

BERTRAND & ASSOCIATES, LLC
777 E Williams, Ste. 206
Carson City, NV 89701-7012
(775) 882-8892
Michael@bertrandcpa.com

September 25, 2019

Friends In Service Helping - Emergency Referral Service
138 E. Long Street
Carson City, NV 89706

Dear Jim,

Enclosed is the 2018 U.S. Form 990, Return of Organization Exempt from Income Tax, for Friends In Service Helping - Emergency Referral Service for the tax year ending June 30, 2019. Your 2018 Form 8868, Application for Extension of Time to File an Exempt Organization Return has been electronically filed.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

Michael Bertrand

2018 Exempt Organization Business Tax Return
prepared for:

Friends In Service Helping - Emergency Referral Service
138 E. Long Street
Carson City, NV 89706

BERTRAND & ASSOCIATES, LLC
777 E Williams, Ste. 206
Carson City, NV 89701-7012

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

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

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning Jul 1, 2018, and ending Jun 30, 2019

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

C Name of organization Friends In Service Helping - Emergency Referral Service
 Doing business as Friends In Service Helping - Emergency Referral Service
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
138 E. Long Street
 City or town, state or province, country, and ZIP or foreign postal code
Carson City, NV 89706

D Employer identification number
94-2590904

E Telephone number
(775) 882-8446

G Gross receipts \$ 2,967,964.

F Name and address of principal officer:
Jim Peckham, 138 E. Long Street, Carson City, NV 89706

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

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

J Website: ▶ www.nvfish.com

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1979 **M** State of legal domicile: NV

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>PROVIDE FOOD, CLOTHING, INSTRUCTION, HEALTH CARE AND SHELTER FOR THE NEEDY OF THE CARSON CITY NEVADA AREA.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>11</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>11</u>
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	<u>41</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>350</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0.</u>
b	Net unrelated business taxable income from Form 990-T, line 38	7b	<u>0.</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>3,067,320.</u>	<u>2,123,890.</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>838,461.</u>	<u>808,236.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>826.</u>	<u>1,428.</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>28,840.</u>	<u>34,410.</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>3,935,447.</u>	<u>2,967,964.</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>734,587.</u>	<u>807,299.</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>33,211.</u>		
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>2,385,198.</u>	<u>1,811,252.</u>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>3,119,785.</u>	<u>2,618,551.</u>
	19	Revenue less expenses. Subtract line 18 from line 12	<u>815,662.</u>	<u>349,413.</u>
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>3,337,599.</u>	<u>3,551,783.</u>
22	Net assets or fund balances. Subtract line 21 from line 20	<u>236,600.</u>	<u>262,101.</u>	
		<u>3,100,999.</u>	<u>3,289,682.</u>	

Part II Signature Block

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

Sign Here

Signature of officer: Jim Peckham, Executive Director Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Michael Bertrand Preparer's signature: Michael Bertrand Date: 09/25/2019 Check if self-employed PTIN: P00005669
 Firm's name ▶ BERTRAND & ASSOCIATES, LLC Firm's EIN ▶ 27-1119568
 Firm's address ▶ 777 E Williams, Ste. 206, Carson City, NV 89701-7012 Phone no. (775) 882-8892

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PROVIDE FOOD, CLOTHING,
INSTRUCTION, HEALTH CARE AND SHELTER
FOR THE NEEDY OF THE CARSON CITY NEVADA AREA.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,243,495. including grants of \$ 0.) (Revenue \$ 2,967,964.)

FISH SERVED 7,004 CLIENTS FROM 3,792 HOUSEHOLDS OF WHICH WERE UNDER
100% FEDERAL POVERTY LEVEL. 379,744 PANTRY MEALS, 27,278 DINING ROOM AND
OTHER MEALS WERE WERE PROVIDED AND SHELTER FOR 211 MEN AND 110 WOMEN AND CHILDREN WAS PROVIDED.
The Executive Director was recognized as a Pioneer of the Year (person
of the year) by the Regional Development Authroity (Northern Nevada
Development Authority).

4b (Code:) (Expenses \$ 26,012. including grants of \$ 0.) (Revenue \$ 34,410.)

FOCUS HOUSES - PROVIDE FOOD AND TEMPORARY HOUSING FOR FAMILIES
UNTIL FAMILY MEMBERS OBTAIN JOBS AND SUFFICIENT FUNDS TO RENT
THEIR OWN DWELLING.

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 2,269,507.

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

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

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 41		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
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 organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
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 Schedule O.	13a	
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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ _____
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 Jim Peckham, 138 E Long St, Carson City, NV 89706 (775)882-3474

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Valerie Cooney Chairman	1.00	X					0.	0.	0.	
(2) Barbara D'Anneo Director	1.00	X					0.	0.	0.	
(3) SISTER MARIE MCGLOIN Director	1.00	X					0.	0.	0.	
(4) Jim Peckham EXECUTIVE DIRECTOR	40.00			X			99,967.	0.	0.	
(5) Ann Beck Past Director	1.00	X					0.	0.	0.	
(6) Doug Carlton Director	1.00	X					0.	0.	0.	
(7) Greg Dye Director	1.00	X					0.	0.	0.	
(8) Mallory Wilson Secretary	1.00	X					0.	0.	0.	
(9) Pastor Jim Beilstein Director	1.00	X					0.	0.	0.	
(10) Brad Harris Treasurer	1.00	X					0.	0.	0.	
(11) Hellen Barclay Past director	1.00	X					0.	0.	0.	
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							99,967.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							99,967.	0.	0.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	80,822.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	160,563.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,882,505.			
	g	Noncash contributions included in lines 1a-1f: \$		1,182,974.			
	h	Total. Add lines 1a-1f		2,123,890.			
Program Service Revenue				Business Code			
	2a	THRIFT STORE		453310	774,018.	774,018.	0.
	b	SHELTER INCOME		624200	34,218.	34,218.	0.
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f			808,236.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,428.	1,428.	0.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents		34,410.			
	b	Less: rental expenses		0.			
	c	Rental income or (loss)		34,410.			
	d	Net rental income or (loss)			34,410.	34,410.	0.
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 80,822. of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
9a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions				2,967,964.	844,074.	0.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	21,800.	21,800.	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)	721,299.	562,613.	144,260.	14,426.
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	64,200.	50,076.	12,840.	1,284.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	44,765.	0.	44,765.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	6,352.	0.	6,352.	0.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	49,216.	42,326.	4,429.	2,461.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	0.	0.	0.	0.
20 Interest	9,132.	0.	9,132.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	67,103.	0.	67,103.	0.
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.)				
a <u>MERCHANT FEES</u>	13,904.	0.	13,904.	0.
b <u>CLIENT SERVICES</u>	1,386,576.	1,386,576.	0.	0.
c <u>MEDICINES</u>	11,874.	11,874.	0.	0.
d <u>DENTAL</u>	7,315.	7,315.	0.	0.
e All other expenses	215,015.	160,915.	39,060.	15,040.
25 Total functional expenses. Add lines 1 through 24e	2,618,551.	2,243,495.	341,845.	33,211.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing		1		
	2 Savings and temporary cash investments	413,833.	2	756,561.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	5,173.	4	8,563.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,250,232.			
	b Less: accumulated depreciation	10b 1,491,348.	2,891,075.	10c	2,758,884.
	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	26,625.	13	26,625.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	893.	15	1,150.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,337,599.	16	3,551,783.		
Liabilities	17 Accounts payable and accrued expenses	1,292.	17	16,375.	
	18 Grants payable		18		
	19 Deferred revenue	35,747.	19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	160,132.	23	151,145.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	39,429.	25	94,581.	
	26 Total liabilities. Add lines 17 through 25	236,600.	26	262,101.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	3,083,661.	27	3,284,810.	
	28 Temporarily restricted net assets	17,338.	28	4,872.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	3,100,999.	33	3,289,682.		
34 Total liabilities and net assets/fund balances	3,337,599.	34	3,551,783.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,967,964.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,618,551.
3	Revenue less expenses. Subtract line 2 from line 1	3	349,413.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,100,999.
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	-13,390.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-147,340.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,289,682.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization Friends In Service Helping - Emergency Referral Service	Employer identification number 94-2590904
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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.)

- 1 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.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,782,103.	1,914,591.	1,758,238.	3,067,138.	2,967,964.	12,490,034.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,782,103.	1,914,591.	1,758,238.	3,067,138.	2,967,964.	12,490,034.
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						12,490,034.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	2,782,103.	1,914,591.	1,758,238.	3,067,138.	2,967,964.	12,490,034.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	48,723.	50,669.	45,575.	29,141.	35,838.	209,946.
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						12,699,980.
12 Gross receipts from related activities, etc. (see instructions)					12	808,236.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	98.35 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.97 %
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 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						
6 Total. Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D—Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

Friends In Service Helping - Emergency Referral Service

Employer identification number

94-2590904

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization Friends In Service Helping - Emergency Referral Service	Employer identification number 94-2590904
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Berger North Foundation 1624 US Highway 395 N ste 3 Minden NV 89423	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Harley Davidson Financial Service, Inc 222 W Adams St Ste 2000 Chicago IL 60606	\$ 18,411.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Locke Lesch 2200 E Long St Unit 156 Carson City NV 89706	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Southwest Gas Corporation Foundation PO B0x 1190 Carson City NV 89702	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Jim & Midge Breeden 1775 Chaparral Dr Carson City NV 89703	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Tim & Sarah Koch McFarren 1776 Brush Dr Carson City NV 89703	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Friends In Service Helping - Emergency Referral Service	Employer identification number 94-2590904
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Charish Fund PO BOX 271 San Carlos CA 94070	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Kenneth Alexander 3500 Arrowhead Dr Carson City NV 89706	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Blue Adobe Foundation PO BOX 880 Gardnerville NV 89410	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Gene & Betty Kopfhammer Charitable Fund 500 Thompson St Carson City NV 89703	\$ 9,222.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	The Nara Fund, Inc PO BOX 2927 Framingham MA 01703	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	US Bank 1001 N Stewart St Carson City NV 89701	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Friends In Service Helping - Emergency Referral Service	Employer identification number 94-2590904
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Francis & Lennoe Quillinan 1805 N Carson St Apt 148 Carson City NV 89701	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	BNY Mellon Trust of Delaware John Wilbur PO Box 12022 Zephyr Cove NV 89448	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	NV Energy 6226 W Sahara Avenue #51 Las Vegas NV 89146	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Robert Z Hawkins Foundation 1 East Liberty St, Ste # 509 Reno NV 89501	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Jerry & Betsy Kanago 340 Hidden Oaks Drive Dayton NV 89403	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	The Hop & Mae Adams Foundation 507 N Carson St Carson City NV 89701	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Friends In Service Helping - Emergency Referral Service	Employer identification number 94-2590904
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	7- Elean 3701 N Carson St Carson City, NV 89706	\$ 5,949.	Various
2	Costco 700 Old Clear Creek Rd Carson City, NV 89705	\$ 48,208.	various
3	Food Bank of Northern Nevada 550 Italy Dr Sparks, NV 89437	\$ 270,570.	various
4	FoodMaxx 3325 US-50 Carson City, NV 89701	\$ 173,075.	various
5	Franco Bread 1525 Glendale Ave Sparks, NV 89431	\$ 21,916.	various
6	Grocery Outlet 1831 N Carson St Carson City, NV 89701	\$ 17,569.	various

Name of organization Friends In Service Helping - Emergency Referral Service	Employer identification number 94-2590904
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	<u>Jacksons Food Stores</u> <u>1615 E 5th St</u> <u>Carson City, NV 89701</u>	\$ <u>5,417.</u>	<u>various</u>
8	<u>Nature's Bakery</u> <u>5150 Convair Dr</u> <u>Carson City, NV 89706</u>	\$ <u>9,894.</u>	<u>various</u>
9	<u>Petco Distribution Center</u> <u>9050 N Red Rock Rd</u> <u>Reno, NV 89508</u>	\$ <u>60,258.</u>	<u>various</u>
10	<u>Raley's</u> <u>3701 S Carson St</u> <u>Carson City, NV 89701</u>	\$ <u>122,013.</u>	<u>various</u>
11	<u>Save Mart Supermarket</u> <u>3620 N Carson St</u> <u>Carson City, NV 89706</u>	\$ <u>53,743.</u>	<u>various</u>
12	<u>Save Mart Supermarket</u> <u>4348 S Carson St</u> <u>Carson City, NV 89701</u>	\$ <u>74,346.</u>	<u>various</u>

Name of organization Friends In Service Helping - Emergency Referral Service	Employer identification number 94-2590904
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
13	Starbucks 3325 Retail Dr #100 Carson City, NV 89706	\$ 5,076.	various
14	Starbucks 921 Topsy Ln #410 Carson City, NV 89705	\$ 5,138.	various
15	Walmart Supercenter 3200 Market St Carson City, NV 89706	\$ 134,861.	various
		\$	
		\$	
		\$	
		\$	

Name of organization Friends In Service Helping - Emergency Referral Service	Employer identification number 94-2590904
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: Friends In Service Helping - Emergency Referral Service
Employer identification number: 94-2590904

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about conservation easement purposes, acreage, and monitoring.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting works of art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ _____ %
 - c** Temporarily restricted endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0.	1,195,813.		1,195,813.
b Buildings		1,861,806.		1,861,806.
c Leasehold improvements		849,117.		849,117.
d Equipment		160,972.		160,972.
e Other		182,524.		182,524.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,250,232.

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) COMPENSATED ABSENCES	32,200.	
(3) CREDIT CARDS	0.	
(4) SECURITY DEPOSITS	3,075.	
(5) DEFERRED REVENUE	59,306.	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	94,581.	

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 XIII Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 HAVE A HEART (event type)	(b) Event #2 LUAU & OTHER (event type)	(c) Other events EMPTY BOWLS (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	48,845.	25,924.	12,720.	87,489.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	48,845.	25,924.	12,720.	87,489.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		200.		200.
	6 Rent/facility costs				
	7 Food and beverages		6,874.		6,874.
	8 Entertainment		400.		400.
	9 Other direct expenses	2,143.	118.	3,031.	5,292.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				12,766.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				74,723.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization: Friends In Service Helping - Emergency Referral Service Employer identification number: 94-2590904

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	15	1,182,974.	Independent study
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.)				
26 Other ▶ (.)				
27 Other ▶ (.)				
28 Other ▶ (.)				

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

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization Friends In Service Helping - Emergency Referral Service	Employer identification number 94-2590904
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Pt XI: Difference between tax and book depreciation

Pt VI, Line 11b: A copy of the 990 is provided to board members before it is
filed

Pt VI, Line 12c: Executive director requests a written statement each

Pt VI, Line 12c: year from board members to verify there are no conflicts.

Pt VI, Line 15a: Board reviewed four other non profit organizations for comparable
wages

Pt VI, Line 15b: Compensation discussed and approved by Board

Pt IX, Line 24e:

Description: DUES AND MEMBERSHIPS

Total: \$1,366

Program services: \$0

Management and general: \$1,366

Fundraising: \$0

Description: EMPLOYEE & VOLUNTEER APPRECIATION

Total: \$3,068

Program services: \$3,068

Management and general: \$0

Fundraising: \$0

Description: SMALL EQUIPMENT EXPENSE

Total: \$5,170

Program services: \$0

Management and general: \$5,170

Fundraising: \$0

Description: EQUIPMENT RENTAL

Name of the organization

Employer identification number

Friends In Service Helping - Emergency Referral Service

94-2590904

Total: \$1,354

Program services: \$0

Management and general: \$1,354

Fundraising: \$0

Description: FOOD PURCHASES

Total: \$24,520

Program services: \$24,520

Management and general: \$0

Fundraising: \$0

Description: FUEL

Total: \$15,389

Program services: \$15,389

Management and general: \$0

Fundraising: \$0

Description: FUNDRAISNG EXPENSE

Total: \$12,590

Program services: \$0

Management and general: \$0

Fundraising: \$12,590

Description: GENERAL LIABILITY INSURANCE

Total: \$30,762

Program services: \$26,148

Management and general: \$3,076

Fundraising: \$1,538

Description: WORKERS COMPENSATION

Total: \$19,099

Program services: \$19,099

Name of the organization Friends In Service Helping - Emergency Referral Service	Employer identification number 94-2590904
---	--

Management and general: \$0

Fundraising: \$0

Description: MAINTENANCE

Total: \$30,371

Program services: \$30,371

Management and general: \$0

Fundraising: \$0

Description: TRAVEL MILEAGE EXPENSE

Total: \$94

Program services: \$94

Management and general: \$0

Fundraising: \$0

Description: SUPPLIES

Total: \$3,034

Program services: \$2,598

Management and general: \$272

Fundraising: \$164

Description: SHELTER HOUSES RENT

Total: \$26,012

Program services: \$26,012

Management and general: \$0

Fundraising: \$0

Description: INTERNET

Total: \$3,883

Program services: \$3,339

Management and general: \$350

Fundraising: \$194

Name of the organization

Employer identification number

Friends In Service Helping - Emergency Referral Service

94-2590904

Description: TELEPHONE

Total: \$11,078

Program services: \$9,527

Management and general: \$997

Fundraising: \$554

Description: LANDFILL

Total: \$9,936

Program services: \$0

Management and general: \$9,936

Fundraising: \$0

Description: VEHICLE LICENSE

Total: \$750

Program services: \$750

Management and general: \$0

Fundraising: \$0

Description: OTHER OPERATING EXPENSES

Total: \$16,539

Program services: \$0

Management and general: \$16,539

Fundraising: \$0

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return Friends In Service Helping - Emergency Referral Service	Business or activity to which this form relates Form 990 / Form 990EZ	Identifying number 94-2590904
--	--	----------------------------------

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,389.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	61,477.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	2,237.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	67,103.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .							25		
26 Property used more than 50% in a qualified business use:									
93 GMC BOX VAN MODEL 4000	11/02/2007	100%	3,655.	3,655.	5.00	SL-HY	0.		
2003 GMC C450 TRUCK	05/06/2010	100%	17,150.	17,150.	5.00	SL-MQ	0.		
See Additional Listed Property Statement		%					2,237.		
27 Property used 50% or less in a qualified business use:									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							28	2,237.	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2018 tax year (see instructions):					
43 Amortization of costs that began before your 2018 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

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

(Rev. January 2019)

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. Friends In Service Helping - Emergency Referral Service	Employer identification number (EIN) or 94-2590904
	Number, street, and room or suite no. If a P.O. box, see instructions. 138 E. Long Street	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Carson City NV 89706	

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

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

• The books are in the care of ► Jim Peckham

Telephone No. ► (775) 882-3474 Fax No. ► _____

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

1 I request an automatic 6-month extension of time until May 15, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year 20 ____ or
 ► tax year beginning Jul 1, 20 18, and ending Jun 30, 20 19.

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

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

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

Federal Depreciation Options

2018

▶ Keep for your records

Name as Shown on Return <u>Friends In Service Helping - Emergency Referral Service</u>	Employer Identification No. <u>94-2590904</u>
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MACRS Convention

Compute convention (result shown below)

When 'Compute convention' is checked, the program determines which convention applies to MACRS personal property assets placed in service in 2018, and checks the appropriate box below. The program uses the 'Half-year convention' unless the 'Mid-quarter convention' box is checked.

1 Half-year convention

2 Mid-quarter convention

MACRS Computation

Use IRS tables for all MACRS property placed in service this year?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Treat all MACRS assets for this activity as qualified Indian reservation property?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Treat all assets acquired after Aug 27, 2005 as qualified GO Zone property?	<input type="checkbox"/> Reg		<input checked="" type="checkbox"/> Ext	No
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was this business located in a Qualified Disaster Area?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Form 990-T Section 179 Information

1 Taxable income computed without the Section 179 or contribution deduction	1	_____
2 Contribution deduction for purposes of Section 179 limitation	2	_____
3 Taxable income computed for the Section 179 limitation	3	_____
4 Elect to treat Qualified Real Property as "Section 179 Property"	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5 a Calculated "Total cost of Section 179 property placed in service"	5 a	_____
b Additions or subtractions to calculated value	b	_____

Form 4562

Depreciation and Amortization Report

2018

Tax Year 2018
 ▶ Keep for your records

Name as Shown on Return Friends In Service Helping - Emergency Referral Service	Identifying Number 94-2590904
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QuickZoom here to enter assets ▶

QuickZoom here to set MACRS convention for assets acquired in 2018 ▶

Activity: Form 990 - / Form 990EZ

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
FREEZER 3 DOOR		09/01/94	3,250		100.00			3,250	7.00	200DB/HY	3,250	0
EQUIPMENT		09/01/94	88,919		100.00			88,919	7.00	200DB/HY	57,790	0
SAFE WITH DROP		07/01/95	406		100.00			406	7.00	200DB/HY	406	0
FILE CABINET		04/01/98	80		100.00			80	7.00	200DB/HY	80	0
FILE CABINET		04/01/98	80		100.00			80	7.00	200DB/HY	80	0
BAILER		09/20/98	3,600		100.00			3,600	7.00	200DB/HY	3,600	0
UPRIGHTS-11 EACH		12/01/98	660		100.00			660	7.00	200DB/HY	660	0
COOLER & FREEZER COMBO		12/01/98	7,950		100.00			7,950	7.00	200DB/HY	7,950	0
LOAD BEAMS		12/01/98	1,188		100.00			1,188	7.00	200DB/HY	1,188	0
72IN UTILITY CLOSET		01/01/99	180		100.00			180	7.00	200DB/HY	180	0
Equipment		01/01/00	36,359		100.00			36,359	7.00	200DB/HY	36,359	0
STEP LADDER		10/01/00	668		100.00			668	7.00	200DB/HY	668	0
LEASEHOLD IMPROVEMENTS		01/01/01	362,632		100.00			362,632	7.00	200DB/HY	362,632	0
ALARM SYSTEM		07/01/01	675		100.00			675	7.00	200DB/HY	675	0
1994 CHEVY STEP VAN		05/01/02	3,845		100.00			3,845	7.00	200DB/HY	3,845	0
WYLIE LHT		05/22/03	24,467		100.00			24,467	7.00	200DB/HY	24,467	0
LIFTGATE FOR TRUCK		07/01/03	2,589		100.00			2,589	7.00	200DB/HY	2,589	0
STORE FIXTURES		07/01/03	600		100.00			600	7.00	200DB/HY	600	0
ICE MACHINE		07/01/03	2,077		100.00			2,077	7.00	200DB/HY	2,077	0
HYDRAULIC DUMP TRAILER		07/01/03	3,000		100.00			3,000	7.00	200DB/HY	3,000	0
FURNACE		07/01/03	8,500		100.00			8,500	7.00	200DB/HY	8,500	0
HVAC UNIT		07/02/03	4,250		100.00			4,250	7.00	200DB/HY	4,250	0
DOOR AND INSTALL		08/12/03	1,833		100.00			1,833	7.00	200DB/HY	1,833	0
WORKROOM IMPROVEMENTS		08/12/03	683		100.00			683	7.00	200DB/HY	683	0
NRC ROOFING		09/03/03	990		100.00			990	7.00	200DB/HY	990	0
MANUFACTURED SIGN		12/10/03	3,134		100.00			3,134	7.00	200DB/HY	3,134	0
WIRING		01/31/04	3,380		100.00			3,380	7.00	200DB/HY	3,380	0
2000 CHEVY PASSENGER VAN		07/01/04	5,000		100.00			5,000	7.00	200DB/HY	5,000	0
FENCE - BACK		10/13/04	2,853		100.00			2,853	7.00	200DB/HY	2,853	0
LAND		06/07/06	0	911,880	100.00			0	0.00			
BUILDING		06/07/06	1,210,422	0	100.00			1,210,422	39.00	SL/MM	374,683	31,001
BUILDING		06/07/06	157,398	0	100.00			157,398	39.00	SL/MM	48,600	4,036
ALLEY PAVEMENT		06/26/06	6,000	0	100.00			6,000	15.00	SL/HY	5,000	400
93 GMC BOX VAN MODEL 4000A		11/02/07	3,655	0	100.00			3,655	5.00	SL/HY		0
AO SMITH HOT WATER HEATER		09/24/08	574	0	100.00			574	7.00	SL/HY	574	0
AO SMITH HOT WATER HEATER		09/24/08	574	0	100.00			574	7.00	SL/HY	574	0

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS

Form 4562

Depreciation and Amortization Report

2018

Tax Year 2018

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Page 2 of 2

Name as Shown on Return
Friends In Service Helping - Emergency Referral Service

Identifying Number
94-2590904

QuickZoom here to enter assets ►

QuickZoom here to set MACRS convention for assets acquired in 2018 ►

Activity: Form 990 - / Form 990EZ

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
FLOOR IN DINING ROOM		02/26/09	1,877		100.00			1,877	7.00	SL/HY	1,877	0
REFRIGERATOR		10/15/09	16,474		100.00			16,474	7.00	SL/MO	16,474	0
SHELVING		10/15/09	3,879		100.00			3,879	7.00	SL/MO	3,879	0
2003 GMC C450 TRUCK		05/06/10	17,150		100.00			17,150	5.00	SL/MO	17,150	0
PAINTING		07/06/10	2,000		100.00			2,000	39.00	SL/MM	406	51
NEW ROOF-COAT SOLETEK		07/15/10	25,000		100.00			25,000	39.00	SL/MM	5,101	641
FOOD BANK FREEZER		11/01/10	12,552		100.00			12,552	7.00	SL/HY	12,552	0
AMEREX FIRE SUPPRESSION		11/01/10	4,140		100.00			4,140	7.00	SL/HY	4,140	0
FOOD BANK METAL SHELVING		11/01/10	2,955		100.00			2,955	7.00	SL/HY	2,955	0
TELEPHONE SYSTEM		12/31/10	6,209		100.00			6,209	7.00	SL/HY	6,209	0
HYSTER H50XM FORKLIFT		03/29/11	8,200		100.00			8,200	7.00	SL/HY	8,200	0
AIR CONDITIONER		08/01/12	5,400		100.00			5,400	7.00	200DB/MO	4,868	473
STORAGE SHED		08/14/12	3,219		100.00			3,219	7.00	200DB/MO	2,902	282
REBUILT ENGINE	L	04/15/13	12,922		100.00			12,922	5.00	200DB/MO	12,922	0
F350 UHAUL	L	07/17/13	7,500		100.00		3,750	3,750	5.00	200DB/MO	3,698	52
2006 CHEVY EXPRESS VIN 5117A		09/16/13	500		100.00			500	5.00	200DB/MO	493	7
SHED		11/07/13	3,525		100.00		1,763	1,762	7.00	200DB/MO	1,390	157
SOLAR LONG STREET		11/14/13	105,651		100.00		52,826	52,825	15.00	150DB/MO	20,332	3,249
SHED		12/26/13	8,225		100.00		4,113	4,112	7.00	200DB/MO	3,246	365
VEHICLE TRANSMISSION	A	04/01/14	5,297		100.00			5,297	5.00	200DB/MO	4,790	507
SOLAR LONG STREET - LIGHTS		04/10/14	104,191		100.00			104,191	15.00	150DB/MO	36,686	6,751
HEATER FOR CC THRIFT STORE		04/16/14	3,552		100.00			3,552	7.00	200DB/MO	2,661	310
CC THRIFT ELECT MOVE		05/12/14	2,730		100.00			2,730	7.00	200DB/MO	2,045	238
2008 FORD SHELTER VAN	L	11/05/14	29,000		100.00		14,500	14,500	5.00	200DB/HY	11,994	1,671
MITCH DRIVE		03/15/15	249,431	102,128	100.00			249,431	39.00	SL/MM	21,053	6,396
SOFTWARE PROGRAM		05/01/15	61,375		100.00			61,375	3.00	SL/NA	61,374	0
LEASEHOLD IMP		05/01/15	2,741		100.00			2,741	39.00	SL/MM	219	70
EQUIPMENT		01/01/16	5,800		100.00		2,900	2,900	7.00	200DB/HY	1,631	363
MINDEN THRIFT STORE		01/08/16	178,200	181,800	100.00			178,200	39.00	SL/MM	11,232	4,569
LEASEHOLD IMP		01/15/16	8,789		100.00			8,789	39.00	SL/MM	553	225
FACS PHASE 2		07/01/17	20,333		100.00		10,167	10,166	3.00	SL/NA	3,389	3,389
LONG STREE FACELIFT		07/01/17	74,098		100.00			74,098	39.00	SL/MM	1,821	1,900
SUBTOTAL PRIOR YEAR			2,945,386	1,195,808		0	90,019	2,855,367			1,260,392	67,103
TOTALS			2,945,386	1,195,808		0	90,019	2,855,367			1,260,392	67,103

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS

Form 4562

Alternative Minimum Tax Depreciation Report

2018

Tax Year 2018

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Name as Shown on Return
Friends In Service Helping - Emergency Referral Service

Identifying Number
94-2590904

Activity: Form 990 - / Form 990EZ

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depr Allowance	Depr Basis	Life	Method/ Convention	Prior Depr	Current Depr	Adj/ Pref
DEPRECIATION													
FREEZER 3 DOOR		09/01/94	3,250		100.00			3,250	10.00	150DB/HY	3,250	0	0.
EQUIPMENT		09/01/94	88,919		100.00			88,919	12.00	150DB/HY	57,790	0	0.
SAFE WITH DROP		07/01/95	406		100.00			406	10.00	150DB/HY	406	0	0.
FILE CABINET		04/01/98	80		100.00			80	10.00	150DB/HY	80	0	0.
FILE CABINET		04/01/98	80		100.00			80	10.00	150DB/HY	80	0	0.
BALLER		09/20/98	3,600		100.00			3,600	12.00	150DB/HY	3,600	0	0.
UPRIGHTS-11 EACH		12/01/98	660		100.00			660	10.00	150DB/HY	660	0	0.
COOLER & FREEZER COMBO		12/01/98	7,950		100.00			7,950	10.00	150DB/HY	7,950	0	0.
LOAD BEAMS		12/01/98	1,188		100.00			1,188	10.00	150DB/HY	1,188	0	0.
72IN UTILITY CLOSET		01/31/99	180		100.00			180	7.00	150DB/HY	180	0	0.
Equipment		01/01/00	36,359		100.00			36,359	7.00	150DB/HY		0	0.
STEP LADDER		10/01/00	668		100.00			668	7.00	150DB/HY	668	0	0.
LEASEHOLD IMPROVEMENTS		01/01/01	362,632		100.00			362,632	7.00	150DB/HY	362,632	0	0.
ALARM SYSTEM		07/01/01	675		100.00			675	7.00	150DB/HY	675	0	0.
1994 CHEVY STEP VAN		05/01/02	3,845		100.00			3,845	7.00	150DB/HY	3,845	0	0.
WYLIE LHI		05/22/03	24,467		100.00			24,467	7.00	150DB/HY	24,467	0	0.
LIFTGATE FOR TRUCK		07/01/03	2,589		100.00			2,589	7.00	150DB/HY	2,589	0	0.
STORE FIXTURES		07/01/03	600		100.00			600	7.00	150DB/HY	600	0	0.
ICE MACHINE		07/01/03	2,077		100.00			2,077	7.00	150DB/HY	2,077	0	0.
HYDRAULIC DUMP TRAILER		07/01/03	3,000		100.00			3,000	7.00	150DB/HY	3,000	0	0.
FURNACE		07/01/03	8,500		100.00			8,500	7.00	150DB/HY	8,500	0	0.
HVAC UNIT		07/02/03	4,250		100.00			4,250	7.00	150DB/HY	4,250	0	0.
DOOR AND INSTALL		08/12/03	1,833		100.00			1,833	7.00	150DB/HY	1,833	0	0.
WORKROOM IMPROVEMENTS		08/12/03	683		100.00			683	7.00	150DB/HY	683	0	0.
NRC ROOFING		09/03/03	990		100.00			990	7.00	150DB/HY	990	0	0.
MANUFACTURED SIGN		12/10/03	3,134		100.00			3,134	7.00	150DB/HY	3,134	0	0.
WIRING		01/31/04	3,380		100.00			3,380	7.00	150DB/HY	3,380	0	0.
2000 CHEVY PASSENGER VAN		07/01/04	5,000		100.00			5,000	7.00	150DB/HY	5,000	0	0.
FENCE - BACK		10/13/04	2,853		100.00			2,853	7.00	150DB/HY	2,853	0	0.
LAND		06/07/06	0	911,880	100.00								
BUILDING		06/07/06	1,210,422	0	100.00			1,210,422	39.00	SL/MM	349,926	31,919	-918.
BUILDING		06/07/06	157,398		100.00			157,398	39.00	SL/MM	48,600	4,036	0.
ALLEY PAVEMENT		06/26/06	6,000		100.00			6,000	15.00	150DB/HY	5,053	379	21.
93 GMC BOX VAN MODEL 4000A		11/02/07	3,655		100.00			3,655	5.00	SL/HY		0	0.
AO SMITH HOT WATER HEATER		09/24/08	574		100.00			574	7.00	150DB/HY	574	0	0.
AO SMITH HOT WATER HEATER		09/24/08	574		100.00			574	7.00	150DB/HY	574	0	0.

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS, P = Passive

Form 4562

Alternative Minimum Tax Depreciation Report

2018

Tax Year 2018

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Name as Shown on Return Friends In Service Helping - Emergency Referral Service	Identifying Number 94-2590904
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Activity: Form 990 - / Form 990EZ

Asset Description	Code	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depr Allowance	Depr Basis	Life	Method/Convention	Prior Depr	Current Depr	Adj/Pref
FLOOR IN DINING ROOM		02/26/09	1,877		100.00			1,877	7.00	150DB/HY	1,877	0	0.
REFRIGERATOR		10/15/09	16,474		100.00			16,474	7.00	150DB/MO	16,474	0	0.
SHELVING		10/15/09	3,879		100.00			3,879	7.00	150DB/MO	3,879	0	0.
2003 GMC C450 TRUCK	A	05/06/10	17,150		100.00			17,150	5.00	SL/MO	17,150	0	0.
PAINTING		07/06/10	2,000		100.00			2,000	39.00	SL/MM	406	51	0.
NEW ROOF-COAT SOLETEK		07/15/10	25,000		100.00			25,000	39.00	SL/MM	5,101	641	0.
FOOD BANK FREEZER		11/01/10	12,552		100.00			12,552	7.00	SL/HY	12,552	0	0.
AMREX FIRE SUPPRESSION		11/01/10	4,140		100.00			4,140	7.00	SL/HY	4,140	0	0.
FOOD BANK METAL SHELVING		11/01/10	2,955		100.00			2,955	7.00	SL/HY	2,955	0	0.
TELEPHONE SYSTEM		12/31/10	6,209		100.00			6,209	7.00	SL/HY	6,209	0	0.
HYSTER H50XM FORKLIFT		03/29/11	8,200		100.00			8,200	7.00	SL/HY	8,200	0	0.
AIR CONDITIONER		08/01/12	5,400		100.00			5,400	7.00	150DB/MO	4,661	657	-184.
STORAGE SHED		08/14/12	3,219		100.00			3,219	7.00	150DB/MO	2,779	391	-109.
REBUILT ENGINE	L	04/15/13	12,922		100.00			12,922	5.00	150DB/MO	12,922	0	0.
F350 UHAUL	L	07/17/13	7,500		100.00		3,750	3,750	5.00	200DB/MO	3,698	52	0.
2006 CHEVY EXPRESS VIN 5117A	A	09/16/13	500		100.00			500	5.00	150DB/MO	490	10	-3.
SHED		11/07/13	3,525		100.00		1,763	1,762	7.00	200DB/MO	1,390	157	0.
SOLAR LONG STREET		11/14/13	105,651		100.00		52,826	52,825	15.00	150DB/MO	20,332	3,249	0.
SHED		12/26/13	8,225		100.00		4,113	4,112	7.00	200DB/MO	3,246	365	0.
VEHICLE TRANSMISSION	A	04/01/14	5,297		100.00			5,297	5.00	150DB/MO	4,537	760	-253.
SOLAR LONG STREET - LIGHTS		04/10/14	104,191		100.00			104,191	15.00	150DB/MO	36,686	6,751	0.
HEATER FOR CC THRIFT STORE		04/16/14	3,552		100.00			3,552	7.00	150DB/MO	2,308	433	-123.
CC THRIFT ELECT MOVE		05/12/14	2,730		100.00			2,730	7.00	150DB/MO	1,774	333	-95.
2008 FORD SHELTER VAN	L	11/05/14	29,000		100.00		14,500	14,500	5.00	200DB/HY	11,994	1,671	0.
MITCH DRIVE		03/15/15	249,431	102,128	100.00			249,431	39.00	SL/MM	21,053	6,396	0.
SOFTWARE PROGRAM		05/01/15	61,375		100.00			61,375	3.00	SL/NA	61,374	0	0.
LEASEHOLD IMP		05/01/15	2,741		100.00			2,741	39.00	SL/MM	219	70	0.
EQUIPMENT		01/01/16	5,800		100.00		2,900	2,900	7.00	200DB/HY	1,631	363	0.
MINDEN THRIFT STORE		01/08/16	178,200	181,800	100.00			178,200	39.00	SL/MM	11,232	4,569	0.
LEASEHOLD IMP		01/15/16	8,789		100.00			8,789	39.00	SL/MM	553	225	0.
FACS PHASE 2		07/01/17	20,333		100.00		10,167	10,166	3.00	SL/NA	3,389	3,389	0.
LONG STREE FACELIFT		07/01/17	74,098		100.00			74,098	39.00	SL/MM	1,821	1,900	0.
SUBTOTAL PRIOR YEAR			2,945,386	1,195,808		0	90,019	2,855,367			1,198,119	68,767	-1,664.
TOTALS			2,945,386	1,195,808		0	90,019	2,855,367			1,198,119	68,767	-1,664.

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS, P = Passive

Smart Worksheets from your 2018 Federal Exempt Tax Return

SMART WORKSHEET FOR: Form 990: Return of Organization Exempt from Income Tax

Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet				
To enter assets, QuickZoom to Asset Entry Worksheet. →				
To view a calculated report of all depreciation information for Form 990, QuickZoom to the Depreciation/Amortization Report →				
QuickZoom to Form 4562 for Form 990 →				
The following items carry to line 22 below:				
Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
A Depreciation	67,103.	0.	67,103.	0.
B Depletion				
C Amortization				

SMART WORKSHEET FOR: Schedule B: Contributors (Copy 1)

General Information Smart Worksheet	
A Description for this copy of Schedule B, Part I.	Copy 1

SMART WORKSHEET FOR: Schedule B: Contributors (Copy 1)

General Information Smart Worksheet	
A Description for this copy of Schedule B, Part I.	Copy 2

SMART WORKSHEET FOR: Schedule B: Contributors (Copy 1)

General Information Smart Worksheet	
A Description for this copy of Schedule B, Part I.	Copy 3

SMART WORKSHEET FOR: Schedule B: Contributors (Copy 1)

General Information Smart Worksheet	
A Description for this copy of Schedule B, Part II	Copy 1

SMART WORKSHEET FOR: Schedule B: Contributors (Copy 1)

General Information Smart Worksheet	
A	Description for this copy of Schedule B, Part II <u>Copy 2</u>

SMART WORKSHEET FOR: Schedule B: Contributors (Copy 1)

General Information Smart Worksheet	
A	Description for this copy of Schedule B, Part II <u>Copy 3</u>

SMART WORKSHEET FOR: Form 8868: Application for Extension of Time to File an Exempt Organization Return

Filing Address Smart Worksheet	
Send Form 8868 to:	<u>Department of the Treasury</u>
	<u>Internal Revenue Service Center</u>
	<u>Ogden, UT 84201-0045</u>

Additional information from your 2018 Federal Exempt Tax Return

Form 4562 Depreciation Options -- Form 4562 (Form 990 / Form 990EZ): Depreciation and Amortization Line 26 Additional Listed Property Statement Continuation Statement

(a) Type of property	(b) Svc Date	(c) Use %	(d) Cost basis	(e) Depr. Basis	(f) Rec. Period	(g) Method	(h) Depr. Deduc.	(i) Elected Section 179 Cost
REBUILT ENGINE	04/15/2013	100	12,922.	12,922.	5.00	200 DB-MQ	0.	
VEHICLE TRANSMISSION	04/01/2014	100	5,297.	5,297.	5.00	200 DB-MQ	507.	
2006 CHEVY EXPRESS VIN 5117	09/16/2013	100	500.	500.	5.00	200 DB-MQ	7.	
F350 UHAUL	07/17/2013	100	7,500.	3,750.	5.00	200 DB-MQ	52.	
2008 FORD SHELTER VAN	11/05/2014	100	29,000.	14,500.	5.00	200 DB-HY	1,671.	
Total							2,237.	

Reminder Notes

Friends In Service Helping - Emergency Referral Service

94-2590904

Form 990 p 2: Line 4b Grants

Grant for Diabetes Care

Sch A Part II: Gross Receipts

this is Thrift store income
Shelter income