Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 20**02**

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

Ā	For th	ne 2002 calendar year, or tax year beginning July , 2002, and			e 30,2003
В	Check if	applicable Please C Name of organization	1		ver identification number
	Address	change label or Friendship Community			1892383
	Name c	hanne print or Number and street (or PO box if mail is not delivered to street addres	s) Room/suite		one number
	nitial re	turn See 1149 E. Ovegon Rd.			1) 656-2466
	Final ret	urn Instruc- City or town, state or country, and ZIP + 4		F Accountin	g method: Cash Accrual
	Amende	ed return tions. h.t.tz PA 17543	l_		ner (specify) ►
	Applicati	on pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable			to section 527 organizations
		trusts must attach a completed Schedule A (Form 990 or 990-EZ).		•	for affiliates? Yes X No
G_	Web si	ie: > triendship community net	H(c) Are all affil		er of affiliates ►
J ·	Organia	zation type (check only one) ► 🔀 501(c) (3) ◄ (insert no.) 🗌 4947(a)(1) or 🔲 527	, ,		See instructions)
			H(d) Is this a ser	parate retur	n filed by an
		here Lifthe organization's gross receipts are normally not more than \$25,000. The lation need not file a return with the IRS, but if the organization received a Form 990 Package.	organization	n covered b	y a group ruling? Yes 🗶 No
	in the m	nail, it should file a return without financial data. Some states require a complete return.	I Enter 4-dig	<u> </u>	
		1/08 754			the organization is not required
	Gross	receipts: Add lines 6b, 8b, 9b, and 10b to line 12 > 6,608, 354			orm 990, 990-EZ, or 990-PF)
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balar	ices (See pa	ige 17 d	or the instructions.)
	1	Contributions, gifts, grants, and similar amounts received:	74700		
	а		74,780	-/////	
	b	Indirect public support	44.746	-/////	
	C	Government contributions (grants)		_/////	6/19 67/
	I .	Total (add lines 1a through 1c) (cash \$ 5,617,526 noncash \$ 2,6		1d 2	5,619,526
	2	Program service revenue including government fees and contracts (from Par	t VII, line 93)	3	
	3	Membership dues and assessments		4	
	4	Interest on savings and temporary cash investments		5	5,002
	5	Dividends and interest from securities			7,502
	6a	Green Charles			
	1	Less: rental expenses	 	6c	
_	7	Other investment income (describe >	,	7	
Revenue	8a		3) Other		
eve	l Ca	than inventory			
Œ	Ь	Less. cost or other basis and sales expenses. 8b			
	1	Gain or (loss) (attach schedule)			
	1	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	
دي-ر	9	Special events and activities (attach schedule)			
	а	Gross revenue (not including \$ of			
\approx	1	contributions reported on the fall 9a	50,377		
Ö	b	Less: direct expenses other than fundraising expenses . 9b	-0-	_/////	/4 2
œ	С	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	60,377
MAR	10a	Gross pales of inverto AD less returns and allowances 10a		-////	
	b	Less: dost of goods sold		_/////	
	С	Gross profit or loss from sales of inventory (attach schedule) (subtract line 10b f Other revenue from Part VII, line 103)	from line 10a).	10c	918
	11 12	Other revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		11	6.608.354
3	1			13	
Expenses SCANNED	13	Program services (from line 44, column (B))		14	5, 728, 712 703, 227
®\$	15			15	91,597
Ã	16	Fundraising (from line 44, column (D))		16	``}`\`\
_	17	Total expenses (add lines 16 and 44, column (A))		17	6.523.596
3	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	84.758
SSe	19	Net assets or fund balances at beginning of year (from line 73, column (19	1,642,292
Net Assets	20			20	
ž	21	Alst and the first below as at and after a few block that 40, 40, and 600		21	1,727,050
		_ 			, ,

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 chantable trusts but optional for others. (See page 21 of the instructions.)

L	Functional Expenses and section 4947(a)	~~~~~				T
	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 G	Grants and allocations (attach schedule)					
	cash \$ noncash \$)	22				
•	pecific assistance to individuals (attach schedule)	23				
	enefits paid to or for members (attach schedule).	24				
	Compensation of officers, directors, etc	25 26	7 424 479	3,016,248	25//22	52,109
	Other salaries and wages	27	3,727,717 69:814	56,713	11,180	1,921
	lension plan contributions	28	678.921	609,420	63,266	6.235
	Payroll taxes	29	269,391	236,877	28, 261	4.253
	Professional fundraising fees	30		,		
	ccounting fees	31	17,801		17,801	
32 Le	egal fees	32				
33 St	supplies	33	90,068	83,186	5,380	902
	elephone	34	55,228	35,496	18,192	1,540
	ostage and shipping	35	13,300 313,344	296,929	9,100	4,200
	Occupancy	36	19.065		12,975	1,464
	quipment rental and maintenance	38	37,481	4,626	25,163	12,318
	rinting and publications	39	90,061	81,254	7,408	1,399
	Conferences, conventions, and meetings	40	45,238	335	43,580	1,323
	nterest	41	158,484	147,442	11.042	
	repreciation, depletion, etc. (attach schedule)	42	345,575	344,193		1,382
13 Oti	ther expenses not covered above (itemize): a	43a				
b	See supporting Schedule	43b	894, 846	815,453	76,842	2,551
C		43c	· · · · · · · · · · · · · · · · · · ·	,	<u> </u>	
d	•••••	43d		 		
е	A. I	43e			 	
	otal functional expenses (add lines 22 through 43). Organizations ompleting columns (B)-(D), carry these totals to lines 13—15	44	6523596	5,728,772	703.227	91,597
f "Yes," iii) the a	joint costs from a combined educational campaign enter (i) the aggregate amount of these joint cost amount allocated to Management and general \$ Statement of Program Service Access	s \$ ompli	, (ii) th ; and (iv) th shments (See p	e amount allocated e amount allocated	to Program service to Fundraising \$	
Vhat is	s the organization's primary exempt purpose?	>	See Attache	1		Program Service Expenses
What is all organ	s the organization's primary exempt purpose? inizations must describe their exempt purpose acts served, publications issued, etc. Discuss ach ations and 4947(a)(1) nonexempt charitable trusts	chiever ieveme	ments in a clear an ents that are not m	nd concise manner. neasurable, (Section	n 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
What is All organ of client	inizations must describe their exempt purpose acits served, publications issued, etc. Discuss ach	chiever ieveme	ments in a clear an ents that are not m	nd concise manner. neasurable, (Section	n 501(c)(3) and (4)	Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for
What is all organ	inizations must describe their exempt purpose acits served, publications issued, etc. Discuss ach ations and 4947(a)(1) nonexempt charitable trusts. Intermediate Care Facilities	chiever neveme must a	ments in a clear an ents that are not m	nd concise manner. neasurable, (Section	n 501(c)(3) and (4)	Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
What is All organization of client organization and an analysis analysis analysis and an analysis analysis analysis analysis a	inizations must describe their exempt purpose acits served, publications issued, etc. Discuss ach ations and 4947(a)(1) nonexempt charitable trusts. Intermediate Care Facilities	chiever lieveme must a - \$4 Grants	ments in a clear an ents that are not malso enter the amount. A Hached and allocations	nd concise manner. neasurable. (Section of grants and allows)	n 501(c)(3) and (4)	Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for
What is All organization of client organization and an analysis analysis analysis and an analysis analysis analysis analysis a	inizations must describe their exempt purpose acts served, publications issued, etc. Discuss ach ations and 4947(a)(1) nonexempt charitable trusts. Intermediate Care Facilities.	chiever leveme must a - Si Grants 3 9 4	ments in a clear and that are not make that are not make amount of the a	sid concise manner. The asurable. (Section int of grants and allows) \$ -0- Residential Factorial Factorial	n 501(c)(3) and (4)	Expenses (Required for SOI(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
What is All organization of client organization a	inizations must describe their exempt purpose acts served, publications issued, etc. Discuss ach ations and 4947(a)(1) nonexempt charitable trusts. Intermediate Care Facilities.	chiever in every in e	and allocations	nd concise manner. neasurable. (Section of grants and allows)	n 501(c)(3) and (4)	Expenses (Required for SOI(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
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What is All organization of client organization a	inizations must describe their exempt purpose acts served, publications issued, etc. Discuss ach ations and 4947(a)(1) nonexempt charitable trusts Intermediate Care Facilities (Community hiving Arrangements (Community hiving Arrangements (Community hiving Arrangements (Community hiving Arrangements	Grants Grants Grants	and allocations and allocations and allocations and allocations	sid concise manner. The asurable. (Section into f grants and allows) \$ -0- Residential Face And See	n 501(c)(3) and (4)	Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others) 1,625,634 3,404,295
What is All organization of client organization a	inizations must describe their exempt purpose acts served, publications issued, etc. Discuss ach ations and 4947(a)(1) nonexempt charitable trusts The mediate Care Facilities (Community hiving Arrangements (Community hiving Arrangements (Community hiving Arrangements (Community hiving Arrangements (Community hiving Arrangements	Grants Grants Grants Grants	and allocations and allocations and allocations and allocations	sid concise manner. The asurable. (Section int of grants and allows) \$ -0 - \$ -0 - \$ -0 - \$ -0 - \$ -0 -	n 501(c)(3) and (4)	Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others) 1,625,634 3,404,295
what is All organization of client organization a	inizations must describe their exempt purpose acts served, publications issued, etc. Discuss ach ations and 4947(a)(1) nonexempt charitable trusts The mediate Care Facilities (Community hiving Arrangements (Community hiving Arrangements (Community hiving Arrangements (Community hiving Arrangements (Community hiving Arrangements	Grants Grants Grants Grants Grants	and allocations and allocations and allocations and allocations and allocations	side concise manner. The asurable. (Section int of grants and allows) \$ -0- \$ -0- \$ -0- \$ -0- \$ -0- \$ -0- \$ -0- \$ -0- \$ -0-	1 501(c)(3) and (4) ocations to others)	Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

Part IV Balance Sheets (See page 24 of the instructions.)

-		Dalatice Circles (Occ page 24 of the	11130140010113.)			
	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			45	
	46	Savings and temporary cash investments.		136.655	46	723,415
	}	Savings and temperary each investmente;				
	472	Accounts receivable	47a 192, 381	136,655		
	1	Less: allowance for doubtful accounts .	47b - 0 -	141,705	47c	192,381
	"	Less. allowance for doubtful accounts.		17.7		77.3.207
	400	Diadaga ragginable	48a 12,500	1		
	1	Pledges receivable	48b -0 -	27.365	48c	12 500
	l	-	100	703,000	49	187 321
	49	Grants receivable		105,000	130	- 600)201
	50	Receivables from officers, directors, truste (attach schedule)	es, and key employees		50	
	51a	Other notes and loans receivable (attach	1-4-1	ļ		
Assets		schedule)	51a	ļ	111111	
\ss	b	Less: allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use		12 20 0	52	74 7 71
	53	Prepaid expenses and deferred charges .		13,390	53	19 000
	54	Investments—securities (attach schedule)	Cost AFMV	19,679	54	11,017
	55a	investments—land, buildings, and		ļ		-
		equipment. basis	55a	-		
	b	Less: accumulated depreciation (attach	EEL		<i>FE</i> 2	
		schedule)	55b)		55c	
	56	Investments—other (attach schedule)	1570 7 000 10B	<u> </u>	/////	
		Land, buildings, and equipment: basis	57a 7,000, 394	1		
	b	Less: accumulated depreciation (attach	57b 2,321,267	4.999.114	57c	4,679,127
	58	schedule). Other assets (describe ► Finance Lost Ne	to PAmortization	23, 717	58	79 894
		THE RESULT (GOODING P	TO- TIME TIME TO		1	-
	59	Total assets (add lines 45 through 58) (mus	t equal line 74)	6,074,625	59	5.862,121
	60	Accounts payable and accrued expenses .		393,798	60	476,428
	61	Grants payable		28, 173	61	9,178
	62	Deferred revenue		711, 162	62	667.082
es	63	Loans from officers, directors, trustees, and	d kev employees (attach	,		
abilities		schedule)			63	
ap	64a	Tax-exempt bond liabilities (attach schedule))	<u> </u>	64a	
J	b	Mortgages and other notes payable (attach	schedule)	3,273,629	64b	2,956,801
	65	Other liabilities (describe > Security Dies	sits & Revenue	25,571	65	25,582
		received in	advance		1	45
	66	Total liabilities (add lines 60 through 65) .	<u> </u>	4,432, 333	66	4,135,071
	Orga	inizations that follow SFAS 117, check here I	➤ ☐ and complete lines			
Š		67 through 69 and lines 73 and 74.			11111	1 6 4 11 11 1
2	67	Unrestricted		1,503,637	67	1,5/7,176
<u>aa</u>	68	Temporarily restricted		136,655	68	152, 704
8	69	Permanently restricted			69	
Fund Balances	Orga	inizations that do not follow SFAS 117, check complete lines 70 through 74.	k here ▶ ☐ and			
ō	70	Capital stock, trust principal, or current fund			70	
ets.	71	Paid-in or capital surplus, or land, building,	and equipment fund		71	
SS	72	Retained earnings, endowment, accumulate	d income, or other funds	-	72	
Net Assets or	73	Total net assets or fund balances (add line	es 67 through 69 or lines			
Ž		70 through 72;		1142 242		1
		column (A) must equal line 19; column (B) n	· ·	1,642,292	73	11/4/,050
	74	Total liabilities and net assets / fund balance	ces (add lines 66 and 73)	6.074.625	74	5,862,121

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.

Friendship Community 6/30/03 #23-1892383

Par	t IV-A	Reconciliation of Revenu Financial Statements with Return (See page 26 of the	h Revenue	per	Part	F	econciliation in inancial State eturn			
а		enue, gains, and other support	a 6.60		а		enses and lo			6,523,596
b	Amounts	ed financial statements Lancituded on line a but not on			b	Amounts i	nancial statement noluded on line			
(1)	Net unrea	form 990: alized gains			(1)	Donated	_			
(2)	Donated	ments \$			(2)	and use of Prior year ad	ljustments			
(3)	Recoveri	of facilities \$es of prior				reported on Form 990 .	<u>\$</u>			
(4)	year gran	nts \$				Losses rep	rm 990 <u>\$</u>	 		
		<u>\$</u>			(4)	` •	ecity):			
		unts on lines (1) through (4) ▶	b		<u> </u>		nts on lines (1) th		b	
c d	Amounts	inus line b			d d	Amounts (ius line b ncluded on line but not on line	17,	C	
(1)		t expenses ded on line			(1)	Investment of not included 6b, Form 99	d on line			
(2)	Other (sp				(2)	Other (spe				
e Par	(line c pli	enue per line 12, Form 990 us line d)	e 6,60 rustees, ar		e Emplo	(line c plus	nses per line 17 s line d) each one even if	<u> ▶</u>		6,523,596 d; see page 26 o
	<u> </u>	(A) Name and address		(B) Title a	nd aver	age hours per to position	(C) Compensation (If not paid, enter -0)		plans &	(E) Expense account and other allowances
	5	ice Attached					-0-,	deletted competi	Salion	allowalices
) 						
					-			ļ <u>-</u>		
				·						
	·····									
75	organizati	fficer, director, trustee, or key er on and all related organizations, of attach schedule—see page 2	of which more	e than \$10	0,000 w					∐Yes ⊠

rom	990 (2002)		,	Page 🥥
Pai	t VI Other Information (See page 27 of the 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.	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	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?.	78a	<u> </u>	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	ļ	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X 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?	80a		
þ	If "Yes," enter the name of the organization ▶			
	and check whether it is exempt or innonexempt			<i>X//////.</i>
	Enter direct or indirect political expenditures See line 81 instructions			
	Did the organization file Form 1120-POL for this year?	81b	 	+~
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	baa	X	1
	or at substantially less than fair rental value? Value of program services i's not determi	Mars 20		
b	If "Yes," you may indicate the value of these items here. Do not include this amount			
920	, , , , , , , , , , , , , , , , , , , ,	83a	X	YIIIIII
	Did the organization comply with the public inspection requirements for returns and exemption applications? Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	文	
84a		84a	<u> </u>	X
	If "Yes," did the organization include with every solicitation an express statement that such contributions			
	or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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.			<i>X//////.</i>
c	Dues, assessments, and similar amounts from members	_/////		
d		-\///		
е		-\(\\\\\\		
f	, , , , , , , , , , , , , , , , , , , ,	_(/////		X//////.
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	 	
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	85h	1	}
06	year?,			
86 h	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. Gross receipts, included on line 12, for public use of club facilities	- /////		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	-{/////		
	Gross income from other sources. (Do not net amounts due or paid to other			
D	sources against amounts due or received from them.)			<i>W/////.</i>
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	1]	[
5 0	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	88	,,,,,,,	
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under			
	section 4911 ▶; section 4912 ▶; section 4955 ▶	_{/////		<i>X//////</i>
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction		ļ	ļ
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach		1	~
	a statement explaining each transaction	89b	L	X
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under		· O	
د.	sections 4912, 4955, and 4958		0 :-	
	Enter: Amount of tax on line 89c, above, reimbursed by the organization. List the states with which a copy of this return is filed Pennsylvania	<u>_</u>		
	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	18)·····	
91	The books are in care of \(\begin{array}{c} \frac{\text{Fig. and fine}}{\text{fine}} \\ \text{Commynity} \\ \text{Telephone no.} \(\begin{array}{c} \frac{\text{Tologhology}}{\text{Fine}} \\ \text{Telephone no.} \(\begin{array}{c} \frac{\text{Tologhology}}{\text{Telephone no.}} \\ \text{Telephone no.} \(\text{Tologhology}) \\ \text{Telephone no.} \\ \text{Telephone no.} \\ \text{Tologhology}) \\ \text{Telephone no.}		-24	166
٠.	Located at > 1149 E Oxegon Rd., Litiz PA ZIP + 4 > 1754			, a x
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			
		Forn	990	(2002)

Note: Enter gross amounts unless otherwise	Unrelated bi	isiness income	Excluded by sec	tion 512, 513, or 514	(E) Related or
ndicated	(A)	(B) Amount	(C)	(D) Amount	exempt function
Program service revenue	Business code	Amount	Exclusion code	Amount	income
a Intermed, ate Care Facilities	-	ļ	 		139,633
b festential community hiring Program	5	 	 		317, 201
c Personal Cove Homes / Supported Wing	-			······································	465,697
de			 		
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
4 Membership dues and assessments					ļ
5 Interest on savings and temporary cash investments			14	5,002	
6 Dividends and interest from securities					
7 Net rental income or (loss) from real estate.					
a debt-financed property					
b not debt-financed property			\ <u>.</u>		
8 Net rental income or (loss) from personal property			ļ		
9 Other investment income	<u> </u>		ļ		<u> </u>
 Gain or (loss) from sales of assets other than inventory 		<u></u>			
11 Net income or (loss) from special events			01,05	60,377	
2 Gross profit or (loss) from sales of inventory .			ļ		2:0
3 Other revenue a Miscellancous	-				918
b					
C	-				
d	-		 		
e					
	- <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	ł	VIIIIIIIIIIIX	11 170	0-7 11.50
Subtotal (add columns (B), (D), and (E))				65,379	923, 449
5 Total (add line 104, columns (B), (D), and (E)).			<u> </u>	65,379	923,449
5 Total (add line 104, columns (B), (D), and (E)). ote: Line 105 plus line 1d, Part I, should equal the	 amount on line 1	2, Part I.	· · · · · · · · · · · · · · · · · · ·	65,379	988,828
Total (add line 104, columns (B), (D), and (E)). te: Line 105 plus line 1d, Part I, should equal the art VIII Relationship of Activities to the Acc	amount on line 1 omplishment of	2, Part I. Exempt Purpo	oses (See pa		988,828 structions.)
Total (add line 104, columns (B), (D), and (E)). te: Line 105 plus line 1d, Part I, should equal the art VIII Relationship of Activities to the Acc. ine No. Explain how each activity for which income	amount on line 1 omplishment of is reported in colu	2, Part I. Exempt Purpo	oses (See pag		988,828 structions.)
Total (add line 104, columns (B), (D), and (E)). Ste: Line 105 plus line 1d, Part I, should equal the art VIII Relationship of Activities to the Account to	amount on line to omplishment of is reported in colur or than by providing	2, Part I. Exempt Purporn (E) of Part VII g funds for such p	oses (See par contributed im ourposes).	portantly to the a	988, 828 structions.)
Total (add line 104, columns (B), (D), and (E)). te: Line 105 plus line 1d, Part I, should equal the art VIII Relationship of Activities to the Accine No. Explain how each activity for which income	amount on line to omplishment of is reported in colur or than by providing	2, Part I. Exempt Purporn (E) of Part VII g funds for such p	oses (See par contributed im ourposes).	portantly to the a	988, 828 structions.)
Total (add line 104, columns (B), (D), and (E)). Ste: Line 105 plus line 1d, Part I, should equal the art VIII Relationship of Activities to the Account in the Account of the organization's exempt purposes (other	amount on line to omplishment of is reported in colur or than by providing	2, Part I. Exempt Purporn (E) of Part VII g funds for such p	oses (See par contributed im ourposes).	portantly to the a	988, 828 structions.)
Total (add line 104, columns (B), (D), and (E)). Ste: Line 105 plus line 1d, Part I, should equal the art VIII Relationship of Activities to the Account in the Account of the organization's exempt purposes (other	amount on line to omplishment of is reported in colur or than by providing	2, Part I. Exempt Purporn (E) of Part VII g funds for such p	oses (See par contributed im ourposes).	portantly to the a	988, 828 structions.)
Total (add line 104, columns (B), (D), and (E)). Ste: Line 105 plus line 1d, Part I, should equal the art VIII Relationship of Activities to the Accidine No. Explain how each activity for which income of the organization's exempt purposes (other steps of the Acciding Part of the	amount on line to omplishment of its reported in colur than by providing	Exempt Purpo mn (E) of Part VII g funds for such p	contributed impurposes).	portantly to the a	988, 828 structions.) iccomplishment
Total (add line 104, columns (B), (D), and (E)). Inte: Line 105 plus line 1d, Part I, should equal the art VIII Relationship of Activities to the Accidine No. Explain how each activity for which income of the organization's exempt purposes (otherwise Page of the Acciding Total Page of th	amount on line to complishment of its reported in colur than by providing that the visual personal diaries and Disr	Exempt Purpo mn (E) of Part VII g funds for such p por s sprved egarded Entitie (C)	contributed impurposes).	portantly to the a	structions.)
Total (add line 104, columns (B), (D), and (E)). Inte: Line 105 plus line 1d, Part I, should equal the line 105 plus line 1d, Part I, should equal the line No. Explain how each activity for which income of the organization's exempt purposes (otherwise Part IX Information Regarding Taxable Subsition). (A) Name, address, and EIN of corporation,	amount on line to omplishment of its reported in colur than by providing that the same of	Exempt Purpo mn (E) of Part VII g funds for such p por s SPYVEA	contributed impurposes).	portantly to the a	structions.) iccomplishment
Total (add line 104, columns (B), (D), and (E)). Inte: Line 105 plus line 1d, Part I, should equal the line 105 plus line 1d, Part I, should equal the line No. Explain how each activity for which income of the organization's exempt purposes (otherwise Part IX Information Regarding Taxable Subsition, Name, address, and EIN of corporation,	amount on line to omplishment of its reported in colur than by providing that the same of	Exempt Purpo mn (E) of Part VII g funds for such p por s sprved egarded Entitie (C)	contributed impurposes).	portantly to the a	structions.) accomplishment
Total (add line 104, columns (B), (D), and (E)). Inte: Line 105 plus line 1d, Part I, should equal the line 105 plus line 1d, Part I, should equal the line No. Explain how each activity for which income of the organization's exempt purposes (otherwise Part IX Information Regarding Taxable Subsition, Name, address, and EIN of corporation,	amount on line to complishment of its reported in colur than by providing that the providing the	Exempt Purpo mn (E) of Part VII g funds for such p por s sprved egarded Entitie (C)	contributed impurposes).	portantly to the a	structions.) accomplishment
Total (add line 104, columns (B), (D), and (E)). Inte: Line 105 plus line 1d, Part I, should equal the line 105 plus line 1d, Part I, should equal the line No. Explain how each activity for which income of the organization's exempt purposes (otherwise Part IX Information Regarding Taxable Subsition, Name, address, and EIN of corporation,	amount on line to complishment of its reported in colur than by providing that the providing the providing that the providing t	Exempt Purpo mn (E) of Part VII g funds for such p por s sprved egarded Entitie (C)	contributed impurposes).	portantly to the a	structions.) accomplishment accompli
Total (add line 104, columns (B), (D), and (E)). Inte: Line 105 plus line 1d, Part I, should equal the line 105 plus line 1d, Part I, should equal the line No. Explain how each activity for which income of the organization's exempt purposes (otherwise Part IX Information Regarding Taxable Subsition, Name, address, and EIN of corporation,	amount on line to complishment of its reported in colur than by providing that the second sec	Exempt Purpo mn (E) of Part VII g funds for such p por s sprved egarded Entitie (C)	contributed impurposes).	portantly to the a	structions.) accomplishment accompli
Total (add line 104, columns (B), (D), and (E)). Inte: Line 105 plus line 1d, Part I, should equal the lart VIII Relationship of Activities to the Accidine No. Explain how each activity for which income of the organization's exempt purposes (otherwise of the Acciding Part of the Acciding Part of the Organization's exempt purposes (otherwise of the Acciding Part	amount on line to complishment of us reported in colur than by providing that the providing the providing the providing the providing that the providing	Exempt Purpo mn (E) of Part VII g funds for such p por s SPYVEA egarded Entitie (C) Nature of ac	contributed impurposes).	nosidents to the a	structions.) iccomplishment Irograms ctions.) End-of-year assets
Total (add line 104, columns (B), (D), and (E)). Inte: Line 105 plus line 1d, Part I, should equal the lart VIII Relationship of Activities to the Accidine No. Explain how each activity for which income of the organization's exempt purposes (otherwise of the organization's exempt	amount on line to complishment of its reported in colur than by providing that the providing the providing that the providing that the providing that the providing that the providing the providing that the providing the pr	Exempt Purpo mn (E) of Part VII g funds for such p ports Spyved egarded Entition (C) Nature of ac nal Benefit Con pay premiums on a indirectly, on a	es (See page ctivities	portantly to the a 22 of the instru (D) Total income	structions.) ccomplishment ctions.) End-of-year assets tructions.) Yes X No
Total (add line 104, columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E)). The line No. Explain how each activities to the Accidine No. Explain how each activity for which income of the organization's exempt purposes (otherwise of the organization, activity for which income of the organization, during the year, receive any funds, directly of the organization, during the year, pay premion of the organization of	diaries and Disr (B) Percentage of rership interest % % iated with Perso rectly or indirectly, to niums, directly or 20 (see instruction	Exempt Purpo mn (E) of Part VII g funds for such p funds for such p egarded Entitie (C) Nature of ac nal Benefit Com pay premiums on a indirectly, on a	es (See page ctivities tracts (See page personal benefit personal benefit	portantly to the a 22 of the instru (D) Total income 1ge 33 of the instru contract? efit contract?	structions.) ccomplishment ctions.) (E) End-of-year assets tructions.) Yes X No
Total (add line 104, columns (B), (D), and (E)). Inte: Line 105 plus line 1d, Part I, should equal the art VIII Relationship of Activities to the Accidine No. Explain how each activity for which income of the organization's exempt purposes (otherwise Part IX Information Regarding Taxable Subsition). Name, address, and EIN of corporation, partnership, or disregarded entity. Art X Information Regarding Transfers Associated the organization, during the year, receive any funds, directly the organization, during the year, pay premise art X Did the organization, during the year, pay premise art year.	amount on line to complishment of its reported in colur than by providing that it is reported in colur than by providing that is reported in colur than by providing that is reported in the column of	Exempt Purpo mn (E) of Part VII g funds for such p grows SPYVPA egarded Entitie (C) Nature of ac nal Benefit Con pay premiums on a mindirectly, on a ons).	es (See page ctivities tracts (See page personal benefit	portantly to the a 22 of the instru (D) Total income age 33 of the instruct? efit contract?	structions.) ccomplishment ctions.) ctions.) End-of-year assets tructions.) Yes X No
Total (add line 104, columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E)). The line No. Explain how each activities to the Accidine No. Explain how each activity for which income of the organization's exempt purposes (otherwise of the organization, activity for which income of the organization, during the year, receive any funds, directly of the organization, during the year, pay premions of the organization of the orga	amount on line to complishment of its reported in colur than by providing that it is reported in colur than by providing that is reported in colur than by providing that is reported in the column of	Exempt Purpo mn (E) of Part VII g funds for such p funds for such p egarded Entitie (C) Nature of ac nal Benefit Com pay premiums on a indirectly, on a	es (See page ctivities tracts (See page personal benefit	portantly to the a 22 of the instru (D) Total income age 33 of the instruct? efit contract?	structions.) ccomplishment ccomplishment ctions.) ctions.) End-of-year assets tructions.) Yes No est of my knowledg has any knowledg

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(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.)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Friendship a	Community		²³ 1892	
Part I Compensation of the Five High	est Paid Employees Of	ther Than Office	ers, Directors, a	
(See page 1 of the instructions. L		e none, enter "N	Vone.") (d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee benefit plans & deferred compensation	account and other allowances
None				
1401/15			}	
			!	
			}	
]	-	
			}	
		!		
Total number of other employees paid over \$50,000				
\$50,000	est Paid Independent (Contractors for	Professional Se	//////////////////////////////////////
(See page 2 of the instructions. Lis				
(a) Name and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
HONE				
	••••••			
				
	•••••			b ,
Total number of others receiving over \$50,000 for professional services				

_	- 4
Page	4

Pa	rt II	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	att or	ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities (Must equal amounts on line 38, rt VI-A, or line i of Part VI-B)	1		X
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other ganizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of elobbying activities.			
2	sul wit ow	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any obstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or the any taxable organization with which any such person is affiliated as an officer, director, trustee, majority the organization of the answer to any question is "Yes," attach a detailed statement explaining the insactions.)			
а	Sa	le, exchange, or leasing of property?	2a		X
b	Lei	nding of money or other extension of credit?	2b		X
С	Fu	rnishing of goods, services, or facilities?	2c		X
d	Pa	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<u>-</u>	X
е	Tra	ansfer of any part of its income or assets?	2e		X
3		es the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.) you have a section 403(b) annuity plan for your employees?	3 4	X	X
		tach a statement to explain how the organization determines that individuals or organizations receiving grants from it in furtherance of its charitable programs "qualify" to receive payments.			
Pa	rt I\	Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.))		
	orga	anization is not a private foundation because it is: (Please check only ONE applicable box.)			
5 6		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
7	H	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	$\bar{\Box}$	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 state ▶			, city
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Sec (Also complete the Support Schedule in Part IV-A.)	tion 170	(b)(1)((A)(ıv).
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from t Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	he gene	ral p	ublic.
11b 12		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33%% of its support from contributions, membershi receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no moits support from gross investment income and unrelated business taxable income (less section 511 tax) from bu	re than	331/3	3% of
		by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part		S acc	luirea
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and suppressed 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)(3))			
		Provide the following information about the supported organizations. (See page 5 of the instructions	.)		
		iai Namelsi of supported organization(s)	numbe n above		
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instruc	tions.)		

	rt IV-A Support Schedule (Complete onle: You may use the worksheet in the instructions					accounting.
	endar year (or fiscal year beginning in) .	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15	Gifts, grants, and contributions received. (Do	(2) 2001	(6) 2000	(0) 1000	(4) 1000	(c) rotar
10	not include unusual grants See line 28.).	11 46/179	H <45127	2 /02 202	2 162 770	16,337,518
16	Membership fees received	1, 120,110	1,242,081	2160-1203	7177,310	10, 221, 213
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	919,404	850,989	750,965	569,225	3,090,583
18	Gross income from interest, dividends,	,	7	7.5		1-1-1-
	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			1		
	by the organization after June 30, 1975	5,695	8,432	8,719	10,347	33,693
19	Net income from unrelated business			,		1 - 7
	activities not included in line 18			II		
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	ŀ				į.
	public without charge					
22	Other income Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets	16,034	6,670	14,430	12,818	49,952
23	Total of lines 15 through 22	5,897,311		4,456,417		19,511,746
24	Line 23 minus line 17		4,561,269			16,421,163
25	Enter 1% of line 23	\$8,973	54,123	44,564	37,458	778 477
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e), line 24	▶ 26a	328,423
b	Prepare a list for your records to show the nar					
	governmental unit or publicly supported organiz		-	-		
	amount shown in line 26a. Do not file this list w	-		I these excess an	nounts > 26b	16.421.163
C	Total support for section 509(a)(1) test: Enter II Add: Amounts from column (e) for lines: 18		190-			
d	Add: Amounts from column (e) for lines: 18	49,952	26b		▶ 26d	83.645
	Public support (line 26c minus line 26d total)		200		≥ 26e	1/ 237 518
f	Public support percentage (line 26e (numera	ator) divided by I	ine 26c (denomi	natorl)	. ▶ 26f	99.49%
27	Organizations described on line 12: a Fo					• •
_,	person," prepare a list for your records to show	the name of, and	total amounts rec	eived in each yea	ir from, each "dis	qualified person."
	Do not file this list with your return. Enter th	e sum of such an	nounts for each y	ear:		
	(2001) (2000)		. (1999)		. (1998)	
b	For any amount included in line 17 that was recei	ved from each per	son (other than "d	squalified persons	s"), prepare a list i	for your records to
	show the name of, and amount received for each	year, that was mo	re 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 the difference between the amount received and	the larger amount	vell as individuals.) I described in (1) (or (2), enter the s	st with your retur um of these differ	n. After computing rences (the excess
	amounts) for each year	•				·
	(2001) (2000)		. (1999)		. (1998)	
C	Add: Amounts from column (e) for lines: 15				ı	ı
	17 20				▶ <u>27c</u>	
d			ı <u></u>		l l	
е	Public support (line 27c total minus line 27d to				▶ 27e	
f	Total support for section 509(a)(2) test: Enter a					
g h	Public support percentage (line 27e (numera Investment income percentage (line 18, colu					<u>%</u>
						·
28	Unusual Grants: For an organization describe prepare a list for your records to show, for ea					
	description of the nature of the grant. Do not					

Pa	Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	A	-	-
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	00	Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
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?	30		
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?	31		
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	<u></u> '	<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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.			
а	Students' rights or privileges?	33a		-
b	Admissions policies?	33b		-
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		-
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		-
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Pay Proc. 75.50, 1975-2 C.R. 587, covering racial pandiscrimination? If "No." attach an explanation	25		<i>\(\(\(\(\) \)</i>

Schedule	Δ	(Form	qqn	OF	gan.	-F7)	2002	

Page 5

Pa	rt VI-A	(To be completed ONLY by an				instructions.)	NIA
Che	ck ▶ a 🗌	if the organization belongs to an affilia			you checked "a" a	nd "limited control"	provisions apply.
		Limits on Lobbyii (The term "expenditures" meai				(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobb	lying expenditures to influence public	opinion (grassro	ots lobbying)	36		
37		laying expenditures to influence a legis	• •		37		
38	Total lobb	lying expenditures (add lines 36 and 3	37)				
39	Other exe	mpt purpose expenditures					
40	Total exer	mpt purpose expenditures (add lines	38 and 39)		40		<i></i>
41		nontaxable amount. Enter the amount		_			
			bbying nontaxab				
		\$500,000			V//////		
		000 but not over \$1,000,000 \$100,00					
		0,000 but not over \$1,500,000 . \$175,00 0,000 but not over \$17,000,000 . \$225,00	•				
		00,000 but not over \$17,000,000 : \$223,00	•				
42	· ·	s nontaxable amount (enter 25% of li					
43		ine 42 from line 36. Enter -0- if line 4	•		1		
44		ine 41 from line 38. Enter -0- if line 4			1		
	Caution:	If there is an amount on either line 43	or line 44, you n	nust file Form 47	20.		
		4-Year Ave	eraging Period	d Under Section	on 501(h)		
	(Sc	ome organizations that made a section					elow
		See the instructions for	or lines 45 throug	h 50 on page 11	of the instruction	ns.)	
		ı	Lob	bying Expenditu	res During 4-Ye	ar Averaging Pe	eriod
	Calendar	•	(a)	(b)	(c)	(d)	(e)
	fiscal yea	r beginning in) ▶	2002	2001	2000	1999	Total
45	Lobbying	nontaxable amount					
46	Lobbying	ceiling amount (150% of line 45(e)).					
47	Total lobb	ying expenditures					
48	Grassroot	s nontaxable amount					
49_	Grassroot	s ceiling amount (150% of line 48(e))					
50	Grassroot	s lobbying expenditures	1				
Pa	rt VI-B	Lobbying Activity by Nonelec (For reporting only by organiza			Part VI-A) (See	page 11 of the	e instructions.)
Duri	ng the year	, did the organization attempt to influ					<u> </u>
	•	ence public opinion on a legislative m		•	•	Yes No	Amount
а	Volunteer	s					
b	Paid staff	or management (Include compensation	on in expenses r	eported on lines	c through h.) .		
C	Media ad	vertisements					
d	-	o members, legislators, or the public					
0		ns, or published or broadcast statem					
f		other organizations for lobbying purp					
g		ntact with legislators, their staffs, government		•	-		
n :		emonstrations, seminars, conventions	ab la l	_		· · ·	
1		lying expenditures (Add lines c through any of the above, also attach a state			n of the lobbying	activities	1
				<u></u>			990 or 990-EZ) 2002

Pa	rt VI			ansfers To and Transaction e page 12 of the instruction	ns and Relationships With Noncharit	able
51					following with any other organization describ on 527, relating to political organizations?	ed in section
а	Trar	sfers from the repo	orting organization	to a noncharitable exempt orga	inization of:	Yes No
		· ·			م منسل	i)
	(ii)) (1)	
b		er transactions.				1 1
	(i)	Sales or exchange	es of assets with a	noncharitable exempt organiza	tion	
		_		· · · · · · ·	b(ii)	
	(iii)			ner assets	J)
	(iv)				1)
					(
		•		ship or fundraising solicitations		
С				•	yees <u>c</u>	
d 	good	ds, other assets, or	services given by th	e reporting organization. If the or	Column (b) should always show the fair market of ganization received less than fair market value in ls, other assets, or services received.	
_	a)	(p)		(c)	(d)	
Line	no	Amount involved	Name of nonc	charitable exempt organization	Description of transfers, transactions, and sharing a	arrangements
			 			
						
						
						
					<u> </u>	
	desc	•)1(c) of the Code (other than section 501(c)(3)) or	e or more tax-exempt organizations n section 527? ▶ □ Ye	es 🗌 No
		(a) Name of organiza	ation	(b) Type of organization	(c) Description of relationship	
						·
		·				
		·	·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·			
						
		·				
		· 				
						

FRIENDSHIP COMMUNITY EIN: 23-1892383 YEAR ENDED JUNE 30, 2003

FORM 990

PART I - STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET ASSETS

Line 1d - Total Contributions.

The Organization meets the 33.33% support test of the Regulations under section 170(b) (1) (A) (vi). The Organization did not receive any contributions which exceeded 2% of the total contributions reported on Line 1d from any contributor for the year ended June 30, 2003.

FILE: P:\MSTONER\MISCELLANEOUS\990SUP

FRIENDSHIP COMMUNITY EIN: 23-1892383 YEAR ENDED JUNE 30, 2003

FORM 990

PART III - STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE

Friendship Community strives to be an expression of caring for the needs of mentally retarded persons and their families. Friendship Community provides a continuum of residential, respite care, and other related services for the mentally retarded. See additional detail under Part III (a) to (c).

PART III (a) - INTERMEDIATE CARE FACILITIES

This program provides intermediate care for mentally retarded persons. All residents are engaged in strictly vocational programs outside the facility during the day.

PART III (b) - COMMUNITY LIVING ARRANGEMENTS & COMMUNITY RESIDENTIAL FACILITIES

This program provides group homes for mentally retarded persons and offers a range of residential and social services. The independent environment helps develop living skills. Respite care and family living programs are also available.

PART III (c) - FRIENDSHIP MINISTRIES

This is a privately funded church related service which includes counseling and networking, supervised living, respite care, and three personal care homes

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FRIENDSHIP COMMUNITY

EIN: 23-1892383

YEAR ENDED JUNE 30, 2003

FORM 990

PART II - STATEMENT OF FUNCTIONAL EXPENSES

LINE 42, DEPRECIATION, DEPLETION, ETC.

Friendship Community depreciates is assets using the straight-line method over their estimated useful lives as listed in the Uniform Chart of Accounts and Definitions for Hospitals published by the American Hospital Association.

Description	Total	Program	Fundraising
Land Improvements	26,837	26,837	
Building/Leasehold Imp.	210,256	210,256	
Equipment/Furnishings	39,478	38,096	1,382
Adaptive Equipment	2,099	2,099	
Vehicles	65,297	65,297	
Finance Costs (Amort.)	1,608	1,608	
Total	345,575	344,193	1,382

LINE 43, OTHER EXPENSES

Description	Total	Program	Management	Fundraising
Purchased personnel	229,309	229,059	0	250
Resident programs	12,570	12,570	0	0
Purchased services	268,555	244,697	23,858	0
Staff development	25,017	21,482	3,307	228
Staff recruitment	13,377	10,368	3,009	0
Insurance	52,234	37,903	14,331	0
Food	130,989	130,989	0	0
Clothing	3,300	3,300	0	0
Resident Development	115,855	115,855	0	0
Memberships	14,935	1,256	12,472	1,207
Miscellaneous	28,705	7,974	19,865	866
Total	894,846	815,453	76,842	2,551

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FRIENDSHIP COMMUNITY EIN: 23-1892383 YEAR ENDED JUNE 30, 2003

FORM 990

PART VI - BALANCE SHEETS

LINE 57 Land, buildings, and equipment:

Description	Cost	Accum Deprec	Book Value
Land	460,732	0	460,732
Land Improvements	414,723	203,667	211,056
Building/Leasehold Imp.	5,128,297	1,424,977	3,703,320
Equipment/Furnishings	510,379	330,067	180,312
Adaptive Equipment	19,762	6,228	13,534
Vehicles	466,501	356,328	110,173
Total	7,000,394	2,321,267	4,679,127

LINE 64 Mortgages and notes payable:

Lender	Balance
Bank of Lancaster County 4.9% bond payable secured by property 4.00% working capital loan secured by property 6.9% note payable secured by property	1,869,484 416,894 150,000
Eastern Mennonite Missions 5.25% mortgages secured by property 5.50% unsecured notes payable	469,014 8,474
Mennonite Financial Federal Credit Union 8.5% vehicle loans 8.0% vehicle loans 7 0% vehicle loans 6.0% vehicle loans	4,822 10,052 631 9,435
Ford Motor Credit 5.99% vehicle loan	17,995
	2,956,801

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Fnendship Community EIN 23-1892383 Year Ended June 30, 2003

Form 990

PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Name and Address	Title	Hours	Col C Compensation	Col D EBP & DC	Col E Exp & Other
BOARD - SEE ATTACHED LIST		all 1hour/wk	all \$0	all \$0	all \$0
George Stoltzfus 1149 E Oregon Rd , Lititz PA 17543	Exec Director	40	65,000	0	0
Brian French 1149 E Oregon Rd , Lititz PA 17543	Dir of Programs	40	43,328	2,600	0
Sandy VanOrman 1149 E Oregon Rd , Lititz PA 17543	Dir of Programs	40	42,399	2,544	0
Myron Stoner 1149 E Oregon Rd , Lititz PA 17543	Dir of Finance	40	45,617	2,737	0
Irvin Enck 1149 E. Oregon Rd , Lititz PA 17543	Dir of Bldg	40	38,979	2,339	0
Milt Stoltzfus 1149 E Oregon Rd , Lititz PA 17543	Dir of Develop	40	39,912	2,395	0
Robert Redcay 1149 E Oregon Rd , Lititz PA 17543	Dir of HR	40	37,632	2,258	0

These need to be checked against the bylaws for consistency. Gs

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FRIENDSHIP COMMUNITY # 23-1892383 6/30/03 Board of Directors July 16, 2003

Appointed by Eastern Mennonite Missions Jay C. Garber (Past President, 5 th member) 2275 New Danville Pike Lancaster, PA 17603 Phone: 872-6298	Current Term Ends (2006) (1997)	Entry Year
Jeff Mohler 3252 Blue Rock Road Lancaster, PA 17603-9791 Phone: 290-8634 (H) 871-8634 299-7101 (W)	(2005)	(1999)
Jay Hollinger 87 Pebble Creek Road Lititz, PA 17543 Phone: 627-6017	(2004)	(1995)
Appointed by Lancaster Conference Bishop Board Donald O. Nauman 31 Oakwood Lane Manheim, PA 17545 Phone: 665-3096	(2005)	(1996)
Glenn L. Stoltzfus, M.D. 2120 Lyndell Drive Lancaster, PA 17601 Phone: 295-4981	(2004)	(1995)
Recommended by Friendship Board		
Roy Zimmerman (President) 2206 Mount Zion Road	(2004)	(1999)
Lebanon, PA 17046 Phone: (H) 933-4047 (W) 272-2057 Ext. 311		
Ken Laudermilch 478 E. Spruce Street New Holland, PA 17557 Phone: (610) 436-2928 (work) 355-2844 (home)	(2004)	(2001)

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william Rohrer(Vice President) 355 E. Chestnut Street Lancaster, PA 17602 Phone: 397-7312	(2006)	(2002
Georgia Martin (<u>Secretary</u>) 2124 Creek Hill Road Lancaster, PA 17601 Phone: 392-2823	(2006)	(1996
J. Robert (Rob) Petersheim (Treasurer) 1307 Clark Street Lancaster, PA 17602 Phone: 299-2053 Work: 394-0769	(2005)	(1996
K. Eugene Forrey 312 Druid Hill Road Mountville, PA 17554 Phone: 285-4046 Fax: 285-5955	(2004)	(1998
Beulah M. Landis 3245 Glengreen Drive Lancaster, PA 17601 Phone: 285-2027	(2005)	(1999
Linda Raffensberger 127 Mayfield Drive Lititz, PA 17543 Phone: 625-2128 いたようタケータルテス	(2004)	(2002
Bob Peifer 1222 Main Street Akron, PA 17501 Phone: (717) 859-1294 Day #: (717) 859-5555	(2006)	(2003
Eunice Camargo-Ground 635 Main Street	(2006)	3)

East Petersburg, PA 17520 W. Phone: (717) 898-2251 Home: (717) 569-8585 (gs:8/03)