Form	887	'9-	E	0

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning , 2017, and ending

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Internal Revenue Service
Name of exempt organization

Employer identification number

95-1660346

20

David and Margaret Home, Inc.

Name and	I title of officer
Phoe	be Miyamoto
Fina	nce Director
Part I	Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	15,730,616.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	
		_	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X Lauthorize Harrington Group, CPAs, LLP	to enter my PIN	54321
ERO firm name		Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature Date Date		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	T	
number (EFIN) followed by your five-digit self-selected PIN. 96187254323 Do not enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Me <i>e-file</i> Providers for Business Returns.	•	
ERO's signature Date		
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	o So	

Extended to November 15, 2018

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

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

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



Department of the Treasury Internal Revenue Service

ΑF	or th	e 2017 calendar year, or tax year beginning and	ending	_	
B a	Check if Ipplicab	e: C Name of organization		D Employer identific	cation number
	Addre	David and Margaret Home, Inc.			
	Name			95-1	660346
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	1350 Third Street		. (909) 596-5921
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	15,981,788.
	Amen	La Verne, CA 91/50		H(a) Is this a group re	turn
		F Name and address of principal officer: Charles KICH		for subordinates	? Yes X No
	pendi	same as C above		H(b) Are all subordinates in	cluded? Yes No
		empt status: $X 501(c)(3)$ 501(c) () (insert no.) 4947(a)(1)	or 🛄 527	If "No," attach a	list. (see instructions)
-		te: > www.davidandmargaret.org		H(c) Group exemption	,
		organization: X Corporation Trust Association Other	L Year	of formation: 1910 N	State of legal domicile: CA
Pa	art I	Summary		·	
e	1	Briefly describe the organization's mission or most significant activities:	apeuti	c assistance	
ano		abused, neglected, and behaviorally chal			
/err		Check this box		1 - 1	sets. 18
ĝ	3				18
Š		Number of independent voting members of the governing body (Part VI, line 1b)			377
ties		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			<u> </u>
Activities & Governance		Total number of volunteers (estimate if necessary)			0.
Ă		Net unrelated business taxable income from Form 990-T, line 34		·····	0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		14,691,384.	14,950,878.
nu	9	Program service revenue (Part VIII, line 2g)		131,476.	120,130.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		26,578.	11,513.
£		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		560,842.	648,095.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,410,280.	15,730,616.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,772,367.	2,054,480.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,034,409.	11,379,890.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 678, 2		0.	0.
ď×					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,562,287.	2,573,108.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,369,063.	16,007,478.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		41,217.	-276,862.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Bala	20	Total assets (Part X, line 16)	······	7,971,025.	7,740,119.
let A ind	21	Total liabilities (Part X, line 26)		3,914,322. 4,056,703.	<u>3,932,730.</u> 3,807,389.
_	22 art II	Net assets or fund balances. Subtract line 21 from line 20		4,000,/03.	5,007,509.
		Signature Diver			

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 Phoebe Miyamoto, Finan Type or print name and title	ce Director		Date
Paid	Print/Type preparer's name Sean E. Cain, CPA	Preparer's signature	Date	Check PTIN if self-employed P01612986
Preparer	Firm's name 🕨 Harrington Group			Firm's EIN 95-4557617
Use Only	Firm's address 💊 234 East Colorad	lo Blvd., Suite M150		
	Pasadena, CA 911	.01		Phone no. (626) 403-6801
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
732001 11-2	8-17 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2017)

See Schedule O for Organization Mission Statement Continuation

	990 (2017) David and Margaret Home, Inc. 95-1660346 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The David & Margaret Home empowers children, youth and families
	through culturally diverse services that foster emotional,
	educational, spiritual and identity development.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
U	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 \$ 5,385,759. including grants of \$ 2,054,480.) (Revenue \$)
	Residential Program - The campus Residential Program received a STRIP
	license - Short Term Residential Therapudic Program as of October 2017.
	It provides residentially-based services to adolescent females and
	those who identify as females having a history of abuse and/or neglect,
	and/or being on probation, typically with a history of multiple other out-of-home placements. The residential program also provides 72-hour
	transitional shelter care for females and those who identify as
	females, ages 11 through nonminor dependents (NMDs) and their children,
	if any accompany them. The TAY housing program provides low-cost
	housing and support services to former foster, probation, and other
	at-risk male and female youth ages 18-25. During the year covered,
	10,488 days of care were provided.
4b	(Code:) (Expenses \$ 1,218,338. including grants of \$) (Revenue \$)
	Mental Health Program - Provides individual and family therapy,
	psychological testing, medication evaluation and follow-up, therapeutic
	behavioral services, and case management linkage to community
	resources. During the year covered, 336 clients were served.
4c	
	Unaccompanied Children - The Unaccompanied Children (UC) program is
	assigned the specific task of caring for children who are under 18
	years old, have no legal lawful immigration status in the United
	States, and have no parent or legal guardian in the United States
	available to provide care and physical custody. The youth are placed in shelter care (generally 20-30 days) pending a disposition of their
	Case.
4d	
	(Expenses \$ 2,568,437. including grants of \$) (Revenue \$)
4e	Total program service expenses ► 13,456,350.
	Form 990 (2017)

Form	990	(2017)

Form 990 (2017) David and Margaret Home, Inc.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1 2	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u></u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		<u></u>
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
-	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>		- 23	
IZa	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			v
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes</i> ," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			х
	complete Schedule G, Part III	19		A

Form **990** (2017)

 Form 990 (2017)
 David and Margaret Home, Inc.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
	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			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disgualified persons? <i>If</i> "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05-	Part V, line 1	34		X X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	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)2 if "Yes" complete Schedule R. Part V. line 2	256		
26	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1	- <u>-</u>
	Note All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2017)

Pa	t 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	1a	29						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?								
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	377						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	rns?		2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х			
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 A	Accour	its (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?)	5b		X			
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he org	anization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions c	r gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).				x				
а									
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?			7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	xt?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contraction			7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 88	899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e						
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
а				9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:	۱	l						
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:		l						
	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
10-	amounts due or received from them.)	11b		10-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a					
	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.			12-					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
h	Note. See the instructions for additional information the organization must report on Schedule O.								
a	Enter the amount of reserves the organization is required to maintain by the states in which the	13b							
~	organization is licensed to issue qualified health plans	13D 13C							
	Enter the amount of reserves on hand			14a		x			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14a		<u> </u>			

Form 990	(2017)
Devit V	01-

D 1 1	7			-
David	and	Margaret	Home,	Inc

David and Margaret Home, Inc.

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			X
Sec	tion 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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion 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?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
-	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availah	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Image in set available. One of all that apply. Own website Image in set available. One of all that apply.			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	1 finan	cial	
15	statements available to the public during the tax year.	a 111 (GI I		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	Phoebe Miyamoto - (909) 596-5921			
	1350 Third Street, La Verne, CA 91750			

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 is 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below	or director igo	not c , unle cer an	ss pe	ition ^{more} rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of
	hours per week (list any hours for related organizations	or director igo	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	(list any hours for related organizations	or director	cer an	d a d	irecto	or/trus	tee)	from		
	hours for related organizations	or director							from related	other
	related organizations	or dir						the	organizations	compensation
	organizations		æ			ated		organization	(W-2/1099-MISC)	from the
		istee	truste		e	ben s		(W-2/1099-MISC)		organization
		ual tri	onal		ploye	t com				and related organizations
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Arun Tolia	1.00	-		0	×	Ξē	Fe			
Board President		x		х				0.	0.	0.
(2) Sabina Sullivan	1.00									
Board Vice President		X		х				0.	0.	0.
(3) Timothy Evans	1.00									
Treasurer		X		Х				0.	0.	0.
(4) Ellenor Hodson	1.00									
Secretary		Х						0.	0.	0.
(5) Brian Bowcock	1.00									
Board Member		Х						0.	0.	0.
(6) Ofelia Ceja-Lariviere	1.00									
Board Member		Х						0.	0.	0.
(7) Darcy Coulter	1.00									
Board Member		Х						0.	0.	0.
(8) Bob Dalton	1.00									_
Board Member		Х						0.	0.	0.
(9) Carrie Garrett	1.00									
Board Member		Х						0.	0.	0.
(10) Patricia Guild	1.00									_
Board Member		Х						0.	0.	0.
(11) Robert Johnston	1.00									
Board Member		Х						0.	0.	0.
(12) Peg Jones	1.00									
Board Member		Х						0.	0.	0.
(13) John Norton	1.00									
Board Member		Х						0.	0.	0.
(14) Sharon Shellman	1.00									•
Board Member		Х						0.	0.	0.
(15) Thomas Taylor	1.00								•	
Board Member	1 00	X						0.	0.	0.
(16) Donald Van Fleet	1.00	1							~	•
Board Member(term end 3/17)	1	X						0.	0.	0.
(17) Cindy Walkenbach	1.00	l.,							0	0
Board Member(term end 3/17)		X						0.	0.	0. Form 990 (2017)

Part VII Section A. Officers, Directors, Trustees, Ky Employees, and Higher Compensation Employees (continued). (c)	Form 990 (2017) David and	-								95-16	60	346	Page 8
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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) (B) (C) Compensation LTD Construction Services, 358 East Property Compensation Foothill, Suite 100, San Dimas, CA 91773 improvements 1,167,245. Huntington Culinary, 7071 Warner Ave., 344,639. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2	• •					-			-	dual for services			
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(A) (B) (C) Name and business address Description of services Compensation LTD Construction Services, 358 East Property 1,167,245. Foothill, Suite 100, San Dimas, CA 91773 improvements 1,167,245. Huntington Culinary, 7071 Warner Ave., Ste. F714, Huntington Beach, CA 92647 Food services 2 Total number of independent contractors (including but not limited to those listed above) who received more than 1	1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of com	pensa	ation fro	m
Name and business address Description of services Compensation LTD Construction Services, 358 East Property 1,167,245. Foothill, Suite 100, San Dimas, CA 91773 improvements 1,167,245. Huntington Culinary, 7071 Warner Ave., Ste. F714, Huntington Beach, CA 92647 Food services 344,639. 2 Total number of independent contractors (including but not limited to those listed above) who received more than Improvement for the service of the servi	the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	ithi	n the organization's tax	year.			
LTD Construction Services, 358 East Property Foothill, Suite 100, San Dimas, CA 91773 improvements 1,167,245. Huntington Culinary, 7071 Warner Ave., Ste. F714, Huntington Beach, CA 92647 Food services 344,639. 2 Total number of independent contractors (including but not limited to those listed above) who received more than Property	(A)								(B)			(C)	
Foothill, Suite 100, San Dimas, CA 91773 improvements 1,167,245. Huntington Culinary, 7071 Warner Ave., Ste. F714, Huntington Beach, CA 92647 Food services 344,639. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 1									Description of s	ervices	C	ompensa	ation
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Ste. F714, Huntington Beach, CA 92647 Food services 344,639. 2 Total number of independent contractors (including but not limited to those listed above) who received more than	Huntington Culinary, 7071 Warner Ave.,												
Total number of independent contractors (including but not limited to those listed above) who received more than									344	,639.			
	2 Total number of independent contractors (including but not limited to these listed above) who received more that												
		•	IOL II	mie	u 10		-						

					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
						revenue	revenue	sections 512 - 514
Its	1 a	Federated campaigns	1a					
ar		Membership dues						
S, O	с	Fundraising events	1c	24,636.				
lar lar		Related organizations						
ini, (е	Government grants (contributi	ions) 1e	14,491,818.				
rior S	f	All other contributions, gifts, grant	ts, and					
ibu		similar amounts not included abov	/e 1f	434,424.				
d dr	g	Noncash contributions included in lines	1a-1f: \$	209,665.				
Contributions, Gifts, Grants and Other Similar Amounts	h	h Total. Add lines 1a-1f		►	14,950,878.			
				Business Code				
e	2 a	Nonpublic School Manage	ement Fees	611600	87,936.	87,936.		
e vi	b	Private Placement Fees		623990	32,194.	32,194.		
Program Service Revenue	с	;						
ran ev	d	I						
0 G	е	•						
Ē	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		►	120,130.			
	3	Investment income (including	,	,				
		other similar amounts)		►	11,513.			11,513.
	4	Income from investment of tax		-				
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	Gross rents	35,951.	,				
	b	Less: rental expenses	0.	·				
		Rental income or (loss)	35,951.					
	d	Net rental income or (loss)		►	35,951.			35,951.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		····· •				
en	8 a	Gross income from fundraising						
venue			,636. of					
		contributions reported on line	1c). See					
Other Re			a					
đ		Less: direct expenses			0			
		Net income or (loss) from fund		▶	0.			
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-	▶				
	10 a	Gross sales of inventory, less		607 943				
		and allowances						
		Less: cost of goods sold			471,841.			471 041
	с	Net income or (loss) from sale			4/1,041.			471,841.
		Miscellaneous Revenu Miscellaneous income	e	Business Code 900099	122 422			122 422
		Supportive housing prop	iect	900099	132,432. 7,871.			132,432. 7,871.
				500055	/,0/1.			/,0/1.
	C A							<u> </u>
		All other revenue			140,303.			
	е 12	• Total. Add lines 11a-11d Total revenue. See instructions.			140,303.	120,130.	0.	659,608.
	14	i viai i venue. Dee manuellons.		····· 🚩	10,700,010.	-20,-30.	٥.	

David and Margaret Home, Inc.

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

Form 990 (2017) David a Part VIII Statement of Revenue Form 990 (2017) David and Margaret Home, Inc. Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b, The shape of part ///// Total expenses Program service Management and File		on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor		-	, 1. 1.	
and domestic governments. See Part IV, line 21 674,780. 674,780. 2 Grants and other assistance to domestic individuals. See Part IV, line 12 and the construction of current of theorements, and foreign organizations of current of theorements, and foreign individuals. See Part IV, line 15 and 16 1,379,700. 1,379,700. 3 Grants and other assistance to foreign organization of current of theores, directors, trustees, and key employees 269,171. 228,587. 26,909. 6 Compensation of current of theores, directors, trustees, and key employees 269,171. 228,587. 26,909. 6 Compensation of current of bas(0(1)) and persons described in section 4950(1) and epriors described in section 4950(1) and epriors of theoremployees): 9,288,977. 7,880,830. 935,315. 8 Pension plan accruats and contributions include section 401(k) and 403(b) employer contributions; 9,288,977. 7,880,830. 935,315. 9 Other enpriore frameworks include section 401(k) and 403(b) employer contributions; 9,288,977. 7,880,830. 935,315. 9 Other enpriore frameworks include section 401(k) and 403(b) employer contributions; 9,288,977. 7,880,830. 935,315. 9 Other enpriores intervices (non-employees): a Management 2,200. 1,782. 298. 9 Other enpriores 146,441. 127,118. 16,180. 2,750. 2,75		ot include amounts reported on lines 6b,	(A)	(B) Program service	Management and	(D) Fundraising expenses
2 Grants and other assistance to domestic individuals. See Part IV, line 22 1, 379, 700. 1, 379, 700. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16 Image: Compensation of current officers, structures, and key employees 4 Benefits paid to or for members 269, 171. 228, 587. 26, 909. 5 Compensation of current officers, functors, trustees, and key employees 269, 171. 228, 587. 26, 909. 6 Compensation of current officers, directors, trustees, and key employees 269, 171. 228, 587. 26, 909. 7 Other salaries and wages 269, 171. 228, 587. 26, 909. 7 Other salaries and wages 9, 288, 977. 7, 880, 830. 935, 315. 9 Parson function site of other salaries and contributions (include section 403(k)) employer contributions 977. 79.80, 830. 935, 315. 9 Parson functions for employees): 304, 505. 599, 829. 68, 673. 1 Fees for services (non-employees): 38, 630. 89, 630. 27, 750. 1 Investment management fees		and domestic governments. Cas Dart IV line 01	674,780.	674,780.		· · ·
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			1,379,700.	1,379,700.		
5 Compensation of current officers, directors, trustees, and key employees 269,171. 228,587. 26,909. 6 Compensation not include above, to disqualified persons (as defined under section 4988(r)(1)) and persons described in section 4988(r)(1) and persons described in section 4988(r)(1) and persons described in section 4988(r)(1) and section 4988(r)(1) and section 4988(r)(1) and persons described in section 4988(r)(1) and persons described in section 4988(r)(1) and most (include section 4018(r) and 403(b) employer contributions) 9,288,977. 7,880,830. 935,315. 9 Other salaries and wages 9,288,977. 7,880,830. 935,315. 9 Other amployee benefits 977,992. 843,980. 85,914. 10 Payrolt taxes 705,345. 599,829. 68,673. 11 Fees for services (non-employees): a Management 2,200. 1,782. 298. a Management 2,200. 1,782. 298. 29,630. 100. 9 Integrat 2,200. 1,782. 298. 200. 10 Potex (III IIII 110 anount exceeds 10% of III 25, column (A) amount, list line 11g expenses on Sch 0. 2,750. 2,750. 2,750. 12 Adverti		organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
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8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 138, 405. 119, 440. 12, 158. 9 Other employee benefits 777, 992. 843, 980. 85, 914. 705, 345. 599, 829. 68, 673. 11 Fees for services (non-employees): a a Management 2, 200. 1, 782. 298. c Accounting 89, 630. 89, 630. d Lobbying 2, 200. 1, 782. 298. c Accounting 89, 630. 89, 630. 89, 630. d Lobbying 2, 200. 1, 782. 298. c Accounting 89, 630. 89, 630. 89, 630. d Information technology 1166, 544. 127, 118. 16, 180. 12 Advertising and promotion 2, 750. 2, 750. 2, 750. 13 Office expenses 1, 085, 067. 758, 707. 304, 536. 14 Information technology 1, 085, 067. 758, 707. 304, 536. 17 Travel 1, 085, 067. 758, 707. <td< td=""><td></td><td>persons (as defined under section $4958(f)(1)$) and</td><td></td><td></td><td></td><td></td></td<>		persons (as defined under section $4958(f)(1)$) and				
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d Lobbying	b	Legal		1,782.		120
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 Sch 0.) 146 6, 441. 127 , 118. 16 , 180. 2 Advertising and promotion 2 , 750. 2 , 750. 2 , 750. 3 Office expenses 373 , 363. 282 , 224. 74 , 149. 4 Information technology 166 , 544. 129 , 991. 25 , 203. 5 Royatties 1 , 085 , 067. 758 , 707. 304 , 536. 6 Occupancy 1 , 085 , 067. 758 , 707. 304 , 536. 7 Travel 1 , 085 , 067. 758 , 707. 304 , 536. 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 210 , 158. 149 , 611. 35 , 652. 9 Conferences, conventions, and meetings 2 2 , 043. 20 , 622. 3 , 421. 0 Interest 126 , 901. 107 , 966 . 12 , 522. 1 Insurace 126 , 901. 107 , 966 . 12 , 522. 3 Insurace 57 , 851. <	с	Accounting	89,630.		89,630.	
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12 Advertising and promotion 2,750. 2,750. 13 Office expenses 373,363. 282,224. 74,149. 14 Information technology 166,544. 129,991. 25,203. 15 Royalties 166,544. 129,991. 25,203. 16 Occupancy 1,085,067. 758,707. 304,536. 17 Travel 210,158. 149,611. 35,652. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 24,043. 20,622. 3,421. 10 Interest 23,849. 20,291. 2,353. 11 Payments to affiliates 23,849. 20,291. 2,522. 11 Insurance 126,901. 107,966. 12,522. 12 Insurance 176,956. 36,171. 140,785. 14 Other expenses. Itemize expenses on Schedule 0.) 57,851. 46,800. 7,403. 10 Payments to affiliates 28,925. 936. 27,944. 10 Auscellaneous 57,851. 46,800. 7,403. 10	-	· - · · · ·	1 4 5 4 4 1	107 110	1 C 1 0 0	2 1 4 2
3 Office expenses 373,363. 282,224. 74,149. 4 Information technology 166,544. 129,991. 25,203. 4 Occupancy 166,544. 129,991. 25,203. 5 Royalties 1,085,067. 758,707. 304,536. 6 Occupancy 1,085,067. 758,707. 304,536. 7 Travel 210,158. 149,611. 35,652. 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 24,043. 20,622. 3,421. 9 Conferences, conventions, and meetings 126,901. 107,966. 12,522. 11 Norther 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 0.) 36,171. 140,785. 9 Program supplies 40,344. 40,344. 40,344. 10,402. 28,925. 936. 27,944. 10,402. 10,402. 10,402. 10,402.				127,110.		3,143
14 Information technology 166,544. 129,991. 25,203. 15 Royalties 1,085,067. 758,707. 304,536. 16 Cocupancy 1,085,067. 758,707. 304,536. 17 Travel 210,158. 149,611. 35,652. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 210,158. 149,611. 35,652. 19 Conferences, conventions, and meetings 24,043. 20,622. 3,421. 10 Interest 23,849. 20,291. 2,353. 126,901. 107,966. 12,522. 176,956. 36,171. 140,785. 124 emount exceeds 10% of line 25, column (A) amount, list line 24 expenses on Schedule 0.) 37,851. 46,800. 7,403. 24 amount exceeds 10% of line 25, column (A) amount, list line 24 expenses on Schedule 0.) 57,851. 46,800. 7,403. a Miscellaneous 57,851. 46,800. 7,403. 28,925. 936. 27,944. d All other expenses 10,402. 10,402. 10,402. 10,402. 10,402.				202 224		16 000
5 Royalties 1,085,067.758,707.304,536. 7 Travel 1,085,067.758,707.304,536. 7 Travel 210,158.149,611.35,652. 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 24,043.20,622.3,421. 9 Conferences, conventions, and meetings 23,849.20,291.2,353. 9 Payments to affiliates 23,849.20,291.2,353. 9 Payments to affiliates 126,901.107,966.12,522. 1 176,956.36,171.140,785. 140,785. 9 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 0.) 57,851.46,800.7,403. 9 Program supplies 40,344.40,344. c Dues & subscriptions 28,925.936.27,944. d Assistance to individua 7,684.6,641.1,043.						16,990 11,350
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for any federal, state, or local public officials9Conferences, conventions, and meetings24,043. 20,622. 3,421.9Interest23,849. 20,291. 2,353.1Payments to affiliates126,901. 107,966. 12,522.12Depreciation, depletion, and amortization126,901. 107,966. 12,522.13Insurance176,956. 36,171. 140,785.14Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.)57,851. 46,800. 7,403.15Program supplies40,344. 40,344.1028,925. 936. 27,944.10402.7,684. 6,641. 1,043.			210,130.	149,011.	55,052.	24,095
19 Conferences, conventions, and meetings 24,043.20,622.3,421. 20 Interest 23,849.20,291.2,353. 21 Payments to affiliates 23,849.20,291.2,353. 22 Depreciation, depletion, and amortization 126,901.107,966.12,522. 23 Insurance 176,956.36,171.140,785. 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 0.) 57,851.46,800.7,403. a Miscellaneous 57,851.46,800.7,403. b Program supplies 40,344.40,344. c Dues & subscriptions 28,925.936.27,944. d Assistance to individua 10,402. e All other expenses 7,684.6,641.1,043.						
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Payments to affiliates22Depreciation, depletion, and amortization23Insurance24Other 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 0.)aMiscellaneousbProgram suppliescDues & subscriptions ddAssistance to individuaeAll other expenses						1,205
22 Depreciation, depletion, and amortization 126,901. 107,966. 12,522. 23 Insurance 176,956. 36,171. 140,785. 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 0.) 176,956. 36,171. 140,785. a Miscellaneous 57,851. 46,800. 7,403. b Program supplies 40,344. 40,344. 0 c Dues & subscriptions 28,925. 936. 27,944. d Assistance to individua 10,402. 10,402. 10,403.			23,043.	20,251.	2,555	1,205
Insurance176,956.36,171.140,785.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 0.)176,956.36,171.140,785.a Miscellaneous b Program supplies c Dues & subscriptions d Assistance to individua e All other expenses57,851.46,800.7,403.b All other expenses57,851.46,800.7,403.			126,901,	107,966,	12,522	6,413
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 0.) a Miscellaneous 57,851. 46,800. 7,403. a Miscellaneous 57,851. 46,800. 7,403. b Program supplies 40,344. 40,344. 0 c Dues & subscriptions 28,925. 936. 27,944. d Assistance to individua 10,402. 10,402. 1.043.						0,110
b Program supplies 40,344. 40,344. c Dues & subscriptions 28,925. 936. 27,944. d Assistance to individua 10,402. 10,403. e All other expenses 7,684. 6,641. 1,043.	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 0.)				
c Dues & subscriptions 28,925. 936. 27,944. d Assistance to individua 10,402. 10,403. e All other expenses 7,684. 6,641. 1,043.	а		57,851.		7,403.	3,648
d Assistance to individua 10,402. e All other expenses 7,684. 6,641. 1,043.	b					
e All other expenses 7,684. 6,641. 1,043.	-	-		936.	27,944.	45
						10,402
25 Total functional expenses. Add lines 1 through 24e 16,007,478.13,456,350.1,872,838.	е	· · · · · · · · · · · · · · · · · · ·				
			16,007,478.	13,456,350.	1,8/2,838.	678,290
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		reported in column (B) joint costs from a combined				

Check here

_____ if following SOP 98-2 (ASC 958-720)

David and Margaret Home, 1	Inc
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95-1660346 Page 11

1 4	• • •					
		Check if Schedule O contains a response or note to any line in this Part	x			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,432,399.	1	746,359.
	2	Savings and temporary cash investments		2,164,417.	2	1,448,797.
	3	Pledges and grants receivable, net	F	18,103.	3	0.
	4	Accounts receivable, net		1,959,418.	4	1,491,736.
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensated employees. Comple	te			
		Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contr				
		employers and sponsoring organizations of section 501(c)(9) voluntary	-			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch	L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use		54,115.	8	53,825.
	9	Prepaid expenses and deferred charges		83,942.	9	113,116.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D10a9,064,Less: accumulated depreciation10b5,323,	055.			
	b	Less: accumulated depreciation 10b 5,323,	076.	2,135,093.	10c	3,740,979.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		123,538.	15	145,307.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		7,971,025.	16	7,740,119.
	17	Accounts payable and accrued expenses		1,723,288.	17	1,825,090.
	18	Grants payable			18	
	19	Deferred revenue		1,621,303.	19	1,599,340.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
es	22	Loans and other payables to current and former officers, directors, truste	ees,			
Liabilities		key employees, highest compensated employees, and disqualified perso				
.iab		Complete Part II of Schedule L			22	<u> </u>
-	23	Secured mortgages and notes payable to unrelated third parties		569,731.	23	508,300.
	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				
		Schedule D		3,914,322.	25	3,932,730.
	26	Total liabilities. Add lines 17 through 25		5,914,522.	26	5,952,750.
		Organizations that follow SFAS 117 (ASC 958), check here 	and			
čě	07	complete lines 27 through 29, and lines 33 and 34.		3,657,106.	27	3,647,091.
llan	27	Unrestricted net assets	319,944.	27	80,645.	
I Ba	28 29	Temporarily restricted net assets Permanently restricted net assets		79,653.	20 29	79,653.
nnc	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		75,055.	29	15,055.
Ē						
Net Assets or Fund Balances	30	and complete lines 30 through 34. Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
t A	32	Retained earnings, endowment, accumulated income, or other funds	Г		32	<u> </u>
Ne	33	Total net assets or fund balances		4,056,703.	33	3,807,389.
	34	Total liabilities and net assets/fund balances		7,971,025.	34	7,740,119.
	0.1			.,,		Form 990 (2017)

Form **990** (2017)

Part X Balance Sheet

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732012	11-28-17		

~		6			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2	7,5	48.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,80	7,3	89.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		_ 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b	Х	

Form	David and Margaret Home, Inc.	95	-1660346 Page 12
Pa	rt XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>
1 2 3	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	1 2 3	15,730,616. 16,007,478. -276,862.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,056,703.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	27,548.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,807,389.
ra	rt XII Financial Statements and Reporting		

Form **990** (2017)

Margaret Home vid ъđ Da -

SCHEDULE A	
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Department of the Treasury

1	(Form	aan	or	990.	FZ
l	FOILI	330	U	220-	- 22

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2017
Open to Public Inspection

Intern	Bernal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection					Inspection				
Nan	ne of t	the organizati		d and Marc	garet Home, I	nc.				identification number 5-1660346
Pa	nrt I	Reason			All organizations must co		is part.) S	ee instruction		
The	organ				(For lines 1 through 12, c					
1			•		on of churches described					
2					(Attach Schedule E (Forn					
3					, janization described in s e			ii).		
4					, onjunction with a hospital				.)(iii). Enter	the hospital's name,
		city, and stat	-							
5		An organizati	on operated fo	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental	unit descrik	oed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or govern	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	Illy receives a substa	antial part of its support f	rom a gov	rernmenta	unit or from	the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	d in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university	or a non-land-ç	grant college of agrid	culture (see instructions).	Enter the	name, cit	, and state c	f the colleg	le or
		university:								
10		An organizati	on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from
		activities rela	ted to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and u	inrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
				mplete Part III.)						
11		0	0		sively to test for public sa	•				
12		-	-	-	sively for the benefit of, to				-	
					ed in section 509(a)(1) o					Check the box in
_			•		of supporting organizatio		-		-	
а				-	supervised, or controlled	•			•••••	
			•		egularly appoint or elect a	a majority	of the aire	ctors or trust	ees of the s	supporting
h		¬ -		complete Part IV, S		tion with it	to ourport	od organizati	on(o) by bo	wing
b				-	d or controlled in connec ganization vested in the s			•		-
			-		Sections A and C.	ame perso			age the sup	poneu
~		¬ -			ng organization operated	in connec	tion with	and functions	ally integrat	ed with
Ū	·				s). You must complete I				iny integration	co with,
d		- · ·	-		porting organization oper				orted organi	ization(s)
			-		zation generally must sat				°.	
			-		mplete Part IV, Sections	•		-	a an acon	
е					written determination fro				e II. Type III	
			0		onally integrated support			JI , JI	, ,,	
f	Ente									
g				n about the support						·
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o		(vi) Amount of other
		organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
					ļ					

Schedule A (Form 990 or 990-EZ) 2017 David and Margaret Home, Inc. Part II | Support Schedule for Organizations Described in Sections 170(b)

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11,373,922.	12,128,148.	12,436,379.	14,748,466.	14,950,878.	65,637,793.
2	Tax revenues levied for the organ-						
	ization'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	11,373,922.	12,128,148.	12,436,379.	14,748,466.	14,950,878.	65,637,793.
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.						65,637,793.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	11,373,922.	12,128,148.	12,436,379.	14,748,466.	14,950,878.	65,637,793.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	26,880.	23,785.	27,156.	71,056.	47,464.	196,341.
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.)	14,369.	167,618.	77,814.	57,082.	140,303.	457,186.
11	Total support. Add lines 7 through 10	,	,		•		, 66,291,320
	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,678,849.
	First five years. If the Form 990 is for	,	,	d. fourth. or fifth ta	x vear as a sectio		<u> </u>
	organization, check this box and stop	-	,,,	-,,	,		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				ŕ
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.01 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	99.07 %
	33 1/3% support test - 2017. If the c					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2016. If the c						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
	5		,	,			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 David and Margaret Home, Inc. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	7 (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 per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
er eveneded en ite behalf						
•						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		1				
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	7 (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, tri		•		
check this box and stop here	ic Support De	rcontago				
15 Public support percentage for 2017 (I			oolump (f))		15	
					15	%
16 Public support percentage from 2016 Section D. Computation of Invest					10	%
•					47	0/
17 Investment income percentage for 20		.,			17	<u>%</u>
18 Investment income percentage from 2			on line 14 and lin		18	/ line 17 is not
19a 33 1/3% support tests - 2017. If the						
more than 33 1/3%, check this box as						/20/ and
b 33 1/3% support tests - 2016. If the	•					
line 18 is not more than 33 1/3%, che			•		•	
20 Private foundation. If the organizatio	n aid not check a	box on line 14, 19	a, or 19b, check t	nis box and see in	istructions	▶∟

Schedule A (Form 990 or 990-EZ) 2017 David and Margaret Home, Inc.

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

- 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 organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
1			
	1		
	2		
	•		
	3a		
	3b		
	0-		
	3c		
	4a		
	44		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	0.		
	9b		
	9c		
	10a		
	iva		
	10b		

Schedule A (Form 990 or 990-EZ) 2017 David and Margaret Home, Inc. Part IV Supporting Organizations (continued)

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

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.

Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	vintograte	d Type III supporting or	anization (soo

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

Schedule A (Form 990 or 990-EZ) 2017

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	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 purpose	es of supported organizatior	IS	
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	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		-	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
-	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990 EZ) 2017 David and Margaret Home	e, Inc.	95-1660346 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, a line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2t Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also (See instructions.)	nd 11c; Part IV, Section B, lines o, 3a, and 3b; Part V, line 1; Part	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

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

on number

Internal Revenue Service				
Name of the organiza	ation			Employer identification
	David	and	Margaret Home, Inc.	95-1660346
Organization type(ch	eck one):			
Filers of:	Secti	on:		
Form 990 or 990-EZ	X	501(c)(3) (enter number) organization	
		4947(a)	(1) nonexempt charitable trust not treated as a private foundation	
		527 pol	tical 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	tion is cover	ed by th	e General Rule or a Special Rule.	
Note: Only a section 5	601(c)(7), (8),	or (10) o	rganization can check boxes for both the General Rule and a Special Ru	Ile. 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

X 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, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

David	and Margaret Home, Inc.	9	5-1660346
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S.Dept. of Health & Human Services 1250 Maryland Avenue, SW, Room 8151 Washington, DC 20024	\$5,002,799.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	California Department of Social Services 744 P Street, M.S. 12-74 Sacramento, CA 95814	\$ <u>2,669,458</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

95-1660346

95-1660346

David and Margaret Home, Inc.

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

antii	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

lame of orga	anization		Employer identification number		
David	and Margaret Home, Inc	•	95-1660346		
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete	ributions to organizations describe columns (a) through (e) and the foll	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 fo llowing line entry. For organizations		
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000	0 or less for the year. (Enter this info. once.) \$		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I		(c) use of gift			
-		e) Transfer of g	l		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
		(e) Transfer of g	 jift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
	nanoi o o nano, aua oo, a				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	gift (d) Description of how gift is held		
		(e) Transfer of g	yift		
	Transferee's name, address, a	nd 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		
			<u> </u>		
		(e) Transfer of g	jitt		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		

(Form 9	90)
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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.



Department of the Treasury Internal Revenue Service Name of the organization

Margaret	Home,	Inc.

Employer identification number 95 - 1660346

Itam	David and Margaret H	ome, Inc.	-	95-1660346
Pa	t I Organizations Maintaining Donor Advised F	Funds or Other Similar Funds	or Acco	ounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Fi	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writi	ng that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's exc	lusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advis	sors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other purpose	conferring	
				Yes No
Pa	t II Conservation Easements. Complete if the organized	zation answered "Yes" on Form 990, F	Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or educ	cation)	orically imp	ortant land area
	Protection of natural habitat	Preservation of a cert	ified histori	c structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conse	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic structu			
d	Number of conservation easements included in (c) acquired after			
	listed in the National Register			
3	Number of conservation easements modified, transferred, releas	ed, extinguished, or terminated by the	e organizati	on during the tax
	year			
4	Number of states where property subject to conservation easem			
5	Does the organization have a written policy regarding the periodi			
~	violations, and enforcement of the conservation easements it ho			
6	Staff and volunteer hours devoted to monitoring, inspecting, han	idling of violations, and enforcing cons	servation e	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and onforcing conson/a	tion opeom	onte during the year
'	Amount of expenses incurred in monitoring, inspecting, manaling \$	for violations, and emorcing conserva	lion easen	ients during the year
8	Does each conservation easement reported on line 2(d) above sa	atisfy the requirements of section 170	(h)(4)(B)(i)	
U	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation e			
-	include, if applicable, the text of the footnote to the organization			
	conservation easements.			
Pa	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or O	ther Sim	ilar Assets.
	Complete if the organization answered "Yes" on Form 990), Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 9	58), not to report in its revenue stater	nent and b	alance sheet works of art,
	historical treasures, or other similar assets held for public exhibit	ion, education, or research in furthera	nce of pub	lic service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes	these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC 9	58), to report in its revenue statement	t and balan	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educated	ation, or research in furtherance of pu	blic service	, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X		►	\$
2	If the organization received or held works of art, historical treasure	res, or other similar assets for financia	ıl gain, prov	vide
	the following amounts required to be reported under SFAS 116 (, 0		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990. Part X			\$

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

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 David a	nd Margare	t Home, In	С.		95-16	60346	Page 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Oth	ner Simil	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, accessi	ion, and other record	s, check any of the	following that are a	significant	use of its	collection	items
	(<u>check</u> all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explair	n how they further t	he organization's ex	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other simil	ar assets		_	
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's co	ollection?			Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributior	is or other assets no	ot included		_	
	on Form 990, Part X?					L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1 f		_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial account liab	oility?	L	Yes	No No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete	-			1			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three			
	Beginning of year balance	79,653.	79,653.	79,653.	,	79,653.		79,653.
	Contributions							
	Net investment earnings, gains, and losses	2,576.	19.	22.	,	8.		6.
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	2,576.	19.	22.	,	8.		6.
f	Administrative expenses							
g	End of year balance	79,653.	79,653.	,	,	79,653.		79,653.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:				
	Board designated or quasi-endowment		_%					
	Permanent endowment 100.00	%						
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organi	zation	_	
	by:							es No
	(i) unrelated organizations						. 3a(i)	X
	(ii) related organizations							X
b	If "Yes" on line 3a(ii), are the related organiza						. 3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere							
	Description of property	(a) Cost or of basis (investm		• • • • • • • • • • • • • • • • • • • •	Accumulate epreciation		(d) Book	value
1 a	Land		,	7,774.	·		417	,774.
	Buildings				939,6	47.	3,109	
	Leasehold improvements		.,	, , , , , , , , , , , , , , , , , , , ,	,•		, = • •	<u>, · - · ·</u>
	Equipment		1.59	6,997. 1,	383,4	29.	213	,568.
	Other			,			•	
	Add lines 1a through 1e. (Column (d) must e		X. column (B) line 1	0c.)			3,740	,979.
		,	,	/				

Schedule D (Form 990) 2017

	Schedule D (F	orm 990) 2017	Davıd	and	Margaret	Home,	Inc.	
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Schedule [D (Form 990) 2017 David and M	largaret Ho	me, Inc.	95-	1660346	Page 3
	Investments - Other Securities.					
	Complete if the organization answered "Yes"					<u> </u>
	ption of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market v	alue
	ial derivatives					
	y-held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)	(h) much a much E arma 000, Dart V, and (D) line 40 \					
	(b) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related.					
			/ line 11 - Or - Fauna 000	Deut X line 10		
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		valuation: Cost or end-	of-vear market v	alue
(4)					or your market v	alue
(1)						
(2)						
(3)						
(4) (5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX						
	Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d. See Form 990,	Part X, line 15.		
		Description			(b) Book va	lue
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Cold Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)	<u></u>			
	Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11e or 11f. See Forr	n 990, Part X, line 25.		
1.	(a) Description of liability		(b) Book value			
	deral income taxes					
(2)						
(3)						

(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶		
 Liability for uncertain tax positions. In Part XIII, provide the text of the footr 	note to the organization's f	inancial statements that repo

eports the 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 X

(4)

Schedule D (Form 990) 2017	David a	and Margaret	Home,	Inc.
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Pa	t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per R	eturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1				1	15,758,164.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
С	Recoveries of prior year grants		~ / 0		
d			27,548.		~ / ~
е				2e	27,548.
3	Subtract line 2e from line 1			3	15,730,616.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	_ 4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)			5	15,730,616.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		n Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	16,007,478.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	_ 2a			
b	Prior year adjustments	_ 2b			
С	Other losses	_ 2c			
d	Other (Describe in Part XIII.)	. 2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	16,007,478.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	16,007,478.
Pa	rt XIII Supplemental Information.				

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

Part V, line 4:

The	interest	is	used	for	scholarship	expenditures	of	the	organization
-----	----------	----	------	-----	-------------	--------------	----	-----	--------------

while the corpus remains intact in perpetuity.

Part X, Line 2:

David & Margaret is exempt from taxation under Internal Revenue Code

Section 501(c)(3) and California Revenue and Taxation Code Section 23701d.

Generally accepted accounting principles provide accounting and disclosure

guidance about positions taken by an organization in its tax returns that

might be uncertain. Management has considered its tax positions and

believes that all of the positions taken by David & Margaret in its

Schedule D (Form 990) 2017 David and Margaret Home, Inc. 95-1660346 Page 5 Part XIII Supplemental Information (continued)
federal and state exempt organization tax returns are more likely than not
to be sustained upon examination. David & Margaret's returns are subject
to examination by federal and state taxing authorities, generally for
three and four years, respectively, after they are filed.
Part XI, Line 2d - Other Adjustments:
Change in value of split-interest agreement 27,548.
Schedule D (Form 990) 201

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service		OMB No. 1545-0047										
Name of the organization	Go to www.irs.gov/Form990						identification number					
	and Margaret Home,					95-160						
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.												
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 												
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	tò (o	(v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount to (or retaine organizati						
		Yes	No									
Total		<u>ı </u>	•									
Total ▶ 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.												

Schedule G (Form 990 or 990-EZ) 2017

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 cross income on Form 990, FZ lines 1 and 6b. List events with cross receipts greater than \$5.0

		of fundraising event contributions and g			-	pts greater than \$5,000.
			(a) Event #1 Annual Gala	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	49,806.			49,806.
	2	Less: Contributions	24,636.			24,636.
	3	Gross income (line 1 minus line 2)	25,170.			25,170.
	4	Cash prizes				
ő	5	Noncash prizes	500.			500.
bense	6	Rent/facility costs	12,703.			12,703.
Direct Expenses	7	Food and beverages				
	8	Entertainment	2,675. 9,292.			2,675. 9,292.
	9	Other direct expenses	9,292.			9,292.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	25,170.
		Net income summary. Subtract line 10 from				0.
Pa	rτι	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	ו 990, Part IV, line 19, or ו	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	~	Volunteer labor	Yes%	Yes %	└── Yes % └── No	

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?
b If "No," explain:

7 Direct expense summary. Add lines 2 through 5 in column (d)

732082 09-13-17

_ Yes

_ No

Sch	nedule G (Form 990 or 990-EZ) 2017 David and Margaret Home, Inc. 95-1	.6603	46 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s 🗌 No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	🗌 Ye	s 🗌 No
13	Indicate the percentage of gaming activity conducted in:		
a	a The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
1 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	es 🗌 No
r	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
~	of gaming revenue retained by the third party \triangleright \$		
c	c If "Yes," enter name and address of the third party:		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		—
	retain the state gaming license?	. 🗀 Ye	es 🛄 No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Ра	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nes 9, 9b	o, 10b, 15b,

	/		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants and Oth vernments, an ete if the organizatio	nd Individual	ls in the Ŭn i ' on Form 990, Pa m 990.	ited States rt IV, line 21 or 22.		OMB No. 1545-0047 2017 Open to Public Inspection
Name of the organization					hationi		Employer identification number
	d and Margaret	Home, Inc.					95-1660346
Part I General Information on	Grants and Assistance						
 Does the organization maintain criteria used to award the grant Describe in Part IV the organization 	ts or assistance?						
	tance to Domestic Organi				anization answered "	/es" on Form 990 Par	t IV line 21 for any
	ore than \$5,000. Part II car						
1 (a) Name and address of organ or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Ettie Lee Homes, Inc. P.O. Box 339							
Baldwin Park, CA 91706	95-1949862	501(c)(3)	674,780.	0.			General support
 2 Enter total number of section 5 3 Enter total number of other org 							▶ <u>1.</u>

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance cash assistance recipients cash grant Specific assistance to individuals & foster 0. parents 1267 1,379,700.

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

Part I, Line 2:

Part III

The organization maintains records to substantiate the amount of grants or

assistance given and the selection criteria used to award the grants.

732102 11-01-17

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	Γ	2017		/
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		
Depa	tment of the Treasury	Attach to Form 990.		Open to Public		
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization		Employer i			mber
Do	rt I Question	David and Margaret Home, Inc.	95-1	166034	0	
Pa		s Regarding Compensation				<u> </u>
10	Charle the energy	ata hay(aa) if the exception provided any of the following to at far a person listed on Form	- 000		Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	1990,			
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as, maid, chauffe				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if an	ny, of the following the filing organization used to establish the compensation of the organization	ation's			
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		ompensation consultant				
	Form 990 of o	ther organizations Approval by the board or compensation of	committee			
4	During the year dia	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
с		ceive payment from, an equity-based compensation arrangement?				X
		ies 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
						X
b		ation?		5 b		X
		r 5b, describe in Part III.				
6	-	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
_	contingent on the n			6.		x
		ation 2				X
U		ation? r 6b, describe in Part III.		6b		
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s			
•		les 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				-
-		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forr	n 990) 2017

95-1660346

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable	D) Nontaxable (E) Total of columns benefits (B)(i)-(D)		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990	
(1) Charles Rich	(i)	158,720.	0.	0.	2,419.	4,764.	165,903.	0.	
Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(ii)								
	(i) (ii)								
	(i)								
	(i) (ii)								

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2017

SCHEDULE M		Nonc	OMB No. 1545-0047			
(Fc	orm 990)	anizations	answered "Ves" o	on Form 990, Part IV, lines 2	9 or 30	2017
	tment of the Treasury al Revenue Service Go to www.irs.gov/				.9 01 00.	Open To Public Inspection
Nam	e of the organization				Emplo	yer identification number
	David and Ma	rgaret	Home, In	.C .		95-1660346
Pa						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) hod of determining n contribution amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications	Х		750.		
5	Clothing and household goods	Х		50,000.	FMV	
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		1.0			
19	Food inventory	X	10	40,720.	РМV	
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 organ					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 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?		1	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?		1	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.			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990. Sch	edule M (Fo	rm 990) 2017

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

Schedule M, Part I, Column (b):

The number of contributions is determined by the number of donors.

Schedule M (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization



95-1660346

Form 990, Part I, Line 1, Description of Organization Mission:

David and Margaret Home, Inc.

their families.

Form 990, Part III, Line 4d, Other Program Services:

Learning Enhancement Center - provides a multi-sensory treatment

program to improve the learning process of individuals with learning

disabilities. Community members, age 5 and up, David and Margaret

residents, and foster youth are served in the La Verne and Pasadena

office. During the year covered, 41 clients were served.

Foster Family Agency and Adoption Agency offers parent training and

foster home certification; Foster-adoption program for foster parents

who want to move toward adoption; Treatment foster care, providing

specialized training for foster parents for clients requiring a higher

level of care, 10,658 days of care provided.

Transitional Living Programs - Aims to reduce homelessness among current and former foster youth by providing access to safe, affordable, and supportive housing for youth transitioning out of the foster care system. The program provides job training, educational support, case management, and counseling. The Transitional Housing Plus program provided 1,998 days of care. The Transitional Housing Plus Foster Care program provided 10,156 days of care.

Community Based Services - provides community-based foster homes. It

Schedule O (Form 990 or 990-EZ) (2017)	Page 2				
ame of the organization David and Margaret Home, Inc. Employer identification number 95-1660346					
intervention and anger management course at a local schoo	l district.				
During the year covered, 328 clients were served.					

Transitional Shelter Care Program (TSC) - The TSC is a shelter care program for DCFS youth who are in need of placement and cannot be placed right away, usually due to being so difficult in placement. We have 10 beds for female adolescents ages 11-17 and 6 beds for female non-minor dependents (NMD) ages 18-21 and their dependent children if they have any with them. By law, they are supposed to be placed by LA County into a placement within 72 hours, but that often does not happen because of the high need of these youth. During 2016, 462 youth were

served.

Expenses \$ 2,568,437. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section B, line 11b: The Form 990 is reviewed by members of the board, Executive Director and Finance Director before submission to the IRS.

Form 990, Part VI, Section B, Line 12c:

All employees of David & Margaret Youth and Family Services ("D&M") shall avoid any conflict of interest or appearance of conflict of interest between their own individual interests and those of D&M. The policy is regularly and consistently monitored by the governing body and signed annually.

Form 990, Part VI, Section B, Line 15:

The Board of Directors of David & Margaret Youth and Family Services shall

take the following steps in order to determine reasonable compensation for 732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017) Page 2						
Name of the organization David and Margaret Home, Inc.	Employer identification number 95-1660346					
the Executive Director and the Director of Finance:						
1. The Board of Directors shall review and approve t	he executive					
compensation. Executive compensation shall be determ	ined by persons who are					

knowledgeable in compensation matters and who have no financial interest in

the determination. Executive compensation payments are presumed to be

reasonable if the compensation arrangement is approved in advance by an

authorized body composed entirely of individuals who do not have a conflict

of interest with respect to the arrangement.

2. The Board of Directors shall use appropriate comparability data.

Comparability data generally involves looking at compensation levels paid

by similarly situated organizations for functionally comparable positions.

One method is to obtain compensation surveys or studies from independent

outside compensation consultants for this purpose.

3. The Board of Directors shall document in the minutes contemporaneous

substantiation of the deliberation and decision for executive compensation.

Form 990, Part VI, Section C, Line 19:

The organization makes its governing documents, conflict of interest

policy, and financial statements available to the public upon request. The

Form 990 can be accessed in another organization's website

(www.guidestar.org).

732212 09-07-17

Form 990, Part XI, line 9, Changes in Net Assets:

Change in value of split-interest agreements

27,548.

TAXABLE YEARCalifornia Exempt Organization2017Annual Information Return

C IRC Section 4947(a)(1) trust ↓ Yes X No K K is the organization exempt under R&TC Section 23701g? ↓ Yes X No D Final Information Return? ↓ Wes X No K K is the organization exempt under R&TC Section 23701g? ↓ Yes X No Encer date: (mm/ddyyyy) ↓ Surrendeed (Windrawn) Merged/Reorganization If Yes, if enter the gross receipts from nonmember sources \$ ↓ F Federal return filed? ↓ Son (2) Socie (2) Socie (2) No K F Federal return filed? ↓ Socie (2) Socie (2) No K Is the organization a Limited Liability Company? ↓ Yes X No G Is this a group filing? See instructions ↓ Yes X No K Is the organization a Limited Liability Compan? ↓ Yes X No I bit the organization a Limited Liability Compan? ↓ Yes X No Ves X No I bit the organization a Limited Liability Compan? ↓ Yes X No Ves X No I bit the organization a Limited Liability Compan? ↓ Yes X No Ves X No I bit the organization a Limited	20	Annual Information Return				199
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	Paid					
Preparer's HARRINGTON GROUP, CPAS, LLP 95-4557617		(or yours, ► HARRINGTON GROUP, CPAS, LUP				95-4557617
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		PASADENA, CA 91101				(626) 403-6801
May the FTB discuss this return with the preparer shown above? See instructions		May the FTB discuss this return with the preparer shown above? See instructions		• X	Yes	No

022 3651174

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Form 199 2017 Side 1

DAVID AND MARGARET HOME, INC.

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

728951 12-06-17

-276,862.

	1	Gross sales or receipts from all	business activities. See instructio	ons	•	1	723,013. ₀₀
	2	Interest			•	2	11,513. ₀₀
	3	Dividends			•	3	00
Receipts	4	Gross rents			•	4	35,951. ₀₀
from	5	Gross royalties			•	5	00
Other	6	Gross amount received from sal	e of assets (See Instructions)		•	6	00
Sources	7	Other income		SEE STA	TEMENT $3 \bullet$	7	260,433. ₀₀
	8	Total gross sales or receipts fro	m other sources. Add line 1 thro	ugh line 7. Enter here and o	on Side 1, Part I, line 1	8	1,030,910. ₀₀
	9		similar amounts paid			9	2,054,480. ₀₀
	10	Disbursements to or for membe	rs		•	10	00
	11	Compensation of officers, direct	ors, and trustees	SEE STA	TEMENT 4 \bullet	11	269,171. ₀₀
	12	Other salaries and wages			•	12	9,288,977. ₀₀
Expense	s 13	Interest			•	13	23,849. ₀₀
and	14	Taxes			•	14	705,345. ₀₀
Disburse	- 15	Rents			•	15	1,085,067. ₀₀
ments	16	Depreciation and depletion (See	instructions)		•	16	126,901. ₀₀
	17	Depreciation and depletion (See Other Expenses and Disbursem	ents	SEE STA	TEMENT 5 \bullet	17	2,478,858. ₀₀
	18	Total expenses and disburseme	nts. Add line 9 through line 17. E	inter here and on Side 1, Pa	art I, line 9		16,032,648. ₀₀
Sched	ule L	Balance Sheet	Beginning of tax			of taxa	able year
Assets			(a)	(b)	(C)		(d)
				3,596,816.			• 2,195,156.
		s receivable		1,959,418.			• 1,491,736.
		ceivable					•
4 Inve	ntories			54,115.			• 53,825.
		state government obligations					•
		s in other bonds					•
7 Inve	stments	s in stock					•
8 Mort							•
9 Othe	r invest	ments					•
10 a De	epreciat	ole assets	6,938,602.		8,646,28	1.	
		umulated depreciation	(5,221,283.)	1,717,319.	(5,323,076		3,323,205.
11 Land	l			417,774.			• 417,774.
12 Othe	r assets	STMT 6		225,583.			• 258,423.
13 Tota	l assets	S		7,971,025.			7,740,119.
Liabilitie				1 802 000			1 005 000
		ayable		1,723,288.			• 1,825,090.
		ns, gifts, or grants payable					•
		notes payable					•
17 Mort				569,731.			• 508,300.
18 Othe	r liabilit	ies STMT 7		1,621,303.			1,599,340.
		k or principal fund					•
		ital surplus. Attach reconciliation					•
		rnings or income fund		4,056,703.			• 3,807,389. 7,740,119.
		ties and net worth		7,971,025.			/,/40,119.
Sched			per books with income per retu dule if the amount on Schedule L		c than \$50 000		
		per books				Q	
2 Federal income tax				not included in th		0	• 27,548.
		apital losses over capital gains		8 Deductions in this	•		
		recorded on books this year			ome this year		9
5 Expe	enses re	corded on books this year not		9 Total. Add line 7	and line 8		27,548.

Side 2 Form 199 2017

deducted in this return

6 Total. Add line 1 through line 5

022

-249,314.

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3652174

10 Net income per return.

Subtract line 9 from line 6

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CA 199	Cash Contributions Included on Part I, Line 3	St	atement 1
Contributor's Name	Contributor's Address	Date of Gift	Amount
Brian Bowcock	4700 Halaga Circle La Verne, CA 91750	12/31/17	5,000.
California Dept. of Education	1430 N Street Sacramento, CA 95014	12/31/17	98,455.
Carl E. Wynn Foundation	444 South Flower Street, Suite 1700 Los Angeles, CA 90071	12/31/17	10,000.
In-N-Out Burger Foundation	13502 Hamburger Lane Baldwin Park, CA 91706	12/31/17	30,000.
Nat'l Office of The United Methodist Church UMW	475 Riverside Drive, Room 1503 New York, NY 10115	12/31/17	6,607.
The Sacchi Foundation	760 1/2 South Maple Avenue Montebello, CA 90640	12/31/17	25,000.
U.S.Dept. of Health & Human Services	1250 Maryland Avenue, SW, Room 8151 Washington, DC 20024	12/31/17	5,002,799.
California Department of Social Services	744 P Street, M.S. 12-74 Sacramento, CA 95814	12/31/17	2,669,458.
Helen Brame Trust	1221 McKinney Street, Suite 3800 Houston, TX 77010	12/31/17	5,049.
Wells Fargo Bank, N.A.	1350 Third Street La Verne, CA 91750	12/31/17	10,000.
Escrow World, Inc.	1350 Third Street La Verne, CA 91750	12/31/17	15,840.
Total included on line 3			7,878,208.

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Form 199	Cost of Goods Sold Included on Part I, Line	e 5 Statement 2
Cost of Goods Sold		
1. Inventory at beginnin	g of year	12,126
 Cost of labor Materials and supplied 	s	226,002
7. Inventory at end of y	ear	12,126
8. Cost of goods sold (1	ine 6 less line 7)	226,002

David and Margaret Home, Inc.

95-1660346

CA 199	Other Income	Statement 3
Description		Amount
Miscellaneous income Supportive housing project Nonpublic School Management Fees Private Placement Fees		132,432. 7,871. 87,936. 32,194.
Total to Form 199, Part II, line	7	260,433.

CA 199	Compensation of Officers	, Directors and Trustees	Statement 4
Name and Add	ress	Title and Average Hrs Worked/Wk	Compensation
Arun Tolia 1350 Third St La Verne, CA		Board President 1.00	0.
Sabina Sulliv 1350 Third St La Verne, CA	treet	Board Vice President 1.00	0.
Timothy Evan: 1350 Third St La Verne, CA	treet	Treasurer 1.00	0.
Ellenor Hods 1350 Third Si La Verne, CA	treet	Secretary 1.00	0.
Brian Bowcocl 1350 Third St La Verne, CA	treet	Board Member 1.00	0.
Ofelia Ceja-1 1350 Third St La Verne, CA	treet	Board Member 1.00	0.
Darcy Coulter 1350 Third St La Verne, CA	treet	Board Member 1.00	0.
Bob Dalton 1350 Third St La Verne, CA		Board Member 1.00	0.

Carrie Garrett 1350 Third Street La Verne, CA 91750	Board Member 1.00	0.
Patricia Guild 1350 Third Street La Verne, CA 91750	Board Member 1.00	0.
Robert Johnston 1350 Third Street La Verne, CA 91750	Board Member 1.00	0.
Peg Jones 1350 Third Street La Verne, CA 91750	Board Member 1.00	0.
John Norton 1350 Third Street La Verne, CA 91750	Board Member 1.00	0.
Sharon Shellman 1350 Third Street La Verne, CA 91750	Board Member 1.00	0.
Thomas Taylor 1350 Third Street La Verne, CA 91750	Board Member 1.00	0.
Donald Van Fleet 1350 Third Street La Verne, CA 91750	Board Member(term end 3/17 1.00	0.
Cindy Walkenbach 1350 Third Street La Verne, CA 91750	Board Member(term end 3/17 1.00	0.
Amaryllis Watkins 1350 Third Street La Verne, CA 91750	Board Member 1.00	0.
Karen Zubiate-Beauchamp 1350 Third Street La Verne, CA 91750	Board Member 1.00	0.
Charles Rich 1350 Third Street La Verne, CA 91750	Executive Director 50.00	165,903.
Phoebe Miyamoto 1350 Third Street La Verne, CA 91750	Finance Director 40.00	103,268.

David and Margaret Home, Inc.	David	and	Margaret	Home,	Inc.
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Michael Miller 1350 Third Street La Verne, CA 91750

Total to Form 199, Part II, line 11

CA 199	Other	Expenses	Statement	5
Description			Amount	
Miscellaneous			57,8	<u></u> 51.
Program supplies			40,3	44.
Dues & subscriptions			28,9	
Assistance to individua			10,4	
Direct expenses of fundra	-		25,1	
Pension plan contribution	ıs		138,4	
Other employee benefits			977,9	
Legal fees			2,2	
Accounting fees			89,6	
Other professional fees			146,4	
Advertising and promotion	1		2,7	
Office expenses			373,3	
Information technology			166,5	
Travel			210,1	
Conferences and conventio	ons		24,0	
Insurance			176,9	
All other expenses			7,6	54.
Total to Form 199, Part 1	II, line 17		2,478,8	58.

CA 199 Other Assets		Statement 6
Description	Beg. of Year	End of Year
Pledges and Grants Receivable Prepaid Expenses and Deferred Charges Split-interest agreements Deposits	18,103. 83,942. 93,762. 15,071.	0. 113,116. 109,562. 18,371.
Due from Joan Macy School (net of allow. for bad debts)	14,705.	17,374.
Total to Form 199, Schedule L, line 12	225,583.	258,423.

95-1660346

0.

Staff 50.00

269,171.

CA 199	Statement 7			
Description		Beg. of Year	End of Yea	ar
Deferred Revenue		1,621,303.	1,599,34	40.
Total to Form 199, Sched	1,599,340.			
CA 199	Income Recorded on Book Not Included in thi		Statement	8
Description			Amount	
Change in value of split	interest agreements		27,54	48.
Total to Form 199, Sched	lule M-1, line 7		27,54	48.
CA 199	Fund Balance	s	Statement	9
Description		Beg. of Year	End of Yea	ar
Unrestricted Assets Temporarily Restricted A Permanently Restricted A		3,657,106. 319,944. 79,653.	3,647,09 80,64 79,65	45.
Total to Form 199, Sched	lule L, line 21	4,056,703.	3,807,38	<u> </u>

Exerctic digentation rane Methods quarties DAVID AND MARGARET HOME, INC. 95-1660346 Part I Electronic Return Information (whole dollars only) 115, 981, 788 - 00 2 Total gross income (Form 199, line 8) 215, 7755, 786 - 00 3 Total gross income (Form 199, line 8) 215, 7755, 786 - 00 3 Total gross income (Form 199, line 9) 316, 032, 648 - 00 Part II Bacthonic funds withdrawal 4a Amount 4b Withdrawal data (nmi/dd/yyyy) Part III Bacthonic funds withdrawal 4a Amount 4b Withdrawal data (nmi/dd/yyy) Part III Bacthonic funds withdrawal 4a Amount 7 Type of account Checking Savings Part IV Declaration of Officer Intermediate server prograntation's account to be setted as designated in Part II. If check Part II, Box 4, I authorize an electronic funds withdrawal for the above exampt organization and that the information i provided to my diamization's 2017 California bectronic return. To the best of my knowledg and beleft, the eventy organization's return is the correct, and complete, If the eventy organization and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return is return organization statements and the to the best of my knowledg and beleft, the eventy organization's return is return	TAXABLE YE 2017		ornia e-f npt Orga			prization 1	for				84	FORM 153-EO
Part I Electronic Return Information (whole dollars only) 1												
1 Total gross receipts (Form 199, line 4) 115,981,788.00 2 Total gross income (Form 199, line 6) 215,755,786.00 3 Total gross income (Form 199, line 6) 316,032,648.00 Part II Backter Your Account Electronically for Taxable Year 2017 4 4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyy) Part III Backter Journaber 7 Type of account: Checking Savings 8 Account number 7 Type of account: Checking Savings Part IV Declaration of Officer Iundrize the exempt organization's account to be settled as designated in Part II. If check Part II, Box 4, 1 authorize an electronic funds withdrawal for the amount listed on line 4a. Under penalties of parity, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return of signator (FBO), transmitted to the TBB by the FO, transmitter, or intermediate service provider and the amounts in Fart 1 above agree with the amounts on the corresponding lines of the exempt organization's return of signator return (Signator Teturn Officer Californic electronic Partur, Officer Signature of files Part IV Declaration of Electronic Return Originator (ERO) and Paid Properer. Idedeayed, I suthorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay. </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>92-T</td> <td>660346</td> <td></td>										92-T	660346	
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Part IV Declaration of Officer I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a. Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO). California electronic return, To the best of my knowledge and beliet, the exempt organization's return is true, correct, and complete. If the exempt organization is 5017 California electronic return, Directed that if the Franchies Tax Board (FTB) does not receive full and timely payment of the exempt organization is 5018 Organization will remain liable for the fee liability and all applicable interest and penaltites. I authorize the exempt organization's fee liability. The exempt organization's fee liability. The exempt organization's return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or the reason(s) for the delay. Sign Signature of officer Date FINANCE DIRECTOR I declare that I have reviewed the above exempt organization officer signature on form FTB 8433-EO are complete and correct to the best of my knowledge. (II authorize the fTB to disclose to the ERO or intermediat service provider. In directa and the return or fTB 4453-EO are complete and correct to the best of my knowledge. (II authorize the return).) have obtained the erounalization officer signature on form FTB 8453-EO are complete. Ina	5 Routing	number										
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on line 4a. Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization is 2017 California electronic return. I to the best of my knowledge and belef, the exempt organization is the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization is 2017 California electronic return. In the best of my knowledge and belef, the exempt organization is cervice to an util imply payment of the exempt organization is 2017 California electronic return. I to the best of my knowledge and belef, the exempt organization is cervice to an util imply payment of the exempt organization is cerving to any any intermediate service provider the return on the organization is return and that the entries on form FTB 4453-EO are complete and correct to the best of my knowledge. (If any any intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 4453-EO are complete and correct to the best of my knowledge. (If any any intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. The 4453-EO are complete and correct to the best of my knowledge. (If any any intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return in the fTB, thas												
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Here Signature of officer Date Title Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-E0 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am on responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-E0 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am on responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-E0 before transmitting this return to the FTB; I have organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-E0 on file for four years from the due due to the return or four years from the due the to the return or four years from the due the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization of which I have knowledge. EERO FEO's-PTIN Figure and Errore to yours HARRINGTON GROUP, CPAS, LLP Firm's name (or yours if self-employed) HARRINGTON GROUP, CPAS, SUP Sign PasADENA, CA Vie code 91101 Zie code 91101 Under penalties of perjury, I declare that I have examined the ab	transmitter, or California elect a balance due organization w statements be	intermediate service ronic return. To the b return, I understand t ill remain liable for th transmitted to the FT	provider and the est of my knowle hat if the Franchis e fee liability and B by the ERO, trai	amounts in Part dge and belief, t se Tax Board (FT all applicable int nsmitter, or inter	I above agree wit he exempt organi B) does not recei erest and penaltie mediate service p	h the amounts on the zation's return is tru ve full and timely pa s. I authorize the ex rovider. If the proc e	e correspo e, correct, a yment of th empt organ essing of th	nding line and comp le exempt ization re	es of the plete. If th t organizaturn and	exempt on the exempt of the ex	organization's ot organization e liability, the anying sched	2017 n is filing exempt ules and
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ERO Must Sign Also paid preparer if self- employed P01612986 Firm's name (or yours if self-employed) and address HARRINGTON GROUP, CPAS, LLP FEIN 95-4557617 234 EAST COLORADO BLVD., SUITE M150 IP code 91101 IP code 91101 Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Paid preparer's PTIN Paid Preparer Paid preparer's fiself-employed) and address Paid preparer's PTIN	am only an intr accurately refle provided the o 1345, 2017 e-1 the exempt org I declare that I	ermediate service pro ects the data on the re rganization officer wit file Handbook for Auti ganization return is fill have examined the al	vider, I understar eturn.) I have obta ha copy of all for horized e-file Prov ed, whichever is I bove exempt orga	nd that I am not i ained the organiz rms and informa viders. I will keep ater, and I will m anization's returr	responsible for re ration officer's sig tion that I will file o form FTB 8453- ake a copy availal and accompanyi	viewing the exempt nature on form FTB with the FTB, and I EO on file for four yo ole to the FTB upon ng schedules and s	organizatio 8453-E0 b have follow ears from th request. If	n's return efore trar ed all oth ne due da I am also	n. I declar nsmitting er requir te of the the paid	re, hower this retu ements c return or preparer	ver, that form Irn to the FTB lescribed in F four years fr , under penal	FTB 8453-EO ; I have TB Pub. om the date ties of perjury,
ERO Must Sign preparer X employed P01612986 Firm's name (or yours if self-employed) and address HARRINGTON GROUP, CPAS, LLP FEIN 95-4557617 Value 234 EAST COLORADO BLVD., SUITE M150 Imployed Imployed P10101 Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Paid preparer's print Paid preparer's print Must Sign Paid preparer's name (or yours if self-employed) and address Paid preparer's PTIN Paid preparer's PTIN						Date					ERO's PTIN	
Sign If self-employed) and address 234 EAST COLORADO BLVD., SUITE M150 ZIP code 91101 Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Paid Preparer Paid preparer's if self-employed) and address	ERO signa	ature						X		d	P01612	986
Sign and address 234 EAST COLORADO BLVD., SUITE M150 PASADENA, CA ZIP code 91101 Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. ZIP code 91101 Paid Preparer Paid preparer's grain Paid preparer's PTIN Must Sign Firm's name (or yours if self-employed) and address FEIN										FEIN 9	5-4557	617
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Preparer preparer's signature if self- employed Must Sign Firm's name (or yours if self-employed) and address FEIN									itements	, and to t	he best of my	/ knowledge
Sign and address		preparer's				Date		if self-	ed] Paid	d preparer's PTI	N
Sign and address	Must									FEIN		
ZIP code	Sign											
										ZIP code		

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2017

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA Section 12586 and 12587, California Government Code

11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

12025	Check if:						
State Charity Registration Number: CT 13037	-						
		Change of address					
DAVID AND MARGARET HOME, INC.	_	Amended report					
1350 THIRD STREET Address (Number and Street)	Corporate	or Organization No. 0165353					
LA VERNE, CA 91750 City or Town, State and ZIP Code Federal Employer I.D. No. 95-1660346							
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 C	al. Code Reg	s. sections 301-307, 311, and 312)					
Make Check Payable to Attorney General?	s Registry of (Charitable Trusts					
Gross Receipts Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fee				
Less than \$25,000 0 Between \$100,001 and \$250,0 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 mill		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$1 \$2 \$3	25			
PART A - ACTIVITIES							
For your most recent full accounting period (beginning $01/01/2$ Gross annual revenue \$ 15,730,616. Total assets \$		ling <u>12/31/2017</u>)list: 740,119.					
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIO	d of this re	EPORT					
Note: If you answer "yes" to any of the questions below, you must attach a "yes" response. Please review RRF-1 instructions for information re		ge providing an explanation and details	for ea	ch			
1 During this reporting paying ware there any contracts loops loops or oth		nonotions between the examination	Yes	No			
 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? 							
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?							
3. During this reporting period, did non-program expenditures exceed 50% of	gross revenue	e?		x			
 During this reporting period, were any organization funds used to pay any p with the Internal Revenue Service, attach a copy. 	penalty, fine or	r judgment? If you filed a Form 4720		x			
5. During this reporting period, were the services of a commercial fundraiser of If "yes," provide an attachment listing the name, address, and telephone n	•			x			
6. During this reporting period, did the organization receive any governmental name of the agency, mailing address, contact person, and telephone numbers	ber.	SEE STATEMENT 10	x				
 During this reporting period, did the organization hold a raffle for charitable the number of raffles and the date(s) they occurred. 	purposes? If '	"yes," provide an attachment indicating		x			
8. Does the organization conduct a vehicle donation program? If "yes," provide operated by the charity or whether the organization contracts with a common sector of the organization contracts with a common sector.		• • •		x			
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?							
Organization's area code and telephone number (909) 596–5921							
Organization's e-mail address MIYAMOTOP@DAVIDANDMARGARET.ORG							
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the conter is true, correct and complete.							
PHOEBE MIYAMOTO	F	INANCE DIRECTOR					
Signature of authorized officer Printed Name	Ti	itle Dat	3				
790201							

Attn: Community Services

CA RRF-1	Information	Regarding	Government	Funding	Statement	10
		Part B, 1	Line 6	_		

California Department of Social Services 744 P Street, M.S. 12-74 Sacramento, CA 95814 Attn: Contracting (916) 263-0434 California Department of Education 1430 N Street Sacramento, CA 95014 Attn: Contracting (916) 319-0800 U.S. Dept. of Health and Human Services (DHHS) 1250 Maryland Ave., SW, Room 8151 Washington, DC 20024 (202) 401-5323 Country of LA Dept. of Mental Health 550 S. Vermont Ave., 8th Floor Los Angeles, CA 90020 (213) 738-4684