

Return of Organization Exempt from Income Tax

2001

Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning 2001, and ending 20

B Check if applicable

- Address change [X]
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type See specific instructions

Friends in Action International
802 North Hwy 5
Mansfield, MO 65704

D Employer Identification Number

77-0296087

E Telephone number

417-924-3220

F Accounting method [X] Cash [] Accrual

[] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to Section 527 organizations

H (a) Is this a group return for affiliates? [] Yes [X] No

H (b) If yes enter number of affiliates

H (c) Are all affiliates included? [] Yes [] No

(If no attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No

G Web site N/A

J Organization type (check only one)

[X] 501(c) 3 (insert no) [] 4947(a)(1) or [] 527

K Check here [] if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return

I Enter 4 digit group GEN

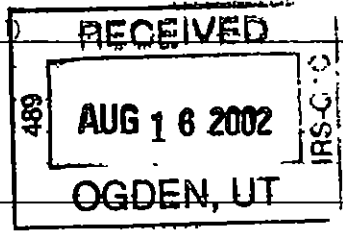
M Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 1,162,918

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes sections for Contributions, Program Service Revenue, Investment Income, and Expenses.

FILED AUG 30 '02



Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ 671,252 non cash \$)	671,252	671,252		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc				
26	Other salaries and wages	226,147	226,147		
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	4,662	4,662		
30	Professional fundraising fees				
31	Accounting fees	8,521		8,521	
32	Legal fees				
33	Supplies	7,624		7,381	243
34	Telephone	10,068		10,068	
35	Postage and shipping	10,458		2,733	7,725
36	Occupancy	39,009		39,009	
37	Equipment rental and maintenance	1,743		1,625	118
38	Printing and publications	42,817		22,010	20,807
39	Travel	3,388		3,388	
40	Conferences, conventions, and meetings				
41	Interest	1,879		1,879	
42	Depreciation, depletion, etc (attach schedule)	57,397	25,879	31,518	
43	Other expenses not covered above (itemize)				
a	Donor development	5,199			5,199
b	Dues	580		580	
c	Insurance	12,066		12,066	
d	Office expense & other	10,708		10,708	
e	Public Relations	7,983		7,983	
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	1,121,501	927,940	159,469	34,092

Joint Costs Check if you are following SOP 98 2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes, enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)

a	See Statement 1 ----- ----- (Grants and allocations \$ 671,252)	927,940
b	----- ----- (Grants and allocations \$)	
c	----- ----- (Grants and allocations \$)	
d	----- ----- (Grants and allocations \$)	
e	Other program services (Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), program services)	927,940

Part IV Balance Sheets (See instructions)

Note. Where required, attached schedules and amounts within the description column should be for end of year amounts only		(A)		(B)	
		Beginning of year		End of year	
ASSETS	45 Cash – non interest bearing	102,247	45	177,280	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	1,437			
	b Less allowance for doubtful accounts		47c	1,437	
	48a Pledges receivable				
	b Less allowance for doubtful accounts		48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes & loans receivable (attach sch)	597			
	b Less allowance for doubtful accounts		51c	597	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments – securities (attach schedule)		54		
	55a Investments – land, buildings, & equipment basis				
	b Less accumulated depreciation (attach schedule)		55c		
56 Investments – other (attach schedule)		56			
57a Land, buildings, and equipment basis	901,153				
b Less accumulated depreciation (attach schedule) Statement 2	354,062	57c	547,091		
58 Other assets (describe ▶ _____)		58			
59 Total assets (add lines 45 through 58) (must equal line 74)	671,226	59	726,405		
LIABILITIES	60 Accounts payable and accrued expenses	3,979	60	11,014	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)	37,270	64b	43,997	
	65 Other liabilities (describe ▶ _____)		65		
66 Total liabilities (add lines 60 through 65)	41,249	66	55,011		
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	629,977	67	671,394	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	629,977	73	671,394	
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	671,226	74	726,405	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	1,162,918
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	1,162,918
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,162,918

a	Total expenses and losses per audited financial statements	a	1,121,501
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	1,121,501
d	Amounts included on line 17, Form 990 but not on line a.		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,121,501

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 3		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
 If Yes, attach schedule - see instructions

Part VI Other Information (See specific instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85b	b Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		N/A
85c	c Dues, assessments, and similar amounts from members	85c	N/A
85d	d Section 162(e) lobbying and political expenditures	85d	N/A
85e	e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?		N/A
85h	h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 ▶ 0, Section 4912 ▶ 0, Section 4955 ▶ 0		
89b	b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed ▶ None		
90b	b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	0
91	The books are in care of ▶ Ray Baumer Telephone number ▶ Located at ▶ 802 N Hwy S, Mansfield, MO ZIP + 4 ▶ 65704		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			3	4,412	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			3	1,400	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				5,812	
105 Total (add line 104, columns (B), (D), and (E))					5,812

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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 based on all information of which preparer has any knowledge.

✓ 8-9-02
Date

EXECUTIVE DIRECTOR

Schedule A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information - (see separate instructions)

▶ Must be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the Organization

Friends in Action International

Employer Identification Number

77-0296087

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000 ▶

0

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services ▶

0

Part III Statements About Activities (See instructions)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. ▶ \$ <u> </u> <u> </u> N/A</p> <p>(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing of property?</p> <p>b Lending of money or other extension of credit?</p> <p>c Furnishing of goods, services, or facilities?</p> <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p>e Transfer of any part of its income or assets?</p>		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
<p>Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments</p>		

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note. You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	853,840	897,004	685,022	621,839	3,057,705
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,686				5,686
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt 4.	1,748				1,748
23 Total of lines 15 through 22	861,274	897,004	685,022	621,839	3,065,139
24 Line 23 minus line 17	861,274	897,004	685,022	621,839	3,065,139
25 Enter 1% of line 23	8,613	8,970	6,850	6,218	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24		▶ 26a	61,303
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.			▶ 26b	
c Total support for Section 509(a)(1) test. Enter line 24, column (e)			▶ 26c	3,065,139
d Add Amounts from column (e) for lines	18	5,686	19	
	22	1,748	26b	
e Public support (line 26c minus line 26d total)			▶ 26e	3,057,705
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			▶ 26f	99.76%

27 Organizations described on line 12.	N/A			
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.	(2000)	(1999)	(1998)	(1997)
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2000)	(1999)	(1998)	(1997)
c Add Amounts from column (e) for lines	15		16	
	17	20	21	
d Add Line 27a total				27c
			and line 27b total	27d
e Public support (line 27c total minus line 27d total)				▶ 27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)			▶ 27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))			▶ 27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))			▶ 27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions) -
 (To be completed only by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Part VI-A: Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed Only by an eligible organization that filed Form 5768)

N/A

Check a if the organization belongs to an affiliated group Check b if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table –		
	If the amount on line 40 is –		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is –		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000	41	
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0 if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0 if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B: Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers.
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545 0047

2001

Name of Organization

Friends in Action International

Employer Identification Number

77-0296087

Organization type (check one)

Filers of

Form 990 or 990-EZ

Section

- 501(c)(3) (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (Note Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule – see instructions)

General Rule –

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules –

- For a Section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to 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 Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution. Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990 EZ, or 990 PF) but **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990 PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990 PF)

BAA

Schedule B (Form 990, 990 EZ or 990 PF) (2001)

Name of Organization

Employer Identification Number

Friends in Action International

77-0296087

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 75,302	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Numbe		(c) Aggregate contributions	(d) Type of contribution
2	----- ----- -----	\$ 61,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Numbe		(c) Aggregate contributions	(d) Type of contribution
3	----- ----- -----	\$ 54,374	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Numbe		(c) Aggregate contributions	(d) Type of contribution
4	----- ----- -----	\$ 42,870	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Numbe		(c) Aggregate contributions	(d) Type of contribution
5	----- ----- -----	\$ 29,585	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Numbe		(c) Aggregate contributions	(d) Type of contribution
6	----- ----- -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

Friends in Action International

77-0296087

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Friends in Action International

77-0296087

7/24/02

09 53AM

Statement 1
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Construction equipment, medical equipment and supplies, office equipment purchased and shipped to New Tribes Mission to free up and support missionaries in their work of ministering to people in Papa New Guinea, Nicaragua, Northern Ireland, and Africa Ivory Coast	671,252	927,940
	<u>\$ 671,252</u>	<u>\$ 927,940</u>

Statement 2
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum Deprec.	Book Value
Automobiles / Transportation Equipment	\$ 41,350	\$ 30,525	\$ 10,825
Furniture and Fixtures	27,627	16,141	11,486
Machinery and Equipment	349,710	221,407	128,303
Buildings	333,427	71,013	262,414
Improvements	65,380	14,976	50,404
Land	83,659		83,659
Total	<u>\$ 901,153</u>	<u>\$ 354,062</u>	<u>\$ 547,091</u>

Statement 3
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Charles B Zeager 4006 E Harrisburg Pike Middletown, PA 17057	Chairman None	\$ 0	\$ 0	\$ 0
Ralph Beltran 2174 Cervato St Camarillo, CA 93012	Vice Chairman None	0	0	0
Tom Kweder 2608 Edgewood Ave Anderson, SC 29625	Secretary None	0	0	0
Lyle Leonard RR 1 Box 99 Susquehanna, PA 18847	Treasurer None	0	0	0

Friends in Action International

77-0296087

7/24/02

09 53AM

Statement 3 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Tim Johnston 3370 Hwy 5 North Mansfield, MO 65704	Executive Direc None	\$ 0	\$ 0	\$ 0
Dick Slater 1156 Adams Rd Bonterre, MO 63628	None	0	0	0
	Total	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Statement 4
Schedule A, Part IV-A, Line 22
Other Income

<u>Description</u>	<u>(a) 2000</u>	<u>(b) 1999</u>	<u>(c) 1998</u>	<u>(d) 1997</u>	<u>(e) Total</u>
Sale of assets	\$ 1,748	\$ 0	\$ 0	\$ 0	\$ 1,748
Total	<u>\$ 1,748</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,748</u>

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FRIENDS IN ACTION
Federal ID #
Asset Summary - Federal Tax Basis
Period Ended 12/31/01

Company FIA
Page 1

Grp	Num	Property Description	Acquired	T	Method	Life	Cost/Basis	179 Exp/AFD	Add 30%	Prior Depr	Current Depr.	Ending Depr.
Location # 1 LAND												
1	1	52 ACRES OF LAND	07/11/95	N		5	53,658 71	0 00	0 00	0 00	0 00	0 00
1	2	LAND OLD MERCY H	01/31/94	N		5	30,000 00	0 00	0 00	0 00	0 00	0 00
Location # 1 Total							83,658 71	0 00	0 00	0 00	0 00	0 00
Location # 2 BUILDING												
2	1	HQ BUILDING OLD M	01/31/94	N	SL	30	244,000 00	0 00	0 00	56,932 08	8,133 00	65,065 08
2	2	STAFF HOUSE LAND	10/19/98	N		5	3,500 00	0 00	0 00	0 00	0 00	0 00
2	3	STAFF HOUSE	10/19/98	N	SL	45	31,568 46	0 00	0 00	1,521 00	702 00	2,223 00
2	4	WAREHOUSE	12/04/98	N	SL	45	54,358 25	0 00	0 00	2,517 00	1,208 00	3,725 00
Location # 2 Total							333,426 71	0 00	0 00	60,970 08	10,043 00	71,013 08
Location # 3 PROPERTY IMPROVEMENTS												
3	1	ROOFING	08/24/94	N	SL	8	4,199 10	0 00	0 00	3,412 22	525 00	3,937 22
3	2	RV PARKING	07/08/94	N	SL	8	1,387 08	0 00	0 00	1,125 46	173 00	1,298 46
3	3	FURNANCE	12/16/94	N	SL	8	1,716 61	0 00	0 00	1,396 44	215 00	1,611 44
3	4	WINDOWS	12/31/95	N	SL	8	757 64	0 00	0 00	522 06	95 00	617 06
3	5	AIR CONDITIONER	12/31/95	N	SL	8	1,775 15	0 00	0 00	1,220 84	222 00	1,442 84
3	6	CARPET	05/08/96	N	SL	8	588 84	0 00	0 00	332 80	74 00	406 80
3	7	APARTMENT RENOV	06/30/97	N	SL	8	4,311 10	0 00	0 00	1,886 00	539 00	2,425 00
3	8	REMODEL STAFF HO	12/01/99	N	SL	35	20,516 43	0 00	0 00	635 00	586 00	1,221 00
3	9	ADDITIONS TO WARE	06/30/99	N	SL	35	3,996 99	0 00	0 00	171 00	114 00	285 00
3	10	NEW COIL UNIT AC	04/21/00	N	SL	8	7,001 00	0 00	0 00	583 00	875 00	1,458 00
3	11	ADDITIONS TO BUIL	06/30/01	N	SL	35	19,130 09	0 00	0 00	0 00	273 00	273 00
Location # 3 Total							65,380 03	0 00	0 00	11,284 82	3,691 00	14,975 82
Location # 4 COMPUTERS												
4	1	GATEWAY COMPUTE	09/13/93	N	SL	3	2,874 00	0 00	0 00	2,874 00	0 00	2,874 00
4	2	GATEWAY COMPUTE	12/31/95	N	SL	3	2,464 00	0 00	0 00	2,464 00	0 00	2,464 00
4	3	COMPUTER	07/19/96	N	SL	3	2,328 96	0 00	0 00	2,328 96	0 00	2,328 96
4	4	PRINTER	09/30/96	N	SL	3	999 60	0 00	0 00	999 60	0 00	999 60
4	5	500 MHZ COMPUTER	05/28/99	N	SL	5	1,895 00	0 00	0 00	600 00	379 00	979 00
4	6	SOFTWARE	06/22/99	N	SL	5	8,766 26	0 00	0 00	2,630 00	1,753 00	4,383 00
4	7	NEW SERVER	05/09/00	N	SL	5	4,981 00	0 00	0 00	664 00	996 00	1,660 00
4	8	COMPUTER FROM D	01/26/01	N	SL	5	1,752 03	0 00	0 00	0 00	321 00	321 00
4	9	DELL COMPUTER	08/15/01	N	SL	5	1,566 00	0 00	0 00	0 00	131 00	131 00
Location # 4 Total							27,626 85	0 00	0 00	12,560 56	3,580 00	16,140 56
Location # 5 EQUIPMENT												
5	1	LOBBY FURNITURE	12/31/95	N	SL	8	1,020 00	0 00	0 00	703 25	128 00	831 25
5	2	KITCHEN EQUIPMEN	06/30/99	N	SL	5	534 60	0 00	0 00	214 00	107 00	321 00
5	3	LABEL PRINTER	10/14/94	N	SL	8	7,613 75	0 00	0 00	6,187 30	952 00	7,139 30
5	4	SATELLITE TELEPH	05/11/98	N	SL	5	3,200 00	0 00	0 00	1,707 00	640 00	2,347 00
5	5	COMPUTERS	09/22/98	N	SL	5	4,025 26	0 00	0 00	1,811 00	805 00	2,616 00
5	6	TR 600 DIGITAL COPI	12/17/99	N	SL	8	21,948 65	0 00	0 00	2,744 00	2,744 00	5,488 00
5	7	VIDEO PROJECTOR	11/26/93	N	*SOLD*	3	3,470 90	0 00	0 00	3,470 90	0 00	3,470 90
5	8	SOUND SYSTEM	08/31/94	N	SL	3	700 00	0 00	0 00	700 00	0 00	700 00
5	9	MICROPHONES	10/14/94	N	SL	3	964 50	0 00	0 00	964 50	0 00	964 50
5	10	RUG SHAMPOOER	03/25/94	N	SL	5	500 00	0 00	0 00	500 00	0 00	500 00
5	11	TRACTOR	04/25/94	N	SL	5	8,107 50	0 00	0 00	8,107 75	0 00	8,107 75
5	12	MOWER	05/11/94	N	SL	5	1,484 00	0 00	0 00	1,484 00	0 00	1,484 00

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FRIENDS IN ACTION
Federal ID #
Asset Summary - Federal Tax Basis
Period Ended 12/31/01

Company FIA
Page 2

Grp	Num	Property Description	Acquired	T	Method	Life	Cost/Basis	179 Exp/AFD	Add 30%	Prior Depr	Current Depr	Ending Depr
Location # 5 EQUIPMENT (Continued)												
5	14	KODIAC TRAILER	07/24/97	N	SL	5	1,730 00	0 00	0 00	1,182 00	346 00	1,528 00
5	15	STEINER 42D W/72"	12/23/97	N	SL	10	6,250 00	0 00	0 00	1,875 00	625 00	2,500 00
5	16	STEINER BD 260 BLA	06/30/98	N	SL	10	1,250 00	0 00	0 00	313 00	125 00	438 00
5	21	SPREADER/GRADER	12/31/96	N	SL	5	2,500 00	0 00	0 00	2,250 00	250 00	2,500 00
5	22	WELDER GENERATO	12/31/96	N	SL	5	2,200 00	0 00	0 00	1,980 00	220 00	2,200 00
5	23	5 KW GENERATOR	12/31/96	N	SL	5	1,100 00	0 00	0 00	990 00	110 00	1,100 00
5	26	3 POINT TRACTOR W	12/31/96	N	SL	5	2,310 00	0 00	0 00	2,079 00	231 00	2,310 00
5	27	BURCO WELDER	12/31/96	N	SL	5	2,100 00	0 00	0 00	1,890 00	210 00	2,100 00
5	31	1989 JCB 1550B BACK	12/27/95	N	SL	10	18,500 00	0 00	0 00	9,250 00	1,850 00	11,100 00
5	32	TWO 1989 WINCO GE	12/27/95	N	SL	10	15,000 00	0 00	0 00	7,500 00	1,500 00	9,000 00
5	33	TRAIL KING TRAILER	12/27/95	N	SL	10	2,000 00	0 00	0 00	1,000 00	200 00	1,200 00
5	35	SHIPPING CONTAIN	12/27/95	N	SL	10	1,300 00	0 00	0 00	650 00	130 00	780 00
5	40	WAREHOUSE SHELVI	01/17/00	N	SL	10	2,700 00	0 00	0 00	248 00	270 00	518 00
5	41	RAMSON MOWER	06/30/01	N	SL	10	0 00	0 00	0 00	0 00	0 00	0 00
5	42	TELEPHONE SYSTEM	08/29/01	N	SL	10	9,330 00	0 00	0 00	0 00	311 00	311 00
Sub-Total							121,839 16	0 00	0 00	59,800 70	11,754 00	71,554 70
Less Assets Sold							3,470 90	0 00	0 00	3,470 90		3,470 90
Location # 5 Total							118,368 26	0 00	0 00	56,329 80	11,754 00	68,083 80
Location # 6 VEHICLES												
6	1	IVECO TRUCK	12/31/95	N	SL	3	14,000 00	0 00	0 00	14,000 00	0 00	14,000 00
6	2	GRAND MARQUE	12/31/95	N	SL	3	4,800 00	0 00	0 00	4,800 00	0 00	4,800 00
6	3	KUBOTA TRACTOR	12/31/95	N	SL	5	3,000 00	0 00	0 00	3,000 00	0 00	3,000 00
6	4	DODGE MINIVAN	08/01/96	N	*SOLD*	3	3,200 00	0 00	0 00	3,200 00	0 00	3,200 00
6	5	CHEVY BLAZER	06/30/92	N	*SOLD*	3	2,500 00	0 00	0 00	2,500 00	0 00	2,500 00
6	6	FORD DUMP TRUCK	10/17/97	N	SL	3	3,800 00	0 00	0 00	3,800 00	0 00	3,800 00
6	7	1982 CHEVY PU	04/11/97	N	*SOLD*	3	1,500 00	0 00	0 00	1,500 00	0 00	1,500 00
6	10	1988 DODGE DAKOTA	12/29/99	N	SL	5	4,500 00	0 00	0 00	900 00	900 00	1,800 00
6	11	1993 SATURN SW	06/30/99	N	SL	5	5,250 00	0 00	0 00	1,575 00	1,050 00	2,625 00
6	12	1991 DODGE CARAVA	06/30/01	N	SL	10	0 00	0 00	0 00	0 00	0 00	0 00
6	13	WHITE DUMP TRUCK	06/30/01	N	SL	10	2,000 00	0 00	0 00	0 00	100 00	100 00
6	14	1998 FORD F-250 4X4	06/30/01	N	SL	5	4,000 00	0 00	0 00	0 00	400 00	400 00
Sub-Total							48,550 00	0 00	0 00	35,275 00	2,450 00	37,725 00
Less Assets Sold							7,200 00	0 00	0 00	7,200 00		7,200 00
Location # 6 Total							41,350 00	0 00	0 00	28,075 00	2,450 00	30,525 00
Location # 7 PROJECT ASSETS												
5	13	BACKHOE VENAZULA	10/17/97	N	SL	5	18,500 00	0 00	0 00	11,717 00	3,700 00	15,417 00
5	17	KUBOTA TRACTOR P	02/10/98	N	SL	10	11,798 00	0 00	0 00	3,441 00	1,180 00	4,621 00
5	18	MASSEY 240 PNG	12/31/96	N	SL	5	9,000 00	0 00	0 00	8,000 00	1,000 00	9,000 00
5	19	CABLE AND WENCH	12/31/96	N	SL	5	2,900 00	0 00	0 00	2,610 00	290 00	2,900 00
5	20	24X40 TRUSS BUILDI	12/31/96	N	SL	8	4,498 20	0 00	0 00	2,529 14	562 00	3,091 14
5	24	KOMADU D-41 BULL	12/31/96	N	SL	5	33,000 00	0 00	0 00	29,400 00	3,600 00	33,000 00
5	25	KUBOTA M4500 TRA	12/31/96	N	SL	5	7,650 00	0 00	0 00	6,720 00	930 00	7,650 00
5	28	PORTABLE SAW MIL	07/11/97	N	SL	10	3,400 00	0 00	0 00	1,190 00	340 00	1,530 00
5	29	1997 ALUMINUM BOA	12/02/97	N	SL	10	3,000 00	0 00	0 00	925 00	300 00	1,225 00
5	30	NH LX 865 SKID LOA	09/06/96	N	SL	10	60,327 00	0 00	0 00	26,143 00	6,033 00	32,176 00
5	34	518 CAT SKIDDER PN	12/27/95	N	SL	10	17,062 00	0 00	0 00	8,530 00	1,706 00	10,236 00
5	36	MASSEY FERGUSON T	12/27/95	N	SL	10	4,500 00	0 00	0 00	2,250 00	450 00	2,700 00
5	37	1984 FORD TRUCK &	12/27/95	N	SL	10	2,980 00	0 00	0 00	1,490 00	298 00	1,788 00
5	38	LAND ROVER PNG	11/03/98	N	SL	10	7,396 03	0 00	0 00	1,603 00	740 00	2,343 00
5	39	KUBOTA L4200 W/LO	04/29/98	N	SL	10	21,500 00	0 00	0 00	5,733 00	2,150 00	7,883 00
6	8	TWO ATV MONG	05/04/95	N	SL	5	10,830 38	0 00	0 00	10,830 00	0 00	10,830 00

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FRIENDS IN ACTION
Federal ID #
Asset Summary - Federal Tax Basis
Period Ended 12/31/01

Company FIA
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<u>Grp</u>	<u>Num</u>	<u>Property Description</u>	<u>Acquired</u>	<u>T</u>	<u>Method</u>	<u>Life</u>	<u>Cost/Basis</u>	<u>179 Exp/AFD</u>	<u>Add 30%</u>	<u>Prior Depr</u>	<u>Current Depr</u>	<u>Ending Depr</u>
Location # 7 PROJECT ASSETS (Continued)												
6	9	1988 MITSUB PAJERO	04/30/99	N	SL	5	13,000 00	0 00	0 00	4,333 00	2,600 00	6,933 00
Location # 7 Total							<u>231,341.61</u>	<u>0 00</u>	<u>0 00</u>	<u>127,444.14</u>	<u>25,879.00</u>	<u>153,323.14</u>
Grand Total							911,823 07	0 00	0 00	307,335 30	57,397 00	364,732 30
Less Assets Sold							<u>10,670 90</u>	<u>0 00</u>	<u>0 00</u>	<u>10,670 90</u>		<u>10,670 90</u>
Net Grand Total							<u>901,152.17</u>	<u>0 00</u>	<u>0 00</u>	<u>296,664.40</u>	<u>57,397.00</u>	<u>354,061.40</u>

Form **8868**

(December 2000)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

● If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

● If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization Friends in Action International	Employer identification number 77-0296087
	Number, street, and room or suite no If a PO box, see instructions PO Box 168	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Mansfield, MO 65704	

Check type of return to be filed (file a separate application for each return)

- | | | |
|----------------------------------------------|------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● If the organization does not have an office or place of business in the United States, check this box

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until August 15, 2002, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ calendar year 2001 or

▶ tax year beginning _____, 20____, and ending _____, 20____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true correct, and complete, and that I am authorized to prepare this form

Signature ▶ Marshall Decker

Title ▶ CPA

Date ▶ 05-15-02

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)