 Net accoun 3 Net notes r 4 Inventories 5 Federal and 6 Investment 7 Investment 8 Mortgage ld 9 Other inves 10 a Depreciable b Less accum 11 Land	Balance Sheet Ints receivable receivable distate government obligations	Beginning of (a)	taxable year (b) 16,335.	End o	of taxab	
Assets 1 Cash 2 Net accoun 3 Net notes r 4 Inventories 5 Federal and 6 Investment 7 Investment 8 Mortgage ld 9 Other inves 10 a Depreciable b Less accum 11 Land	nts receivablereceivable	(a)	(b) 16,335.		- Luxus	
 Cash Net accoun Net notes r Inventories Federal and Investment Investment Mortgage ld Other inves Depreciable Less accum Land 	nts receivablereceivable		16,335.	(o)		(d)
 Net accounting Net notes resident Inventories Federal and Investment Investment Mortgage leg Other investment Da Depreciable Less accum Land 	nts receivablereceivable		·		•	66,499.
 3 Net notes r 4 Inventories 5 Federal and 6 Investment 7 Investment 8 Mortgage ld 9 Other inves 10 a Depreciable b Less accum 11 Land 	receivable				•	00/400.
 Inventories Federal and Investment Investment Mortgage ld Other inves Depreciable Less accum Land 	d state government obligations		5,049,400.		•	5,049,400.
 Federal and Investment Investment Mortgage ld Other inves Da Depreciable b Less accum Land 	d state government obligations		0,015,1001		•	<u> </u>
 6 Investment 7 Investment 8 Mortgage Id 9 Other inves 10 a Depreciable b Less accum 11 Land 					•	
 7 Investment 8 Mortgage le 9 Other inves 10 a Depreciable b Less accum 11 Land 	IS III OTHEL DONOS				•	
8 Mortgage log9 Other inves10 a Depreciableb Less accum11 Land	ts in stock		86,136.		•	97,990.
9 Other inves10 a Depreciableb Less accum11 Land	oans		00/100.		•	31,7330.
10 a Depreciableb Less accum11 Land	stments. Attach schedule				-	
b Less accum				F 70		
11 Land	e assets			5,70		
	nulated depreciation			5,70		
12 Other accet					•	
12 Other asser	ts. Attach schedule				•	
13 Total asse	ts		5,151,871.			5,213,889.
Liabilities and	I net worth					
14 Accounts p	payable				•	
15 Contributio	ns, gifts, or grants payable				•	
16 Bonds and	notes payable				•	
17 Mortgages	payable				•	
18 Other liabil	lities. Attach schedule	5	686,577.			686,577.
	ck or principal fund		4,465,294.		•	4,527,312.
•	capital surplus. Attach reconciliation		•		•	
	arnings or income fund				•	
22 Total liabi	lities and net worth		5,151,871.			5,213,889.
Schedule N	1-1 Reconciliation of income po			s less than \$50 000		
1 Net income	<u>'</u>	• 62,018.		books this year not include	dod	
	por books	• 02,010.	in this return. Attac	-	•	
	JOING Lax	•	8 Deductions in this r		·	
	t recorded on books this year.		against book incom	-		
	edule	•				
				id line 8		
•	ecorned on books this year not benieved	•	10 Net income per			
	ecorded on books this year not deducted			from line 6	🗂	62,018.
		62,018.	. Subtract line 9		1	UZ # U I U .

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

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CALIFORNIA STATEMENTS

PAGE 1

FRESNO RESCUE MISSION FOUNDATION

77-6187872

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

OTHER INVESTMENT INCOME \$ 64,131.

TOTAL \$ 64,131.

STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-	CONTRI- BUTION TO EBP & DC	ACCOUNT/
STEVE PEARSON CPA PO BOX 1422 FRESNO, CA 93716	DIRECTOR 2.00			\$ 0.
JEFFREY BERGMAN PO BOX 1422 FRESNO, CA 93716	SECRETARY 2.00	0.	0.	0.
STEVE OCHELTREE CPA PO BOX 1422 FRESNO, CA 93716	CHAIRMAN 2.00	0.	0.	0.
JIM MOSQUEDA PO BOX 1422 FRESNO, CA 93716	DIRECTOR 2.00	0.	0.	0.
LEONAL ALVARADO PO BOX 1422 FRESNO, CA 93716	DIRECTOR 2.00	0.	0.	0.
ROBERT ABRAMS PO BOX 1422 FRESNO, CA 93716	VICE-CHAIRMAN 2.00	0.	0.	0.
MATHEW DILDINE PO BOX 1422 FRESNO, CA 93716	TREASURER 2.00	0.	0.	0.
PASTOR DAVID CAROTHERS PO BOX 1422 FRESNO, CA 93716	DIRECTOR 2.00	0.	0.	0.
DON ESKES PO BOX 1422 FRESNO, CA 93716	EXECUTIVE DIR. 4.00	0.	0.	0.
WEAVERTON TERRELL PO BOX 1422 FRESNO, CA 93716	DIRECTOR 2.00	0.	0.	0.

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			4
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CALIFORNIA STATEMENTS

PAGE 2

FRESNO RESCUE MISSION FOUNDATION

77-6187872

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDE	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JANET STEINHAUER PO BOX 1422 FRESNO, CA 93716	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.
LONNIE PETTY PO BOX 1422 FRESNO, CA 93716	DIRECTOR 2.00	0.	0.	0.
EMIL RUSCONI PO BOX 1422 FRESNO, CA 93716	DIRECTOR 2.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES

BANK CHARGES	\$ 918.
PAYMENTS TO AFFILIATES	1,195.
TOTAL	\$ 2,113.

STATEMENT 4 FORM 199, SCHEDULE L, LINE 7 INVESTMENTS IN STOCKS

INVESTMENTS	\$ 97,990.
TOTAL	\$ 97,990.

STATEMENT 5 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES

PAYABLE TO FRESNO	RESCUE MISSION,	INC	686,577.
		TOTAL	\$ 686,577.

IN

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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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



State Charity Registration Number	CT12469	96		Check if: Change of address						
_			Amended report							
FRESNO RESCUE MISSION EN Name of Organization	OUNDAI.	LON								
PO BOX 1422 Address (Number and Street)		Corporate or	Organization No. 2241371							
FRESNO, CA 93716				Federal Emplo	oyer I.D. No. <u>77-6187872</u>					
City or Town	DATION DI	State ZIP (l Codo Dono	sections 301-307, 311 and 312)					
			orney General's F							
Gross Annual Revenue	Fee	Gross Annual	Revenue	Fee	Gross Annual Revenue	ſ	Fee			
Less than \$25,000	0	Between \$100,	,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	on \$	\$150			
Between \$25,000 and \$100,000	\$25	Between \$250	,001 and \$1 millio	n \$75	Between \$10,000,001 and \$50 mill Greater than \$50 million		\$225 \$300			
PART A – ACTIVITIES					Greater than \$50 million		9300			
For your most recent full acco	untina peri	iod (beginning	1/01/17	ending	12/31/17) list:					
Gross annual revenue \$	3.	64,131.	-	\$	5,213,889.					
PART B – STATEMENTS RE	GARDIN	G ORGANIZA	ATION DURING	THE PERI	IOD OF THIS REPORT					
					t providing an explanation and detai	ls for e	ach			
'yes' response. Please rev					· p · s · · · · · · · · · · · · · · · ·					
1 During this reporting period, we	ere there ar	ny contracts, loa	ans, leases or othe	er financial tra	ansactions between the	Yes	No			
organization and any officer, director or trustee had any fina	ctor or truste	ee thereof either (directly or with an e	entity in which a	any such officer,		X			
2 During this reporting period, was property or funds?	there any th	eft, embezzleme	nt, diversion or mis	suse of the orga	anization's charitable		X			
3 During this reporting period, did	d non-progi	ram expenditure	es exceed 50% of	gross revenue	es?		X			
4 During this reporting period, were Form 4720 with the Internal Re	any organiz venue Serv	zation funds used vice, attach a co	I to pay any penaltypy.	y, fine or judgm	nent? If you filed a		X			
5 During this reporting period, we purposes used? If 'yes,' provide a provider.	ere the serv an attachme	vices of a comm nt listing the nam	ercial fundraiser one, address, and tel	or fundraising lephone numbe	counsel for charitable er of the service		X			
6 During this reporting period, did the name of the agency, mailin					de an attachment listing		X			
7 During this reporting period, did the indicating the number of raffles				oses? If 'yes,' p	provide an attachment		X			
Does the organization conduct a the program is operated by the charitable purposes.	vehicle dona charity or	ation program? If whether the org	'yes,' provide an a anization contract	ttachment indic s with a comn	cating whether nercial fundraiser for		X			
Did your organization have pre principles for this reporting per		udited financial	statement in acco	ordance with g	enerally accepted accounting SEE STATEMENT	X				
Organization's area code and teleph	one numbe	er <u>(559)</u> 26	8-0839							
Organization's e-mail address										
I declare under penalty of perjury the and belief, it is true, correct and cor		xamined this re	port, including a	ccompanying	documents, and to the best of my ki	nowled	lge			
					- p-p					
Signature of authorized officer		ESKES I Name		EXECUTIVE Title	E DIR. Date					

2017

CALIFORNIA STATEMENTS

PAGE 1

FRESNO RESCUE MISSION FOUNDATION

77-6187872

STATEMENT 1	
FORM RRF-1, PART B, LINE 9	
AUDITED FINANICAL STATEMENT	S

THIS ORGANIZATION IS INCLUDED IN A CONSOLIDATED AUDIT FINANCIAL STATEMENT WITH AFFILIATED ENTITIES.

Form **990**

Department of the Treasury Internal Revenue Service

For the 2017 calendar year, or tax year beginning

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

D Employer identification number

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

, 2017, and ending

Open to Public Inspection

В	Check if	applicable:	С							D Employ	er identi/	fication number	
	Add	dress change	FRESNO WO	RKS, IN	C.					68-	0582	604	
	Nar	ne change	PO BOX 14							E Telepho	one numb	oer	
	Init	ial return	FRESNO, C	A 93716						(55	9) 2	68-0839	
	Fina	I return/terminated								(- / _		
	\vdash	ended return								G Gross r	eceints	\$ 2,145	564
	\vdash	olication pending	F Name and add	ress of principa	l officer: Cmpx	EN OCHELTI		a	(a) Is this a				7.7
		Silication pending	SAME AS C	ADOME	STEV	EN OCHELTI	REE CP	A	` '				
_	Tay o	xempt status	X 501(c)(3)	501(c) ()◀ (inse	ort no) 1/0/1	7(a)(1) or	527	I(b) Are all so If 'No,' a	ttach a list.	(see ins	tructions)	ш
<u>'</u>		-		301(6) () . (11136	434	/(a)(1) 01						
<u> </u>		site: ► N/		1 1	1 11		1		(c) Group ex	· .			
K		of organization:	X Corporation	Trust	Association	Other ►	L Ye	ar of formation	n: 2004	IVI :	State of le	egal domicile: CA	<u>L</u>
Pa	lπ I	Summar Priofly dogari		tionla mica	ion or most sig	mificant activiti	001TO T	INICA CE	TN	DELT	DD 0	E DOMEDINA	7 110
			ibe the organiza										AND_
8			BY OPERA'										
Governance			BELOW-MARI AND JOB										
e.		Check this bo				<u> </u>							·
<u>်</u>			oting members								1 3	seis.	12
			idependent voti								4		12
<u>.e.</u>			r of individuals								5		0
Activities &	6	Total number	r of volunteers	(estimate if	necessary)						6		25
PG	7a -	Total unrelate	ed business rev	enue from	Part VIII, colur	nn (C), line 12					7a		0.
	b [Net unrelated	d business taxa	ble income	from Form 990	O-T, line 34					7b		0.
									Pri	or Year		Current Y	ear
a)	8 (Contributions	s and grants (Pa	art VIII, line	1h)					332,8	394.	574	,279.
Revenue	9	Program serv	vice revenue (P	art VIII, line	e 2g)					•			
š			ncome (Part VII							1	91.		34.
æ	11 (Other revenu	ıe (Part VIII, col	lumn (A), li	nes 5, 6d, 8c,	9c, 10c, and 11	le)			517,2		929	,358.
	12	Total revenue	e – add lines 8	through 11	(must equal F	art VIII, colum	n (A), line	e 12)		850,3	369.	1,503	,671.
	13 (Grants and s	imilar amounts	paid (Part	IX, column (A)	, lines 1-3)							
	14	Benefits paid	to or for memb	pers (Part I	X, column (A),	line 4)							
	15	Salaries, othe	er compensatio	n, employe	e benefits (Par	t IX, column (A	A), lines 5	5-10)					
Expenses	16a	Professional	fundraising fee	s (Part IX,	column (A), lin	e 11e)							
en			sing expenses (
益			ses (Part IX, co							0.42	-07	1 200	701
		•	•		•	•				943,6		1,322	
			es. Add lines 1	•	•		•			943,6		1,322	
. 0		Revenue less	s expenses. Sul	otract line i	8 from line 12					-93,3			<u>,940.</u>
ets or		T-4-14-	(David V. 15 16	`					Beginning			End of Ye	
ssel 3ala	20		(Part X, line 16							283,8			,224.
Net Ass Fund Ba			es (Part X, line	•						100,6			<u>,064.</u>
			r fund balances	. Subtract I	ine 21 from lin	e 20				183,2	220.	364	<u>,160.</u>
Pa	rt II	Signatur	re Block										
Unde	er penalti	es of perjury, I de	eclare that I have exa arer (other than office	amined this ret	urn, including accor	npanying schedules	and statement	ents, and to th	e best of my	knowledge	and beli	ef, it is true, correc	t, and
COITI	JICIC. DC	I.	arer (other thair office	CI) 13 Da3Cu OII	an information of w	Their preparer rias a	Thy Knowicag	jo.					
		Signatu	ure of officer						Date				
Siç	jn								Date	;			
He	re		ESKES						EXECU'	<u> </u>	DIR.		
		, , ,	r print name and title)	T		1						
		Print/Type p	preparer's name		Preparer's signat			Date		Check	X if	PTIN	
Pa			. SAVAGE		KEN W. S	AVAGE		4/25/2	18 s	self-employ	ed	P00703357	
Pre	epare	Firm's name	e SAVAG	E & COM	PANY								
Us	e Onl	y Firm's addre	ess • 8441	N. MILL	BROOK AVE	., SUITE	101		F	irm's EIN	► 77-	-0825812	
			FRESN	O, CA 9	3720				F	Phone no.	(559	9) 256-360)1
May	the IF	RS discuss th	nis return with t			? (see instruction	ons)					. X Yes	No

4d Other program services (Describe in Schedule O.) (Expenses including grants of) (Revenue \$ **4 e** Total program service expenses 1,322,731. Form **990** (2017) TEEA0102L 12/05/17

Form 990 (2017) FRESNO WORKS, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Χ
	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</i> 'Yes,' <i>complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Χ
С	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		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	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

Form 990 (2017) FRESNO WORKS, INC. Part IV Checklist of Required Schedules (continued)

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

Form 990 (2017) FRESNO WORKS, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				. 🔲		
	•			Yes	No		
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0					
Ł	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0					
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming					
	(gambling) winnings to prize winners?		1 c				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-						
	ments, filed for the calendar year ending with or within the year covered by this return	2 a 0					
t	If at least one is reported on line 2a, did the organization file all required federal employments and the second of the second		2b				
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	•			v		
	Did the organization have unrelated business gross income of \$1,000 or more during the year		3 a		Х		
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b				
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f	er authority over, a inancial account)?	4 a		Х		
	If 'Yes,' enter the name of the foreign country: ►	a.ro.a. aoooa.r.y.					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	·	5 a		Χ		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	-	5 b		Χ		
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c				
6 -	Does the organization have applied gross receipts that are normally greater than \$100,000 a	nd did the organization					
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?							
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were							
	not tax deductible?		6 b				
7	Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	eartly for goods and			37		
	services provided to the payor?		7 a		Х		
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b				
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	vas requireu to ille	7 c		Χ		
c	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	efit contract?	7 f		X		
ç	If the organization received a contribution of qualified intellectual property, did the organization file	Form 8899					
_	as required?		7 g				
r	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h	Χ			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the sponsoring					
	organization have excess business holdings at any time during the year?		8				
9	Sponsoring organizations maintaining donor advised funds.						
a	Did the sponsoring organization make any taxable distributions under section 4966?		9 a				
k	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son?	9 b				
10	Section 501(c)(7) organizations. Enter:	•					
	Initiation fees and capital contributions included on Part VIII, line 12	10 a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b					
	Section 501(c)(12) organizations. Enter:	1					
	Gross income from members or shareholders.	11 a	_				
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	11 b					
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a				
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b					
	Section 501(c)(29) qualified nonprofit health insurance issuers.	-1					
	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note. See the instructions for additional information the organization must report on Schedu						
Ł	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.						
		13b					
	Enter the amount of reserves on hand	13c			v		
	Did the organization receive any payments for indoor tanning services during the tax year?.		14a		X		
<u>ا</u> ۲۸۸	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule U	14b	000	(2017)		

Form 990 (2017) FRESNO WORKS, INC. 68-0582604 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15 a Χ **b** Other officers or key employees of the organization..... 15 b 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? Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request X Other (explain in Schedule O) SEE SCH. O Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

268-0839

FRESNO CA 93706 (559)

MARIA VARGAS 310 G STREET

Form 99	0 (2017)	FRESNO	MODKC	INC.
	0 (2017)	CKESNO	WOKNO.	INC.

68-0582604

Page 7

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

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

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

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

		(C)								
(A) Name and Title	(B) Average hours	thar	one b both	oox, i an of	unles	e)	n	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	오토	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) STEVE PEARSON, CPA	1									_
DIRECTOR	0	Х						0.	0.	0.
(2) JEFFREY BERGMAN	1									
SECRETARY	0	Χ		Χ				0.	0.	0.
(3) STEVEN OCHELTREE CPA	_ 1									
CHAIRMAN	0	Χ		Χ				0.	0.	0.
(4) JIM MOSQUEDA	_ 1									
DIRECTOR	0	Х						0.	0.	0.
(5) LEONEL ALVARADO	1									
DIRECTOR	0	Х						0.	0.	0.
(6) ROBERT ABRAMS	1									
VIDE-CHAIRMAN	0	Х		X				0.	0.	0.
(7) MATTHEW DILDINE	1									
TREASURER	0	Х		X				0.	0.	0.
(8) PASTOR DAVID CAROTHERS	1									
DIRECTOR	0	Х						0.	0.	0.
(9) JANET STEINHAUER	1									
DIRECTOR	0	Χ						0.	0.	0.
(10) WEAVERTON TERRELL	1									
DIRECTOR	0	Х						0.	0.	0.
(11) LONNIE PETTY	1									
DIRECTOR	0	Х						0.	0.	0.
(12) EMIL RUSCONI	1									
DIRECTOR	0	Χ						0.	0.	0.
(13) DON ESKES	_ 4									
EXECUTIVE DIR.	36	<u> </u>		Х				0.	77,192.	0.
(14)										

Part VII Section A. Officers, Directors, Tr	1	Key	Em			es,	and	d Highest Con	pensated Emp	loyees	(conti	nued)
(A) Name and title	Average hours per week (list any hours	offi	cer ar	Pos check ess pe nd a	erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amor com fr	(F) stimated unt of oth pensation om the anization	her on
	for related organiza - tions below dotted line)	ndividual trustee or director	institutional trustee	cer	Key employee	Highest compensated employee	ner			añ	d related anization	d
<u>(15)</u>												
<u>(16)</u>												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total.								0.	77,192.			0.
c Total from continuation sheets to Part VII, Sectid Total (add lines 1b and 1c)							▶	0.	0. 77,192.			0.
2 Total number of individuals (including but not limited	d to those	listed	abo	ve) v	who	recei	ved				n	
from the organization $ ightharpoonup 0$											Yes	No
3 Did the organization list any former officer, direct on line 1a? <i>If 'Yes,' complete Schedule J for suc</i>	ctor, or tru ch individu	ıstee, <i>ıal</i>	, key	y en	nplo	yee,	or h	nighest compensa	ted employee	3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	f reportab er than \$1	le co 50,0	mpe 00?	ensa If '\	ation Yes,	and com	oth <i>ple</i>	er compensation te Schedule J for	from	4		X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yea	ie comper	nsatio	on fr	om	anv	unre	late	ed organization or	individual			X
Section B. Independent Contractors											ı	
Complete this table for your five highest comper compensation from the organization. Report comper	nsated ind Insation for	epen the c	dent alen	t co dar	ntra year	ctors endi	tha ng v	it received more to with or within the or	han \$100,000 of ganization's tax yea	ır.		
(A) Name and business address Descri							Description (of services	Compe	C) nsatio	n	
2 Total number of independent contractors (including		ited to	o the	ose I	liste	d abo	ve)	Mho received more	than			
\$100,000 of compensation from the organization	0											

Part VIII Statement of Revenue

ı uı		Check if Schedule O contains a respor	nse or note to any	line in this Part V	IIL		🗌
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts		Federated campaigns 1 a					
Grai Iour		Membership dues					
ts, c		Fundraising events					
iai eit		Related organizations 1 d					
ns,	е	Government grants (contributions) 1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above 1 f	574,279.				
ቜ፟፟፟፟፟፟፟፟፟	g	Noncash contributions included in lines 1a-1f: \$	574,281.				
Cor and	h	Total. Add lines 1a-1f		574,279.			
			Business Code				
Program Service Revenue	2 a						
ä	b						
Š.	C						
Se	d						
ram	e •	All other program service revenue					
log.	q		▶				
<u>п</u> .		Investment income (including dividends,					
	3	other similar amounts)		34.			34.
	4	Income from investment of tax-exempt be	ond proceeds . 🟲				<u> </u>
	5	Royalties	▶				
		(i) Real	(ii) Personal				
		Gross rents					
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)					
re re	8 a	Gross income from fundraising events					
ē		(not including. \$ of contributions reported on line 1c).					
Other Revenue		See Part IV, line 18					
-	h	Less: direct expenses b					
둦		Net income or (loss) from fundraising even	ents ▶				
		Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activiti	es				
	10 a	Gross sales of inventory, less returns					
		and allowances a					
		Less: cost of goods sold b	641,893.				
	С	Net income or (loss) from sales of invent Miscellaneous Revenue	Ory	676,800.			676,800.
	11 a		Dusiliess Code	252 550	252 550		
	ııa b	OTHER REVENUE		252,558.	252,558.		
	C						
	d	All other revenue					
	е	Total. Add lines 11a-11d		252,558.			
	12	Total revenue. See instructions		1,503,671.	252,558.	0.	676,834.

Form 990 (2017) FRESNO WORKS, INC. Part IX Statement of Functional Expenses

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

Do i	Check if Schedule O contains a ro not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	esponse or note to any (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages		•		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
á	Management				
ŀ	Legal				
(Accounting				
(1 Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule 0.)	64,560.	64,560.		
13	Office expenses	5,154.	5,154.		
14	Information technology	3,134.	J, 134.		
15	Royalties				
16	Occupancy	140,260.	140,260.		
17	Travel	140,200.	140,200.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	350,000.	350,000.		
22	Depreciation, depletion, and amortization	4,786.	4,786.		
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10%	6,755.	6,755.		
	of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
á	ADMINISTRATIVE SERVICES	600,199.	600,199.		
	VEHICLE EXPENSES	88,298.	88,298.		
	BANK & CREDIT CARD FEES	12,567.	12,567.		
	REPAIRS & MAINTENANCE	11,195.	11,195.		
	All other expenses	38,957.	38,957.		
25	Total functional expenses. Add lines 1 through 24e	1,322,731.	1,322,731.	0.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
	JUF 30-2 (MJU 300-720)				

		Check if Schedule O contains a response or note to	any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			22,673.	1	295,689.
	2	Savings and temporary cash investments			90,431.	2	1.
	3	Pledges and grants receivable, net			·	3	
	4	Accounts receivable, net			93,559.	4	-28,629.
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	officers, on the officers of t	directors, . Complete		_	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (a	s defined under		5	
		beneficiary organizations (see instructions). Complete	Part II o	f Schedule L		6	
2	7	Notes and loans receivable, net		-		7	
Assets	8	Inventories for sale or use		<u></u>	56,523.	8	102,254.
As	9	Prepaid expenses and deferred charges		_	00,020.	9	102/2011
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	340,101.			
	h	Less: accumulated depreciation		335,922.	8,965.	10 c	4,179.
	11	Investments – publicly traded securities			0,905.	11	4,113.
	12	Investments – other securities. See Part IV, line 11		<u> </u>		12	
	13	Investments – program-related. See Part IV, line 11.		<u> </u>		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11.		<u></u>	11,731.	15	11,730.
	16	Total assets. Add lines 1 through 15 (must equal line			283,882.	16	385,224.
	17	Accounts payable and accrued expenses			100,662.	17	21,064.
	18	Grants payable	100,0021	18	21/0011		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
S	21	Escrow or custodial account liability. Complete Part I	V of Sche	edule D		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and	l disqualit	fied persons.		22	
Ĭ	22	Complete Part II of Schedule L		<u> </u>		22	
	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third	•			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			100 662	25	21 064
	26	Total liabilities. Add lines 17 through 25			100,662.	26	21,064.
S		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re = <u>}</u>	and complete			
Net Assets or Fund Balances	27	Unrestricted net assets		ŀ	183,220.	27	364,160.
ala	28	Temporarily restricted net assets.			103,220.	28	304,100.
Ä	29	Permanently restricted net assets.		<u> </u>		29	
낕	25	Organizations that do not follow SFAS 117 (ASC 958), ch				23	
Ĭ		and complete lines 30 through 34.					
ō	30	Capital stock or trust principal, or current funds			30		
<u>بر</u>	31	Paid-in or capital surplus, or land, building, or equipm		<u></u>		31	
458	32	Retained earnings, endowment, accumulated income,				32	
et/	33	Total net assets or fund balances		<u> </u>	183,220.	33	364,160.
ž	34	Total liabilities and net assets/fund balances			283,882.	34	385,224.
	-	The state of the s			200,002.	- T	505,444.

BAA Form **990** (2017)

Pa	rt 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	1,5	03,6	571.		
2	Total expenses (must equal Part IX, column (A), line 25).		1,322,731.				
3	Revenue less expenses. Subtract line 2 from line 1	3	1	80,9	940.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	83,2	220.		
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			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))						
Pa	rt XII Financial Statements and Reporting				<u> 160.</u>		
	Check if Schedule O contains a response or note to any line in this Part XII				. П		
	,		1	Yes	-		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a					
ı	b Were the organization's financial statements audited by an independent accountant?		2 b	Χ			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:	ite					
	Separate basis X Consolidated basis Both consolidated and separate basis						
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
I	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b				
BAA				990	(2017)		

TEEA0112L 08/08/17

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number FRESNO WORKS, 68-0582604 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)				
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20						%
15	Public support percentage from 2	2016 Schedule A,	Part II, line 14			15	%
16a	33-1/3% support test—2017. If the and stop here. The organization	ne organization di qualifies as a pul	id not check the bolicly supported o	oox on line 13, and organization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2016. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a or 16a or 16a or 16a	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-ad-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Part ed organization.	VI how the►
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	ructions ►

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

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

Sec	tion A. Public Support								
Calend	lar 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.')	404.040	451 700	475 700	220 004	574 070	0.050.015		
2	Gross receipts from admissions, merchandise sold or services	424,240.	451,709.	475,793.	332,894.	574,279.	2,258,915.		
	performed, or facilities furnished in any activity that is								
	related to the organization's tax-exempt purpose	1,016,037.	596,127.	605,265.	388,076.	676,800.	3,282,305.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	1,010,037.	3307127.	0007200.	3007070.	070,000.	0.		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
	Total. Add lines 1 through 5	1,440,277.	1,047,836.	1,081,058.	720,970.	1,251,079.	5,541,220.		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13	0.	0.	0.	0.	0.	0.		
	for the year	0.	0.	0.	0.	0.	0.		
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.		
	Public support. (Subtract line 7c from line 6.)						5,541,220.		
	tion B. Total Support	4 > 0010	# > 001.4	4 > 0015	4 15 004 5	4 > 0017			
	dar year (or fiscal year beginning in)		(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Amounts from line 6 Gross income from interest, dividends,	1,440,277.	1,047,836.	1,081,058.	720,970.	1,251,079.	5,541,220.		
	payments received on securities loans, rents, royalties, and income from similar sources				191.	34.	225.		
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.		
	Add lines 10a and 10b	0.	0.	0.	191.	34.	225.		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.		
12	Other income. Do not include						<u></u>		
	gain or loss from the sale of capital assets (Explain in Part VI.) . SEE PART . VI	9,618.	2,084.	20,435.	129,208.	252,558.	413,903.		
	Total support. (Add lines 9, 10c, 11, and 12.)	1,449,895.		1,101,493.	850,369.	1,503,671.	5,955,348.		
	First five years. If the Form 990 organization, check this box and	stop here							
	tion C. Computation of Pu					1 1			
15	Public support percentage for 20	•	•				93.05 %		
16	Public support percentage from					16	96.72 %		
	tion D. Computation of Inv				(0)	47			
17	Investment income percentage f	· ·	• •	-			0.00 %		
18	Investment income percentage from 2016 Schedule A, Part III, line 17								
	is not more than 33-1/3%, check	this box and sto l	p here. The orgar	nization qualifies a	as a publicly supp	orted organization	1 ► <u>X</u>		
	33-1/3% support tests—2016. If it line 18 is not more than 33-1/3%	6, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported orga	nization -		
_∠∪	Private foundation. If the organi	∠ation did not che	ck a box on line	14, 19a, or 19b, c	TIECK THIS DOX and	see instructions.			

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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			
3a	described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	2		
	and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
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.	3c		
4 a	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.	4 a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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))?	,		
b	If 'Yes,' provide detail in Part VI . 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 .	9a 9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9c		
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.	10-		
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.)	10a 10b		

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Par	t IV	Supporting Organizations (continued)			
11	∐ac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	rning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
•	or ele	ect at least a majority of the organization's directors or trustees at all times during the tax year? If No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.			
	direct	e organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, led to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported organization(s)			
	that o	operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	- ' '	C. Type II Supporting Organizations	_		
		e. Type ii Cupper unig C. guininatione		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
		ich of the organization's supported organization(s)? If No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
	orgar vear	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	eason of the relationship described in (2), did the organization's supported organizations have a significant			
	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played				
Saa		is regard. E. Type III Functionally Integrated Supporting Organizations	3		
Sec	lioii i	E. Type III Functionally integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	⊥∐ T	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	: <u> </u>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ities Test. Answer (a) and (b) below.		Yes	No
а	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was			
		onsive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
b		Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of			
	the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI</i> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		2b		
,		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>	-17		
		the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
a	each	of the supported organizations? Provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Type III Non-Functionally Integrated 509(a)(3)	anizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion 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):			
- 7	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2017

9 Distributable amount for 2017 from Section C, line 6

68-0582604

	TREBNO WORLD, The:	00 0302001go ;
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (co	ntinued)
Sec	Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	

10 Line 8 amount divided by line 9 amount (i) Excess Distributions (ii) Underdistributions (iii) Distributable Section E — Distribution Allocations (see instructions) Amount for 2017 Pre-2017 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017 а **b** From 2013 **c** From 2014 **e** From 2016 f Total of lines 3a through e **g** Applied to underdistributions of prior years **h** Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section D, a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 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. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2018. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2013..... **b** Excess from 2014. c Excess from 2015..... d Excess from 2016..... e Excess from 2017.....

BAA

Schedule A (Form 990 or 990-EZ) 2017

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

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE			2017	 2016		2015	2014		2013
OTHER	TOTAL	\$ \$	252,558. 252,558.	\$ 129,208. 129,208.	\$ \$	20,435. 20,435.	\$ 2,084. 2,084.	\$ \$	9,618. 9,618.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number FRESNO WORKS, INC. 68-0582604 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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..... 1 Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes 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 No impermissible private benefit? Yes **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 land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 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 violations, No 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. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a 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.....

Part III Organizations Maintaining Colle	ections of Art, Histo	rical Treasures, or	Other Similar Ass	ets (continu	ıed)
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check ar	ny of the following that ar	e a significant use of its	collection	
a Public exhibition	d Loan o	or exchange programs			
b Scholarly research	e Other				
c Preservation for future generations					
4 Provide a description of the organization's collec Part XIII.	tions and explain how they	further the organization's	s exempt purpose in		
5 During the year, did the organization solicit o to be sold to raise funds rather than to be ma				Yes	No
Escrow and Custodial Arranger line 9, or reported an amount or			swered 'Yes' on Fo	rm 990, Par	t IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or othe	er assets not included	Yes	No
b If 'Yes,' explain the arrangement in Part XIII					
bit 163, explain the arrangement in 1 are xiii	and complete the following	ig table.		Amount	
c Beginning balance				711104111	
d Additions during the year					
e Distributions during the year					
f Ending balance					
2a Did the organization include an amount on Fo				Yes	No
b If 'Yes,' explain the arrangement in Part XIII.			-		∃
b in rest, explain the arrangement in rancount.	Check here it the explain	ation has been provide	a on r are 7000		
Part V Endowment Funds. Complete if	the organization and	swered 'Yes' on Fo	rm 990 Part IV Jir	ne 10	
(a) Curren	T T			(e) Four year	rs back
1 a Beginning of year balance	, ,,,	(1)	, , , , , , , , , , , , , , , , , , ,	1,7,7	
b Contributions					
a Nat invastment services asing					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities					
and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the curre	ent year end balance (line	e 1g, column (a)) held a	as:		
a Board designated or quasi-endowment ►	% %				
b Permanent endowment ►	Š				
c Temporarily restricted endowment ►	<u> </u>				
The percentages on lines 2a, 2b, and 2c should	equal 100%.				
3 a Are there endowment funds not in the possession	n of the organization that a	re held and administered	for the		
organization by:	J			Yes	No
(i) unrelated organizations				3a(i)	
(ii) related organizations				3a(ii)	
b If 'Yes' on line 3a(ii), are the related organization	·			. 3b	
4 Describe in Part XIII the intended uses of the		nt funds.			
Part VI Land, Buildings, and Equipmen	t.				
Complete if the organization ans	swered 'Yes' on Forn	n 990, Part IV, line	11a. See Form 99	0, Part X, li	ne 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue
1 a Land		()			
b Buildings					
c Leasehold improvements		70,118.	69,248.		870.
d Equipment		149,875.	146,566.		,309.
e Other		120,108.	120,108.		, 309. 0.
Total. Add lines 1a through 1e. (Column (d) must e					<u> </u>
(Columnia in as ra unough re. (Columnia (a) must e	quai i oiiii 550, i ait A, C	ייי ווווכ ווווכ (ש), ווווכ ווווכייט.)		4	<u>, 117.</u>

BAA Schedule **D** (Form 990) 2017

Part VII Investments – Other Securities.		N/A
		0, Part IV, line 11b. See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
<u>(F)</u>		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		37 / 7
Part VIII Investments — Program Related. Complete if the organization answered	l 'Yes' on Form 99	N/A 0, Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	(,	(2)
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >		
Part IX Other Assets.	N/A	1
		0, Part IV, line 11d. See Form 990, Part X, line 15
•	escription	(b) Book value
<u>(1)</u> (2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	
Part X Other Liabilities.	- 000 D LIV I: 1	11 11(O F 000 B LV I' 0F
Complete if the organization answered 'Yes' on F	· · · · · · · · · · · · · · · · · · ·	· · ·
(a) Description of liability (1) Federal income taxes	(b) Book value	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	. •	

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

Part XI Reconciliation of Revenue per Audited Financial Statement		turn. N/A
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	
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	2 a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2 e
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	4 a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part XII Reconciliation of Expenses per Audited Financial Statemer		Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, P		Return. N/A
	art IV, line 12a.	Return. N/A
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	art IV, line 12a	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2a 2b	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments.	2a 2b 2c	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses.	2a 2b 2c 2d	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.)	2a	1
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d.	2a	1 2 e
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.	2a	1 2 e
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a	1 2 e
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2a	1 2e 3
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a	1 2e 3

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

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA FRANCHISE TAX REGULATION SECTION 23701 (D), AND CONTRIBUTIONS TO IT IS TAX DEDUCTIBLE WITHIN THE LIMITATIONS PRESCRIBED BY THE CODE. THE ORGANIZATION HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION, WHICH IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE ORGANIZATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS,

REGULARLY CARRIED ON AND NOT IN THE FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS

BAA Schedule D (Form 990) 2017

Part XIII | Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE ACCOMPANYING FINANCIAL STATEMENTS TAKEN AS A WHOLE.

THE ORGANIZATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF AN UNCERTAIN TAX
POSITION ONLY AFTER CONSIDERING THE PROBABILITY THAT A TAX AUTHORITY WOULD SUSTAIN
THE POSITION IN AN EXAMINATION. FOR TAX POSITIONS MEETING A "MORE LIKELY THAN NOT"
THRESHOLD, THE AMOUNT RECOGNIZED IN THE FINANCIAL STATEMENTS IS THE BENEFIT EXPECTED
TO BE REALIZED ON SETTLEMENT WITH THE TAX AUTHORITY. FOR TAX POSITIONS NOT MEETING
THE THRESHOLD, NO FINANCIAL STATEMENT BENEFIT IS RECOGNIZED. AS OF DECEMBER 31,
2017, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS. THE ORGANIZATION RECOGNIZES
INTEREST AND PENALTIES, IF ANY, RELATED TO UNCERTAIN TAX POSITIONS AS INCOME TAX
EXPENSE. INCOME TAX RETURNS PRIOR TO 2012 ARE NO LONGER SUBJECT TO EXAMINATION BY
TAX AUTHORITIES. THE ORGANIZATION IS RELYING ON ITS EXEMPT STATUS AND ITS ADHERENCE
TO ALL APPLICABLE LAWS AND REGULATIONS TO PRESERVE THAT STATUS.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FRI	ESNO WORKS, INC.			68-	RESNO WORKS, INC. 68-0582604									
Pai	Part I Types of Property													
	•	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(cod of contrib	determin	ning mounts						
1	Art — Works of art													
2	Art — Historical treasures													
3	Art — Fractional interests													
4	Books and publications													
5	Clothing and household goods			468,931.	THRIFT	' VA]	LUE							
6	Cars and other vehicles	Х	100	105,350.	THRIFT	' VA]	LUE							
7	Boats and planes													
8	Intellectual property													
9	Securities - Publicly traded													
10	Securities - Closely held stock													
11	Securities - Partnership, LLC, or trust interests .													
12	Securities - Miscellaneous													
13	Qualified conservation contribution — Historic structures													
14	Qualified conservation contribution — Other													
15	Real estate – Residential													
16	Real estate – Commercial													
17	Real estate — Other.													
18	Collectibles.													
19	Food inventory													
20	Drugs and medical supplies													
21	Taxidermy													
22	Historical artifacts													
23	Scientific specimens													
24	Archeological artifacts													
25	Other ► ()													
26	Other ► ()													
27	Other ► ()													
28	Other► ()													
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done				29									
							Yes	No						
20-	During the year, did the organization receive by contri	ihution any nr	ronarty ranortad in Part I	lines 1 through 28 that										
300	it must hold for at least three years from the date for exempt purposes for the entire holding period	of the initial	I contribution, and whic	ch isn't required to be u	sed	30 a		Х						
b	If 'Yes,' describe the arrangement in Part II.													
31	Does the organization have a gift acceptance poli	cy that requi	res the review of any r	nonstandard contributio	ns?	31		Х						
32a	Does the organization hire or use third parties or noncash contributions?					32 a		Х						
b	If 'Yes,' describe in Part II.													
33	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,									

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

BAA TEEA4602L 08/10/17 Schedule M (Form 990) (2017)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INC FRESNO WORKS,

Employer identification number 68-0582604

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO ENGAGE IN THE RELIEF OF POVERTY AND DISTRESS BY OPERATING A THRIFT STORE TO MAKE DONATED MERCHANDISE AVAILABLE FOR SALE AT BELOW-MARKET PRICES TO PERSONS OF LIMITED INCOME AND TO PROVIDE JOB TRAINING AND JOB PLACEMENT FOR THE NEEDY THROUGH FRESNO RESCUE MISSION PROGRAMS.

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

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR BEFORE IT IS SIGNED. A COPY IS ALSO GIVEN TO ALL BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS EACH BOARD MEMBER RECEIVES A COPY OF THE CONFLICT OF INTEREST POLICY. EACH BOARD MEMBER IS REQUIRED TO READ, UNDERSTAND AND COMPLY WITH THE POLICY AND SIGN A STATEMENT TO THAT EFFECT. THERE IS A DUTY TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST TO THE BOARD. BOARD MEMBERS NOT IMPACTED BY THE CONFLICT OF INTEREST WILL ASSESS THE ISSUE AND TAKE NECESSARY ACTION.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT THE CEO FOR FRESNO WORKS, INC. DOES NOT RECEIVE ANY COMPENSATION FROM THE ORGANIZATION. THE CEO IS ALSO THE CEO FOR FRESNO RESCUE MISSION, INC. AND FRESNO RESCUE MISSION FOUNDATION.

FRESNO RESCUE MISSION, INC. PAYS 100% OF THE COMPENSATION OF THE CEO. THE MISSION THEN CHARGES THE AFFILIATED ORGANIZATIONS AN ADMINISTRATIVE ALLOCATION FOR SERVICES RENDERED BY THE CEO TO THE AFFILIATES.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION EXEMPT ORGANIZATION RETURNS ARE AVAILABLE AT GUIDESTAR.ORG, ON THE FRESNO RESCUE MISSION, INC. WEBSITE, AND UPON REQUEST.

Name of the organization

FRESNO WORKS, INC.

Employer identification number
68-0582604

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE ON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

(b) Primary activity

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

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

2017

(f) Direct controlling entity

OMB No. 1545-0047

Open to Public Inspection

(e) End-of-year assets

Department of the Treasury Internal Revenue Service Name of the organization

(a)
Name, address, and EIN (if applicable) of disregarded entity

Employer identification number FRESNO WORKS, INC. 68-0582604

(c)
Legal domicile (state or foreign country)

(d) Total income

<u>(1)</u>							
<u>(2)</u>							
<u>(3)</u>							
Part II Identification of Related Tax-Exempt O had one or more related tax-exempt org	rganizations. Complete panizations during the ta	if the organization ax year.	answered 'Yes	s' on Form 990, Pa	art IV, line 34, b	ecause it	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)	Direct controllies entity	ing Sec 51:	g) 2(b)(13) ed entity?
		-			-	Yes	No
(1) FRESNO RESCUE MISSION, INC. PO BOX 1422 FRESNO, CA 93716 94-1279785	PROVIDE SHELTER & FOOD FOR HOMELESS PEOP	CA	501 (C) (3)	SCHEDULE A, LN 7	N/A		X
(2) FRESNO RESCUE MISSION FOUNDATION PO BOX 1422 FRESNO, CA 93716 77-6187872	RAISE/HOLD FUNDS FOR FRESNO RESCUE MISS.	CA	501 (C) (3)	SCHEDULE A, LN 11A	N/A		X
<u>(3)</u>							
<u>(4)</u>							

Part III	Identification of Related Organizations Taxable as a Partnership	Complete if the organization answered 'Yes' on Form 990, Part IV, line 34,
	because it had one or more related organizations treated as a pa	irtnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	ed, income end-of-year tionate amount in box assets allocations? 20 of Schedule		tionate		tionate amount in box 20 of Schedule K-1 (Form		i) ral or aging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
<u>(1)</u>												
(2)	 -											
	-											
	-											
-												
(3)	-											
	-											
	-											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlled) (b)(13) d entity?
		country)	Critity	or trusty				Yes	No
(1)									
(2)									-
=======================================	İ								
	İ								
	†								
(3)									
<u></u>	1								
	†								
	 								
							<u> </u>		

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

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organization	ations listed in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		X
b Gift, grant, or capital contribution to related organization(s)					X
c Gift, grant, or capital contribution from related organization(s).					X
d Loans or loan guarantees to or for related organization(s).			1 d		X
e Loans or loan guarantees by related organization(s)			1 e		Х
f Dividends from related organization(s)			1f		Х
productions from related organization(s). q Sale of assets to related organization(s)					X
h Purchase of assets from related organization(s)					X
i Exchange of assets with related organization(s).					X
j Lease of facilities, equipment, or other assets to related organization(s)					X
J Lease of facilities, equipment, of other assets to related organization(s)					Λ
k Lease of facilities, equipment, or other assets from related organization(s)			1k		Х
Performance of services or membership or fundraising solicitations for related organization(s)			11		Х
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		X
Sharing of paid employees with related organization(s)			1о		X
p Reimbursement paid to related organization(s) for expenses			1р	Х	
q Reimbursement paid by related organization(s) for expenses					Х
r Other transfer of cash or property to related organization(s)			1r	Х	
s Other transfer of cash or property from related organization(s)			1s		Х
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, includin				ļ	
(a) Name of related organization	_ (b)	(c) Amount involved	Method of	d) .	
Name of related organization	Transaction type (a-s)	Amount involved	Method of amount	detern involv	nining ed
	урс (d 3)		amount	1111011	cu
1) FRESNO RESCUE MISSION, INC.	Р	600,199.	СОСТ		
, rimbho imboth iirbbion, inc.	-	000/133.	0001		
2) FRESNO RESCUE MISSION, INC.	R	350,000.	СОСТ		
-7 INDSNO NESCOL MISSION, INC.	IX.	330,000.	CO51		
3)					
-,					
1 \					
4)					
5)					
6)			L D /E	000	0017
AA TEEA5003L 11/29/17		Schedu	le R (Forn	n 990)	2017

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity		(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	Are all	e) partners ction (c)(3) zations?	(g) Share of end-of-year assets	tion	h) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging ner?	(k) Percentage ownership
		sections 512-514)	Yes	No		Yes	No	(1 11)	Yes	No	†
<u>(1)</u>											
<u>(2)</u>											
	_										
<u>(3)</u>	-										
	-										
<u>(4)</u>											
	1										
(5)											
<u>(6)</u>											
<u></u>											
]										
<u>(8)</u>											
	_										

BAA

Schedule **R** (Form 990) 2017

Part VII Supplemental Information.

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

2017	FEDE	ERAL W	ORK	SHEETS		PAGE 1
CLIENT 515B		FRESNO W	ORKS,	INC.		68-0582604
4/25/18						10:52AN
COMPUTATION OF COST OF GO	ODS SOL	D (FORM 9	90)			
1. INVENTORY AT START OF Y 2. PURCHASES. 3. COST OF LABOR. 4. ADDITIONAL 263A COSTS. 5. OTHER COSTS. 6. TOTAL (ADD LINES 1 THRO 7. INVENTORY AT END OF YEA 8. COST OF GOODS SOLD (SUB	UGH 5)					744,147. 102,254.
FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS	PROG SERVI TOT	CES	FORM S	990	SOURCE	
TOTAL EXPENSES GRANTS REVENUE	1,322	2,731. 0. 0.	1,322,	731. PART : 0. PART : 0. PART :	IX, LINE 25, C IX, LINES 1-3, /III, LINE 2,	OL. B COL. B COL. A
FORM 990, PART IX, LINE 24E OTHER EXPENSES						
	_	(A) TOTAL		(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) _FUNDRAISING
EQUIPMENT-NONCAPITAL FOOD & VENDING OTHER EXPENSE POSTAGE AND SHIPPING		1,3	60. 199. 526. 57.	2,660. 1,399. 4,626. 57.		
PROFESSIONAL FEES PROGRAM SUPPLIES & EXPENSE RENT-EQUIP. STAFF DEVELOPMENT		2,5	76. 14. 558. 312.	8,076. 214. 2,558. 312.		

2017

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

FRESNO WORKS, INC.

68-0582604

FORM 990, PART I, LINE 5; PART IX, LINE 7 NUMBER OF EMPLOYEES/COMPENSATION

FRESNO WORKS, INC. DOES NOT DIRECTLY EMPLOY PERSONNEL AND THEREFORE DOES NOT FILE PAYROLL RETURNS. THE ORGANIZATION USES EMPLOYEES OF THE FRESNO RESCUE MISSION, INC. AND REIMBURSES IT FOR THE COMPENSATION, PAYROLL TAXES, AND FRINGE BENEFITS THROUGH ADMINISTRATIVE SERVICES CHARGES. FRESNO WORKS, INC. USED THE SERVICES OF APPROXIMATELY 25 EMPLOYEES DURING THE YEAR.

2017 California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ear 2017 or fiscal year	r beginning (mm/dd/	vvvv)		. and	d ending (r	mm/dd/vv	/VV)				
	ganization name				, -	3 (337		California corpo	oration nu	mber
FRESNO	WORKS, INC.									2637630)	
	rmation. See instructions.									FEIN		
Street address	(suite or room)									68-0582 PMB no.	604	
PO BOX	` '									T WID TIO.		
City							State			Zip code		
FRESNO Foreign country	v name						CA Foreign pro	ovince/state/co	ountv	93716 Foreign postal	code	
	,						· c. c.g p		9			
B Amended C IRC Secti D Final Info	Return	endered (Withdrawn) 3			orgar See i K Is the If 'Ye nonm L If org and r No fi M Is the	nization enga nstructions e organizatio es, enter the nember source ganization is neets the fili ling fee is re e organizatio he organizatio	on exempt us gross rece ces exempt un ing fee exce equired on a Limiter tion file For	ipts from der R&TC Se eption, check l	s?	01g? • [\$ 1d • [2		X No X No X No
If 'Yes,' v	ganization in a group exer what is the parent's name granization have any char	?	Yes	X No	audit P Is fed	ed in a prior	r year? 1023/1024	idit by the IRS		• _	Yes Yes	X No
	ted to the FTB? See instri		• Yes	X No	Date	illed with in				CAC	CA1112L	01/02/18
Part I	Complete Part I un	less not required to	file this form	. See Ge	neral Inf	ormation	B and C	: .				
	1 Gross sales o	r receipts from othe	er sources. Fro	m Side 2	2, Part II	, line 8					,571	,285.
Dessints		ss dues and assessments from members and affiliates							_	_		
Receipts _ and		ss contributions, gifts, grants, and similar amounts received.							. • 3	574,279.		
Revenues	•	ceipts for filing req				•	ral Infor	mation D	. • 4	T 2	1/5	E 6 1
		sold					tai iiiioii	641,89			,145	<u>,564.</u>
		basis, and sales ex						041,03	,,,			
		dd line 5 and line 6							7	T	641	,893.
		Total gross income. Subtract line 7 from line 4.								1		,671.
Evnoncoc		es and disbursemer										731.
Expenses	10 Excess of rec	eipts over expense	s and disburse	ments. S	Subtract	line 9 fror	m line 8				180	,940.
	11 Total paymen								· • 11			
		General Information							. • 12			
	-	ance. If line 11 is n										
F <u>i</u> ling	14 Use tax balan	ice. If line 12 is mo	re than line 11.	, subtrac	t line 11	from line	: 12		_			
Fee		or \$25. See Gener										
	16 Penalties and	Interest. See Gene	eral Information	n J					16			
		d line 12, line 15, and lir										0.
Sign	Under penalties of perjury correct, and complete. De	y, I declare that I have exactlaration of preparer (other	imined this return, in er than taxpayer) is	ncluding ac based on a	companying	g schedules a on of which p	and stateme preparer ha	ents, and to th s any knowled	ne best of m lge.	ny knowledge an	d belief, i	t is true,
Here	Signature of officer			Title EXECU'	TIVE I	DIR.		Date Check if		● Telephone (559) 2 ● PTIN	868-0	839
Paid	Preparer's ► KEN I	W. SAVAGE				4/25/1	₁₈	self- employed	► X	P007033	57	
Preparer's	C	AVAGE & COM	PANY		<u> </u>	-, -0, 1				● FEIN	<u> </u>	
Use Only	(or yours, if	441 N. MILLE		., SU	ITE 10)1				77-0825	812	
									Telephone			
						· · · · · · · · · · · · · · · · · · ·					256-3	
	May the FTB discu	iss this return with	the preparer sl	hown ab	ove? See	e instructi	ions			• X Yes	ì	No

Part II Organizations with gross receipts of more than \$50,000 and private foundations

		regar	diess of amount of gross receipts -	– complete Part II or turni:	sn substitute informatio	n.		
		1	Gross sales or receipts from all	business activities. See	instructions		, 1	1,318,693.
		2	Interest				2	•
		3	Dividends				3	
Rece from	ipts	4	Gross rents				4	
Othe		5	Gross royalties					
Sour	ces	6	Gross amount received from sal				-	
		7	Other income. Attach schedule.					252,592.
		8	Total gross sales or receipts from other				8	1,571,285.
		9	Contributions, gifts, grants, and similar a	-			9	1,0,1,200.
		10	Disbursements to or for membe					
		11	Compensation of officers, direct					0.
		12	Other salaries and wages					<u> </u>
Expe and	nses	13	Interest					
ana Disbu		14	Taxes					
ment		15	Rents					140,260.
		16	Depreciation and depletion (See					4,786.
		17	Other Expenses and Disbursem					1,177,685.
		18	Total expenses and disbursements. Add				18	1,322,731.
Sch	edule		Balance Sheet		f taxable year		d of taxa	
Asse		_	<u> </u>	(a)	(b)	(c)		(d)
				,,	113,104		•	295,690.
			receivable		93,559		•	-28,629.
3	Net not	es rece	eivable		·		•	•
4	Invento	ries			56,523		•	102,254.
			tate government obligations				•	
6	Investm	nents i	n other bonds				•	
7	Investm	nents i	n stock				•	
8	Mortgag	ge loar	18				•	
9	Other in	nvestm	nents. Attach schedule				•	
10 a	Depreci	able a	ssets	340,101.		340,1	.01.	
b	Less ac	cumul	ated depreciation	331,136.	8 , 965.	335,9	22.	4,179.
							•	
12	Other a	ssets.	Attach schedule		11,731.		•	11,730.
13	Total a	ssets .			283,882			385,224.
Liabi	lities a	ınd n	et worth					
			able		100,662.		•	21,064.
15	Contrib	utions,	, gifts, or grants payable				•	
16	Bonds a	and no	tes payable				•	
17	Mortgag	ges pa	yable				•	
18	Other li	abilitie	es. Attach schedule					
19	Capital	stock	or principal fund		183,220.		•	364,160.
			oital surplus. Attach reconciliation				•	
			ings or income fund				•	
			es and net worth		283,882			385,224.
Sch	edule	: IVI-	Reconciliation of income per Do not complete this schedule			is less than \$50,000).	
1	Net inc	ome pe	er books		1	n books this year not inc	_	
			ne tax			ich schedule		
			ital losses over capital gains)		return not charged		
			corded on books this year.		against book incor			
			ıle	<u> </u>				
			orded on books this year not deducted			and line 8		
			Attach schedule		10 Net income pe			
6	l'otal. A	dd lin	e 1 through line 5	180,940	• Subtract line S	from line 6		180,940.

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

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-)	A 1		•
			•

CALIFORNIA STATEMENTS

PAGE 1

FRESNO WORKS, INC.

68-0582604

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

OTHER INVESTMENT INCOME	\$ 34.
OTHER REVENUE	252,558.
TOTAL	\$ 252,592.

STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-	CONTRI- BUTION TO EBP & DC	ACCOUNT/
STEVE PEARSON, CPA PO BOX 1422 FRESNO, CA 93716	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
JEFFREY BERGMAN PO BOX 1422 FRESNO, CA 93716	SECRETARY 1.00	0.	0.	0.
STEVEN OCHELTREE CPA PO BOX 1422 FRESNO, CA 93716	CHAIRMAN 1.00	0.	0.	0.
JIM MOSQUEDA PO BOX 1422 FRESNO, CA 93716	DIRECTOR 1.00	0.	0.	0.
LEONEL ALVARADO PO BOX 1422 FRESNO, CA 93716	DIRECTOR 1.00	0.	0.	0.
ROBERT ABRAMS PO BOX 1422 FRESNO, CA 93716	VIDE-CHAIRMAN 1.00	0.	0.	0.
MATTHEW DILDINE PO BOX 1422 FRESNO, CA 93716	TREASURER 1.00	0.	0.	0.
PASTOR DAVID CAROTHERS PO BOX 1422 FRESNO, CA 93716	DIRECTOR 1.00	0.	0.	0.
JANET STEINHAUER PO BOX 1422 FRESNO, CA 93716	DIRECTOR 1.00	0.	0.	0.

FRESNO WORKS, INC.

68-0582604

STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DON ESKES PO BOX 1422 FRESNO, CA 93716	EXECUTIVE DIR. 4.00	\$ 0.	\$ 0.	\$ 0.
WEAVERTON TERRELL PO BOX 1422 FRESNO, CA 93716	DIRECTOR 1.00	0.	0.	0.
LONNIE PETTY PO BOX 1422 FRESNO, CA 93716	DIRECTOR 1.00	0.	0.	0.
EMIL RUSCONI PO BOX 1422 FRESNO, CA 93716	DIRECTOR 1.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES

ADMINISTRATIVE SERVICES ADVERTISING AND PROMOTION	\$	600,199.
BANK & CREDIT CARD FEES.		64,560. 12,567.
EQUIPMENT-NONCAPITAL		2,660.
FOOD & VENDING.		1,399.
INSURANCE		6,755.
OFFICE EXPENSES		5,154.
OTHER EXPENSE		4,626.
PAYMENTS TO AFFILIATES		350,000.
POSTAGE AND SHIPPING		57.
PROFESSIONAL FEES		8,076.
PROGRAM SUPPLIES & EXPENSE		214.
RENT-EQUIP.		2,558.
REPAIRS & MAINTENANCE		11,195.
STAFF DEVELOPMENT		312.
TAXES LICENSES & PERMITS		10,254.
TELEPHONE		8,801.
VEHICLE EXPENSES		88,298.
TOTAL	\$ 1	1,177,685.

2017	CALIFORNIA STATEMENTS		PAGE 3
	FRESNO WORKS, INC.		68-0582604
STATEMENT 4 FORM 199, SCHEDULE L, LINE OTHER ASSETS	12		
DEPOSITS		TOTAL \$	11,730. 11,730.

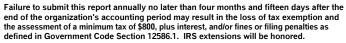
ΙN

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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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





State	Charity Registration Number	CT01365	500		Check if:							
					Amended report							
FRESNO WORKS, INC. Name of Organization												
	PO BOX 1422 Address (Number and Street)				Corporate or	Organization No. $\underline{2}$	637630					
	SNO, CA 93716		State ZIP C		Federal Emplo	yer I.D. No. <u>68-05</u>	82604					
City or		RATION RE			I. Code Reas.	sections 301-307, 31	1 and 312)					
				orney General's I								
Gross Annual Revenue Fee Gross Annual Revenue				Fee	Gross Annual Rev	enue	F	ee				
	than \$25,000	0		001 and \$250,000		Between \$1,000,00			150			
Betw	reen \$25,000 and \$100,000	\$25	Between \$250,	001 and \$1 millio	on \$75	Between \$10,000,0 Greater than \$50 m		-	225 300			
PAF	RT A – ACTIVITIES					arcater than \$50 ii	IIIIIOII	Ψ	300			
	For your most recent full acco	unting peri	od (beginning	1/01/17	ending	12/31/17) list:					
	Gross annual revenue \$	1	1,503,671.	Total assets	\$	385,224.						
PAF	RT B - STATEMENTS RE	GARDIN	G ORGANIZA	TION DURING	G THE PERI	OD OF THIS REP	PORT					
Note						providing an explan	ation and details	for e	ach			
	'yes' response. Please rev	iew RRF-1	instructions for	information requ	uired.		1	Yes	No			
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer,						Tes						
director or trustee had any financial interest?						Ш	Х					
	During this reporting period, was property or funds?	there any th	eft, embezzlemer	nt, diversion or mis	suse of the orga	nization's charitable			X			
3	During this reporting period, di	d non-progr	ram expenditure	s exceed 50% of	gross revenue	s?			X			
4	During this reporting period, were Form 4720 with the Internal Re	e any organiz evenue Serv	zation funds used vice, attach a cop	to pay any penalt	y, fine or judgm	ent? If you filed a			X			
	During this reporting period, we purposes used? If 'yes,' provide a provider.						2		X			
	During this reporting period, did t the name of the agency, mailir					de an attachment listin	g		X			
	During this reporting period, did t indicating the number of raffles				oses? If 'yes,' p	rovide an attachment			X			
8	Does the organization conduct a the program is operated by the charitable purposes.	vehicle dona charity or	ation program? If whether the orga	yes,' provide an a anization contrac	ttachment indic ts with a comm	ating whether nercial fundraiser for SEE S	TATEMENT 1	X				
	Did your organization have pre principles for this reporting per	•	udited financial s	statement in acco	ordance with ge		counting TATEMENT 2	X				
Orga	nization's area code and teleph	none numbe	er <u>(55</u> 9) 26	8-0839								
	nization's e-mail address											
I dec	lare under penalty of perjury tl	hat I have e	xamined this re	port, including a	ccompanying	documents. and to the	ne best of mv kno	wled	ae			
	belief, it is true, correct and co			, ., 					J -			
		DOM	ESKES		EXECUTIVE	' חדף						
Signat	ure of authorized officer	Printed			Title	I DTII.	Date					

CALIFORNIA STATEMENTS

PAGE 1

FRESNO WORKS, INC.

68-0582604

STATEMENT 1 FORM RRF-1, PART B, LINE 8 VEHICLE DONATION PROGRAM INFORMATION

THE ORGANIZATION CONDUCTS A VEHICLE DONATION PROGRAM THROUGH OPERATION OF ITS THRIFT STORE. A COMMERCIAL FUNDRAISER IS NOT USED.

STATEMENT 2 FORM RRF-1, PART B, LINE 9 AUDITED FINANICAL STATEMENTS

THIS ORGANIZATION IS INCLUDED IN A CONSOLIDATED AUDIT FINANCIAL STATEMENT WITH AFFILIATED ENTITIES.