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

_		nue Service Ine organization may have to use a copy of this return to satisfy			
A	For th	e 2003 calendar year, or tax year beginning Ju, ly 1, 2003, and	ending	June 3	O, 20 <i>01</i> 4 dentification number
В	Check if	applicable Please C Name of organization use IRS			
	Address	change label or TV 2005 NVD (2MMWN)/Y	1	<u> </u>	92383
□ 1	Name c	hange print or Number and street (of PO box if mail is not delivered to street address	s) Room/suite	E Telephone	_
<u> </u>	nıtıal re	tum Specific 1149 E. Ovegon Road	l		656-2466
☐ F	-inal ret	rurn Instruc- City or town, state or country, and ZIP + 4	1	_ `	thoot: Cash 🔀 Accrual
	Amende	tions. Lititz PA 17343	L		specify) ▶
	Applicati	on pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable			section 527 organizations. : affiliates?
		trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(b) If "Yes," e	•	
G \	Website	9: ▶	H(c) Are all aff		
J (Organiz	zation type (check only one) ► 🛛 501(c) (3) ⊲ (Insert no) □ 4947(a)(1) or □ 527	• •		e instructions.)
			H(d) Is this a se	parate return file	d by an
		here ► ☐ if the organization's gross receipts are normally not more than \$25,000. The ation need not file a return with the IRS, but if the organization received a Form 990 Package.	organizatio	n covered by a	group ruling? 🗆 Yes 🔀 No
		iail, it should file a return without financial data. Some states require a complete return.	I Group Ex	emption Numb	er ▶
		(((0))	M Check ▶	🕨 🔀 if the	organization is not required
		receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 6, 648,97			990, 990-EZ, or 990-PF)
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balan	ces (See pa	ige 18 of the	ne instructions.)
	1	Contributions, gifts, grants, and similar amounts received:	11 277		
	а		96,373		
	b	Indirect public support		_/////	
	С		103,963		, , , , , , , ,
	d	Total (add lines 1a through 1c) (cash \$5,691,436 noncash \$ 8,90	<u>)</u>	1d	5,700,336
	2	Program service revenue including government fees and contracts (from Part	VII, line 93)	2	<u> </u>
	3	Membership dues and assessments		3	· · · · · · · · · · · · · · · · · · ·
	4	Interest on savings and temporary cash investments		4	2,557
	5	Dividends and interest from securities		5	
	6a	Gross rents 10 s and ar		_/////	
	b	Less refita experises 2005			
	С	Net rental income or (loss) (summact line 6b from line 6a)		6c	
<u>o</u>	7	Other investment income (describe > Unrealized gain on Secur	<u>ities)</u>	7	<u>3,172</u>
Revenue	8a	Gloss amount from sales of assets other (A) Securities (B)) Other		
ě	1	than inventory			
_	b	Less: cost or other basis and sales expenses. 8b		/////	
	С	Gain or (loss) (attach schedule)		_//////	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check	k here ▶ 🗌		
	а	Gross revenue (not including \$ of			
			4,632		
	b	Less: direct expenses other than fundraising expenses	-0-	_//////	111 122
	C	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	64,632
	10a	Gross sales of inventory, less returns and allowances 10a		<i>\(\(\(\(\)\\\)</i>	
3	b	Less: cost of goods sold			
5007 G T	С	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b fr	rom line 10a).		0 0 0 0 0 0
\supset	11	Other revenue (from Part VII, line 103)		11	2,337
-	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	•	12	6,648,971
= "	13	Program services (from line 44, column (B))		13	5, 917, 933
PIP.	14	Management and general (from line 44, column (C))		14	825,906
Zxpense	15	Fundraising (from line 44, column (D))		15	101, 132
) <u>a</u>	16	Payments to affiliates (attach schedule)		16	1 7 111 121
վ	17	Total expenses (add lines 16 and 44, column (A))		17	6,844,971
efs :	18	Excess or (deficit) for the year (subtract line 17 from line 12)		1 4- 1	196,000
Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A	4))		1,727,050
OANNIN IN	20	Other changes in net assets or fund balances (attach explanation)		20	1 /01
<u> </u>	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<u></u>	21	1,531,050
For	Paper	rwork Reduction Act Notice, see the separate instructions.	Cat No 11282	Y	Form 990 (2003

Grants and allocated (cash \$	al Expenses All organizations made and section 4947(a)	ust comp)(1) none	plete column (A). Columr exempt charitable trusts I	ns (B), (C), and (D) are re out optional for others. (quired for section 501(o See page 22 of the inst	ructions.)
(cash \$ Specific assistance Benefits paid to or of the salaries and the compensation of the salaries and the compensation of the salaries and	amounts reported on line , 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Specific assistance Benefits paid to or of the B	cations (attach schedule)					
Benefits paid to or of Compensation of Compensation of Other salaries and Pension plan combension plan combens	noncash \$)	22				
Compensation of Other salaries and Pension plan com Other employee to Payroll taxes Professional fund Accounting fees Legal fees Supplies Telephone Postage and ship Occupancy Fequipment rental Printing and publicy Travel Conferences, con Interest Depreciation, dep Other expenses not con Other expenses not con Completing columns (B) Compension of the aggriful the amount allocated Part III Statement Completing columns and 4947(and Interest) Compension of the aggriful organizations must define the amount allocated Completing columns and 4947(and Interest) Compension of the aggriful organizations must define the amount allocated Compension of the aggriful organizations and 4947(and Interest) Compension of the aggriful organizations and 4947(and Interest) Compension of the aggriful organizations and 4947(and Interest) Compension of the aggriful organizations and 4947(and Interest) Compension of the aggriful organizations and 4947(and Interest) Compension of the aggriful organizations and 4947(and Interest) Compension of the aggriful organizations and 4947(and Interest) Compension of the aggriful organizations and 4947(and Interest) Compension of the aggriful organizations and 4947(and Interest) Compension of the aggriful organizations and 4947(and Interest) Compension of the aggriful organizations and 4947(and Interest) Compension of the aggriful organizations and 4947(and Interest) Compension of the aggriful organizations and 4947(and Interest) Compension of the aggriful organization	e to individuals (attach schedule)	23		·- ·		
Other salaries and Pension plan combined of Pension plan combined of Payroll taxes Professional fund Accounting fees Legal fees Supplies Telephone Postage and ship Occupancy Equipment rental Printing and publication of Postage of Pension of P	r for members (attach schedule).	24 25				
Pension plan con Other employee be Payroll taxes Professional fund Accounting fees Legal fees Supplies Telephone Postage and ship Occupancy Equipment rental Printing and public Travel Conferences, con Interest Depreciation, dep Other expenses not con Completing columns (B) Completing columns (B) Control the agging of the amount allocated Part III Statement Control the agging of the amount allocated Completing columns and 4947(and and 1947) See AH Community See A	of officers, directors, etc	26	3633,212	3,149,803	425, 394	58,015
B Other employee to Payroll taxes Payroll taxes Professional fund Accounting fees Legal fees Supplies Telephone Postage and ship Occupancy Equipment rental Printing and publication Travel Conferences, conditates Depreciation, dep Other expenses not conditate to the completing columns (B)- Conferences in the completing columns (B)- Conferences in the aggregation of the amount allocated in	nd wages	27	94,068	72,897	18,060	3,111
Payroll taxes Professional fund Accounting fees Legal fees Supplies Telephone Postage and ship Occupancy Equipment rental Printing and publi Travel Conferences, con Interest Depreciation, dep Other expenses not co b Completing columns (B)- Control tosts from a "Yes," enter (i) the aggrif the amount allocated Part III Statement That is the organizations must deficients served, public reganizations and 4947(a Temment		28	824,831	740,677	76,446	7,708
Professional fund Accounting fees Legal fees Supplies Telephone Postage and ship Cocupancy Fequipment rental Printing and public Travel Conferences, condinterest Depreciation, dep Other expenses not condinate to the second sec		29	290,243	252 737	32,820	4.686
Accounting fees Legal fees Supplies Telephone Postage and ship Cocupancy Fequipment rental Printing and public Travel Conferences, con Interest Depreciation, dep Other expenses not co Completing columns (B) Control transport con Total functional expenses completing columns (B) Control to the aggregation of the amount allocated Control to the aggregation of the aggregation		30	710/77	72-7 121		11000
Legal fees Supplies Telephone Postage and ship Cocupancy Equipment rental Printing and public Travel Conferences, condinterest Depreciation, dep Other expenses not condinate the completing columns (B) Completing columns (B) Control tractional expenses completin		31	24,100		24,100	
Supplies Telephone Postage and ship Occupancy Equipment rental Printing and publi Travel Conferences, con Interest Depreciation, dep Other expenses not co b Conferences completing columns (B) Contain functional expenses completing columns (B) Contain the amount allocated Contain the amount allocated Contain the amount allocated Contain the organization Conferences, con Conferences Confere		32				
Telephone Postage and ship Occupancy Tequipment rental Printing and public Travel Conferences, con Interest Depreciation, dep Other expenses not co Development Total functional expenses Completing columns (B) Control to the aggrey Telephone That is the organization of clients served, public ganizations and 4947(and and and and and and and and and and		33	88,847	83,008	5,401	438
Postage and ship Occupancy Equipment rental Printing and publi Travel Conferences, con Interest Depreciation, dep Other expenses not co b Conferences not co b Conferences, con Interest Total functional expenses completing columns (B)- control costs from a "Yes," enter (i) the agg i) the amount allocated Part III Statement That is the organization organizations must declients served, public ganizations and 4947(a Total functional expenses completing columns (B)- control costs from a "Yes," enter (i) the agg i) the amount allocated Control costs from a "Yes," enter (i) the agg ii) the amount allocated Control costs from a "Yes," enter (ii) the agg ii) the amount allocated Control costs from a "Yes," enter (ii) the agg iii) the amount allocated Control costs from a "Yes," enter (ii) the agg iii) the amount allocated Control costs from a "Yes," enter (ii) the agg iii) the amount allocated Control costs from a "Yes," enter (ii) the agg iii) the amount allocated Control costs from a "Yes," enter (ii) the agg iii) the amount allocated Control costs from a "Yes," enter (ii) the agg iii) the amount allocated Control costs from a "Yes," enter (ii) the agg iii) the amount allocated Control costs from a "Yes," enter (ii) the agg iii) the amount allocated Control costs from a "Yes," enter (ii) the agg iii) the amount allocated Control costs from a "Yes," enter (iii) the agg iii) the amount allocated Control costs from a "Yes," enter (iii) the agg iii) the amount allocated Control costs from a "Yes," enter (iii) the agg iii) the amount allocated Control costs from a "Yes," enter (iii) the agg iii) the amount allocated Control costs from a "Yes," enter (iii) the agg iii) the amount allocated Control costs from a "Yes," enter (iii) the agg iii) the amount allocated Control costs from a "Yes," enter (iii) the agg iii) the amount allocated Control costs from a "Yes," enter (iii) the agg iii) the amount allocated Control costs from a "Yes," enter (iii) the agg iii) the amount allocated Control costs from a "Yes," enter (iii) the		34	57,214	42,065	13,747	1,402
Goccupancy Fequipment rental Printing and public Travel Conferences, conditates Depreciation, dep Other expenses not conditate to the completing columns (B)- Completing colum	ipping	35	13,666	37	10,011	3,618
Friends his		36	344,249	328,244	16,005	-0-
Printing and publications and 4947(and and and and and and and and and and	al and maintenance	37	8,268	5,173	3,095	-0-
Travel Conferences, con Interest Depreciation, dep Other expenses not co b Lee Syp c d Total functional expenses completing columns (B)- pint Costs. Check re any joint costs from a "Yes," enter (i) the aggri the amount allocated Part III Statement That is the organization organizations must de clients served, public ganizations and 4947(a Lemmy 17 See HH Friendshi	olications	38	46,723	-0-	31,001	15,722
Interest Depreciation, dep Other expenses not co b Le Syp Total functional expenses completing columns (B)- coint Costs. Check re any joint costs from a "Yes," enter (i) the aggri the amount allocated Part III Statement That is the organization organizations must de clients served, public reganizations and 4947(a Intermed Lemmy 17 See AH Friendshi		39	106,020	94,440	10,369	1,211
Depreciation, dep Other expenses not co b See Syff c d Total functional expenses completing columns (B)- point Costs. Check re any joint costs from a "Yes," enter (i) the aggr ii) the amount allocated Part III Statement That is the organization organizations must de completing columns and 4947(a Time Medical Community See Atta	onventions, and meetings	40	60,548	81	59,242	1,225
Depreciation, dep Other expenses not co b See Syff c d Total functional expenses completing columns (B)- point Costs. Check re any joint costs from a "Yes," enter (i) the aggr ii) the amount allocated Part III Statement That is the organization organizations must de completing columns and 4947(a Time Medical Community See Atta		41	157,692	137,943	19,749	-0-
to de a total functional expenses completing columns (B)- coint Costs. Check re any joint costs from a "Yes," enter (i) the agging i) the amount allocated rart III Statement (hat is the organization must disclients served, public reganizations and 4947(a Intermedical organizations and 4947(a Intermedical community see Attached to the community see any joint costs from a "Yes," enter (i) the agging in the amount allocated to the costs of the cos	epletion, etc. (attach schedule)	42	346,324	338,374	6,824	1,126
d Total functional expenses completing columns (B)- bint Costs. Check e any joint costs from a "Yes," enter (i) the agging the amount allocated art III Statement That is the organization must do clients served, public ganizations and 4947(a Intermed Cemmunity See Allocations Friendship	covered above (itemize): a	43a	,			
d Total functional expenses completing columns (B)- bint Costs. Check e any joint costs from a "Yes," enter (i) the agging the amount allocated art III Statement That is the organization must do clients served, public ganizations and 4947(a Intermed Cemmunity See Allocations Friendship	porting schedule	43b	748,966	672,454	73642	2,870
completing columns (B)- pint Costs. Check be any joint costs from a "Yes," enter (i) the agguing in the amount allocated art III Statement that is the organization must disclients served, public ganizations and 4947(a Intermedia In	, J	43c				
completing columns (B)- pint Costs. Check be any joint costs from a "Yes," enter (i) the agguing in the amount allocated art III Statement that is the organization must disclients served, public ganizations and 4947(a Intermedia In		43d				
completing columns (B)- pint Costs. Check be any joint costs from a "Yes," enter (i) the agguing in the amount allocated art III Statement that is the organization must disclients served, public ganizations and 4947(a Intermedia In		43e				
pint Costs. Check re any joint costs from a "Yes," enter (i) the agging in the amount allocated art III Statement that is the organization must disclients served, public ganizations and 4947(a Intermedia Inter	ses (add lines 22 through 43). Organizations	44	10:41071	5,917,933	975001	101,132
clients served, public ganizations and 4947(a Intermed Lemmunity See AH Friendshi	gregate amount of these joint cost to Management and general \$ nt of Program Service Accion's primary exempt purpose?	ts \$ ompli ▶	; (ii) the ; and (iv) the shments (See p	e amount allocated e amount allocated page 25 of the in	to Program service to Fundraising \$ estructions.)	Program Service
Community See Alta Friendshi	describe their exempt purpose acications issued, etc. Discuss ach (a)(1) nonexempt charitable trusts	ieveme must a	ents that are not malso enter the amou	easurable. (Section	n 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
Friendshi			See Attach	······································		1 000 00
Friendshi	4 4		and allocations	\$ -0-	(11,1)	1,423,330
	z Living Arrangemen tached	13.9	Lemmonity	. KesiAentia).	MASINTORS-	
	(C	rants	and allocations	\$ -0-	·····)	3,260,605
	A Ministries - Spa	e A)	tached			
l	(6	Grants	and allocations	\$ -0-)	733,998
***************************************	(6	arants	and allocations	\$	·····)	
	rvices (attach schedule) (G	Grants	and allocations	\$		
Total of Program S	Service Expenses (should equ	ual line	44, column (B), F	Program services)	<u></u> . ▶	5,917,933

Form 990 (2003) Page 3 Part IV Balance Sheets (See page 25 of the instructions.) Where required, attached schedules and amounts within the description (B) End of year (A) Beginning of year column should be for end-of-year amounts only 45 Cash--non-interest-bearing 45 136,645 46 Savings and temporary cash investments. 371,186 47a Accounts receivable 47b 371.18*6* 47c **b** Less: allowance for doubtful accounts . . . 48a 48a Pledges receivable 48b 48c 12,500 **b** Less: allowance for doubtful accounts . 682.32 49 Grants receivable Receivables from officers, directors, trustees, and key employees (attach schedule) 50 51a Other notes and loans receivable (attach 51a schedule). 51b 51<u>c</u> **b** Less: allowance for doubtful accounts . 52 Inventories for sale or use 52 24.384 53 53 Prepaid expenses and deferred charges ☐ Cost 🏿 FMV 18,099 54 ス/, スフィ Investments--securities (attach schedule) and Amaris Mutual Fund 55a Investments-land, buildings, equipment: basis b Less: accumulated depreciation (attach 55b 55c 56 Investments-other (attach schedule) . 57a Land, buildings, and equipment: basis . b Less: accumulated depreciation (attach <u>2,634,772</u> 57c schedule). 58 Other assets (describe > Finance Cost Net of Amortization) 5,862,121 Total assets (add lines 45 through 58) (must equal line 74) 59 60 32,550 <u>476,428</u> Accounts payable and accrued expenses, 60 2,410 9.178 61 61 Grants payable 667,082 62 649,503 62 Deferred revenue . . Loans from officers, directors, trustees, and key employees (attach 63 64a 64a Tax-exempt bond liabilities (attach schedule) 2,956,80 64b Mortgages and other notes payable (attach schedule) 65 Other liabilities (describe > Security deposits and nevenue) 2*5,582* received in advance Total liabilities (add lines 60 through 65) Organizations that follow SFAS 117, check here > and complete lines 67 through 69 and lines 73 and 74. Fund Balances 67 1,460,405 67 Unrestricted. 68 Temporarily restricted . . . 68 RQ 69 Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74. þ 70 Capital stock, trust principal, or current funds Assets 71 Paid-in or capital surplus, or land, building, and equipment fund . . . Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances (add lines 67 through 69 or lines 73 Net 70 through 72;

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 6/20/04 #23-1892383

73

74

5,862,121

column (A) must equal line 19; column (B) must equal line 21).

Total liabilities and net assets / fund balances (add lines 66 and 73)

	t IV-A	Financia	liation of Revenu I Statements with See page 27 of th	n Řevenue	per	Part	F	Reconciliation of Financial States Return			
а		nue, gains,	and other support	a 6.6		а		penses and k			6.844.9
b	•	included or	statements > n line a but not on			ь	Amounts	nancial statemer included on line ', Form 990:			
(1)	Net unrea	llized gains nents , ,	<u>\$</u>			(1)	Donated and use of	services			
(2)	Donated and use of	services of facilities	\$			(2)	Prior year acreported or	n line 20,			
(3)		es of prior	\$			(3)	Form 990 , Losses rep	,			
(4)	Other (sp	ecify):				(4)	line 20, Fo Other (spe				
			\$			"					
	Add amou	unts on lines	s (1) through (4) ►	b			Add amou	nts on lines (1) th	nrough (4)▶	b	
C		inus line b. included o		C		C		nus line b included on line		c	
đ		but not or	······································			d		but not on line	,		
(1)		t expenses led on line				(1)	Investment	•			
	6b, Form 9	990	<u>\$</u>				6b, Form 9	90 \$			
(2)	Other (sp	ecify):				(2)	Other (spe				
			\$	d			A	\$		d	
e			es (1) and (2) > ne 12, Form 990			e		unts on lines (1) enses per line 17			
	(line c plu	ıs line d) .	<u></u>	e 6,64			(line c plu	s line d)	<u> </u>		6,844,97
Par		st of Office instruction	ers, Directors, Tr s.)	usteés, ai	nd Key E	Emplo	yees (List o	each one even if	not compen:	satec	l; see page 27 o
		(A) Name	e and address		(B) Title a	nd aver devoted	age hours per to position	(C) Compensation (If not paid, enter -0)	(D) Contribution employee benefit p deferred compen	olans &	(E) Expense account and other allowances
		See A	Hached								
		· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •							
							 	 	 		
											
				. 					ļ		
									1		
75	organizatio	on and all rel	or, trustee, or key en lated organizations, o edule—see page 28	f which mor	e than \$10),000 w				ur •	☐ Yes 🎾 No

Part VII			page 33 of the pusiness income) tion 512, 513, or 514	(E)
Note: Ent indicated.	ter gross amounts unless otherwise	(A)	(B)	(C)	(D)	Related or exempt function
93 Prog	gram service revenue:	Business code	Amount	Exclusion code	Amount	income
a <u>I</u>	ntermediate Care Facilities		<u> </u>	<u> </u>	 	120,078
ь <u>Кез</u>	idential Community Living Progra	Y4.5	<u> </u>			285,531
c Pers	sonal Core Homes / Supported Livi	bct		- 	<u></u>	470,328
d		<u></u>	 			
θ	dia ang 18 Ang dia aliah ang ang ang ang	 	 	+		
	dicare/Medicaid payments		 	+		
•	s and contracts from government agenci	es	 			
	mbership dues and assessments		+	14	2,557	
	rest on savings and temporary cash investmen	105	+			<u> </u>
	dends and interest from securities					
	rental income or (loss) from real estate:					
	debt financed property	4	 	 		
	debt-financed property		 	 		
	rental income or (loss) from personal proper er investment income	Ly		14	3,172	
	or (loss) from sales of assets other than invente		 	 		
	income or (loss) from special events .	· ·	 	01,05	64,632	
	ss profit or (loss) from sales of inventory		 	- 302	1/822	
	er revenue: a Miscellaneous	·	 	 		2,337
b	el levellue. a Marrie V		 	1		1 2 2 1
c			1	1		1
d						T
e			1	1		
	ototal (add columns (B), (D), and (E)) .				70,361	878.274
	al (add line 104, columns (B), (D), and (E)	. 			>	948.635
	105 plus line 1d, Part I, should equal th					
Part VIII	Relationship of Activities to the A	ccomplishment o	f Exempt Purp	oses (See pa	ge 34 of the in	structions.)
Line No. ▼	Explain how each activity for which income of the organization's exempt purposes (or				portantly to the	accomplishment
93	Room + Board for mentallyra				atral Amer	- M S
	NOOM - SETTE TO THE WAY TO THE	TOTALL PET SON	2EV CHIND	VIX ICSIBIES	mar progre	
Part IX	Information Regarding Taxable Sub	osidiaries and Dis	regarded Entiti	es (See page	34 of the instru	ections.)
	(A)	(B)	(C)		(D)	(E) End-of-year
Nan	ne, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of a	ctivities	Total income	assets
		%				
		%				
		%			 	1
		%			· · · · · · · · · · · · · · · · · · ·	1
Part X	Information Regarding Transfers Ass		onal Benefit Cor	ntracts (See pa	age 34 of the ins	structions.)
	the organization, during the year, receive any funds,				-3	☐ Yes 🖾 No
	the organization, during the year, pay pr					Yes No
	"Yes" to (b), file Form 8870 and Form			. po. 00. i.a. bo.		103 22 110
	Under penalties of periury I declare that I have ever	mined this return, includ	lina accompanyina s	chedules and stat	ements, and to the t	oest of my knowledg
	and belief it is true, correct, and complete Declar	ation of preparer (other	than officer) is base	d on all information	on of which prepare	r has any knowledge
lease	Meny MICE			1	2-14-0	
						
					ate	
					ate	
					ate	
			Date	Check if	Dranger's CSM -	r PTIN (See Gen. Inst.)

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.)

2003

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 Co	wmunity		23 18923	83		
	est Paid Employees Of	other Than Officers, Directors, and Trustees				
(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						
Part II Compensation of the Five High (See page 2 of the instructions. List						
(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						

	F	age 2
	Yes	No
_		X
<u>2a</u>		X_
2b		X_
2c		X
2d		X
2e		X
3 <u>a</u>		X
<u>3b</u>	X_{-}	
-		Y
4	L	
tal's	name	, city,
n 17()(b)(1)(A)(iv).

Sche	dule A (F	orm 990 or 990-EZ) 2003		,	age ∡
Pa	rt III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	attemor inc Part V Organ organ	g the year, has the organization attempted to influence national, state, or local legislation, including pt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses purred in connection with the lobbying activities \$	paid 9 38, 1		×
2	During substa with a owner	bbying activities. g the year, has the organization, either directly or indirectly, engaged in any of the following acts with antial contributors, trustees, directors, officers, creators, key employees, or members of their families any taxable organization with which any such person is affiliated as an officer, director, trustee, major, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining actions.)	s, or ority		
a b c d	Lendii Furnis	exchange, or leasing of property?	2b 2c		X X X X
е	Trans	fer of any part of its income or assets?			X
За	you d	ou make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of letermine that recipients qualify to receive payments.)	3a	1	x
4	Did yo	ou have a section 403(b) annuity plan for your employees?	vice	X	
		e use or distribution of funds?		لــــــا	X
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instruction	ons.) 		
The	organiz	ration is not a private foundation because it is: (Please check only ONE applicable box.)			
5		church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	_	school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7		hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8 9	□ A	Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the d state ►	e hospital's	name	, city,
10	☐ Ar	n organization operated for the benefit of a college or university owned or operated by a governmental unit lso complete the Support Schedule in Part IV-A.)	. Section 170)(b)(1)(A)(iv).
11a	•	n organization that normally receives a substantial part of its support from a governmental unit or frection 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	rom the gen	eral p	ublic.
11b 12	☐ Ar red its	community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) in organization that normally receives: (1) more than 331/4% of its support from contributions, membereipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) its support from gross investment income and unrelated business taxable income (less section 511 tax) from the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in	no more that om business	n 331/	% of
13	☐ Ar	n organization that is not controlled by any disqualified persons (other than foundation managers) and escribed in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of ection 509(a)(3).)	supports or		
		Provide the following information about the supported organizations. (See page 5 of the instruc	ctions.)		
) Line numb from above		
	_				

not include unusual grants. See line 28). 10 Membership fees excaved. 11 Gross recipits from schressore, mechanicles sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, fact, purpose. 12 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(45)), rents, royalities, and with the companization's charitable, fact, purpose. 13 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(45)), rents, royalities, and with the companization should be considered by the organization after June 30, 1975. 19 Net income from unrelated business activities not included in line 18. 10 Tax revenues levided for the organization's benefit and either paid to it or expended on its behalf. 11 The value of services or facilities furnished to the public without charge. 12 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets 13 Total of lines 15 through 22. 15 Enter 1% of line 23. 16 Organization described on lines 10 or 11: 16 Enter 1% of line 23. 17 Enter 1% of line 23. 18 Enter 2% of amount in column (e), line 24. 18 Enter 1% of line 23. 18 Enter 1% of line 24. 18 Enter 1% of line 25. 18 Organization described on lines 10 or 11: 18 Enter 2% of amount in column (e), line 24. 19 Public support of orsetion 509(3)(1) test: Enter line 24. Column (e). 10 Public support for section 509(3)(1) test: Enter line 24. Column (e). 10 Add: Amounts from column (e) for lines: 18 20 212 19 20 21 19 20		t IV-A Support Schedule (Complete onle: You may use the worksheet in the instructions					
not include unusual grants. See line 28). \$6.11,52.6 \$4,95.178 \$4,545,627 \$3,622,303 \$8,323,67. 10 Membershy less received 4. 11 Gross receipts from admissions, marchardise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose. 10 Gross income from interest, dividends, marchardise sold or services performed, to sharitable, etc. purpose. 11 Gross income strom interest, dividends, marchardise sold or services shared in come feet of the companization stress of the companization stress of the companization stress usuable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . 12 Net income from unrelated business sactivities not included in line 18. 13 Tax revenues leveled for the organization's benefit and either peald to it or expended on its behalf. 14 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 period in the public without charge. Do not include the value of services or facilities period in the public without charge. 15 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 for the companization by a governmental unit without charge. 16 Other more. Attach a schedule. Do not include spin to the organization by a governmental unit or public without charge. 17 September 17 September 18 September 18 September 19 Se	Cale	ndar year (or fiscal year beginning in) . >	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
16 Membership fees received 17 Gross receipts from admissions, merchandles sold or services performed, or furnishing of groups and the properties of the purpose of the properties of the properties of the purpose of the properties of the propert	15	Gifts, grants, and contributions received. (Do					
16 Membership fees received 17 Gross receipts from admissions, merchandles sold or services performed, or furnishing of groups and the properties of the purpose of the properties of the properties of the purpose of the properties of the propert		not include unusual grants. See line 28.)	5,619,526	4.956,178	4,545,667	3,682,303	18,803,67
sold or services performed, or furnishing of facilities in any activity that is related to the organization's challable, etc. puppose. 18 Gross income from interest, dividends, for the company of the	16	Membership fees received	, ,	, ,			
facilities in any activity that is related to the organization's chamble, for to, purpose. 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(36)), rents, royaltes, and section 511 taxes) from businesses acquired by the organization after June 30, 1975. 19 Net income from unrelated businesses activities not included in line 18. 20 Tax revenues levide for the organization's benefit and either paid to it or expended on its behalf. 21 The value of services or facilities turnished to the organization behalf. 22 Other moome. Attach a schedule. Do not include gain or (loss) from sale of capital essets 23 Total of lines 15 through 22. 6168, 3547, 521, 5477, 273, 4755, 4117, 23, 237, 377, 277, 4756, 4267 24 Unite 23 millious line 17. 5162, 3747, 371, 377, 677, 4756, 4267 25 Organization described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. b and on the public visitors of the p	17	Gross receipts from admissions, merchandise					
organization's charitable, etc, purpose. 972, 908 171, 1709 35, 187 75, 185 3,509, 286 B Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)6). Theirs, royalities, and urrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. Not income from unrelated business activities not included in line 18 19 Not 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 generally 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. 20 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 12 Total of lines 15 through £2		sold or services performed, or furnishing of facilities in any activity that is related to the		0.0			
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalites, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . 19 Net income from unrelated business activities not included in line 18 . 20 Tax revenues levided 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. On oil include the value of services or facilities generally furnished to the public without charge. 22 Olfer income. Attach a schedule, Do not include glain or (loss) from sale of capital assets. 23 Total of lines 15 through 22 6 608, 35.47 5.247, 311 5.412, 253 4, 456, 417 22, 371, 374-24 Line 23 minus line 17 5 625, 946 49717, 947 4, 561, 267 3, 705, 7552 18, 370-0, 746, 747 19,		organization's charitable, etc , purpose	982,908	919,404	850,989	750,965	3,504, 266
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 . 19 Not 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 generally furnished to the organization of the organization orga	18					•	
urrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. 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. 22 Ofter income. Attach a schedule. Do not include gain or (loss) from sale of capital assets to include gain or (loss) from sale of capital assets to include gain or (loss) from sale of capital assets to include gain or (loss) from sale of capital assets to province or facilities generally furnished to the public without charge. 23 Total of lines 15 through 22. 24 Ime 23 minus line 17. 25 Enter 1% of line 23. 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. 27 Enter 1% of line 23. 28 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. 29 Enter 1% of line 23. 20 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. 29 Enter 1% of line 23. 20 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. 20 Enter 1% of line 23. 21 Total support for section 509(a)(1) test: Enter line 24, column (e) 22 Dublic support (line 26c munus line 26d total) 23 Public support (line 26c munus line 26d total) 24 Public support (line 26c munus line 26d total) 25 Public support (line 26c munus line 26d total) 26 Public support (line 26c munus line 26d total) 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a disqualified person." Do not flie this list with your return. Enter the sum of such amounts for each year from, each "disqualified person." Do not flie this list with your return. Enter the sum of such amounts for each year from, each "disqualified person." Do not flie this list with your return. Enter th							
section 511 taxes) from businesses acquired by the organization after June 30, 1975							
19 Net income from unrelated business activities not included in line 18		section 511 taxes) from businesses acquired	_	_			
19 Net income from unrelated business activities not included in line 18		by the organization after June 30, 1975	5,002	5,695	8,932	8,719	28,348
Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. The value of services or facilities farmished 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. Do not include the value of services or facilities generally furnished to the public without charge. The value of services or facilities generally furnished to the public without charge. The value of services or facilities generally furnished to the public without charge. The value of services or facilities generally furnished to the public without charge. The value of services or facilities generally furnished to the public without charge. The value of services or facilities generally furnished to the public without charge. The value of services or facilities generally furnished to the public without charge. The value of services or facilities generally furnished to the public value of the value	19	Net income from unrelated business		,	,	,	
benefit and either paid to it or expended on its behalf. 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. 20 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets or include gain or (loss) from sale of capital assets. 21 Total of lines 15 through 22. 6,608,354,5,817,311,5,412,258,475,411,2,274,475,475,475,475,475,475,475,475,475,4		activities not included in line 18					<u> </u>
benefit and either paid to it or expended on its behalf. 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. 20 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets or include gain or (loss) from sale of capital assets. 21 Total of lines 15 through 22. 6,608,354,5,817,311,5,412,258,475,411,2,274,475,475,475,475,475,475,475,475,475,4	20	Tax revenues levied for the organization's					
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. 20 Other income. Attach a schedule. Do not include the value of services or facilities generally furnished to the public without charge. 21 Total of lines 15 through 22							
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 23 Total of lines 15 through 22. 24 Line 23 minus line 17. 25 Enter 1% of line 23. 26 Organizations described on lines 10 or 11: 27 Enter 1% of line 23. 28 Organizations described on lines 10 or 11: 29 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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts be considered to the control of th		its behalf					
without charge. Do not include the value of services or facilities generally furnished to the public without charge. 20 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets of 18 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	21						
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 assests 23 Total of lines 15 through 22. 24 Line 23 minus line 17. 25 Enter 1% of line 23. 26 Organizations described on lines 10 or 11: 27 Enter 1% of line 23. 28 Organizations described on lines 10 or 11: 29 Enter 1% of line 23. 20 Organizations described on lines 10 or 11: 20 Enter 1% of line 23. 21 Enter 1% of line 24. 22 Enter 1% of line 25. 23 Fig. 23 Fig. 25 Fig. 25 Fig. 25 Fig. 25 Fig. 25 Fig. 25 Fig. 27 F			i				
public without charge. 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 33 Total of lines 15 through 22. 34 Enter 1% of lines 23					ļ		
tinclude gain or (loss) from sale of capital assets 18		4.19 - 7.11 - 4 - 4					
Total of lines 15 through 22	22	Other income. Attach a schedule. Do not			_		_
24 Line 23 minus line 17.		include gain or (loss) from sale of capital assets	918	16,034	6,670	14,430	38.052
Line 23 minus line 17.	23	Total of lines 15 through 22	6,608,354	5,897,311	5,412,258	4.456.417	22,374,340
25 Enter 1% of line 23 Crganizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. 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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts b c Total support for section 509(a)(1) test: Enter line 24, column (e) d Add: Amounts from column (e) for lines: 18 20 21 22 37,052 26b 28c 28d 66,400 29d 67,55% 67,55% 67,55% 67,55% 67,55	24	Line 23 minus line 17	5,625,446	4977,907	4,561,269	3,705,452	18,870,074
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > 26b	25	Enter 1% of line 23	66,083	58,973	54,123	44,564	
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ d Add: Amounts from column (e) for lines: 18	26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e), line 24	▶ 26a	377,401
governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > 28b	h	Prenare a list for your records to show the nar			• •	er than a	
amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 28b	_	•		-		V/////	
c Total support for section 509(a)(1) test: Enter line 24, column (e) d Add: Amounts from column (e) for lines: 18			•	-	-		
d Add: Amounts from column (e) for lines: 18 28 37,057 266	C	Total support for section 509(a)(1) test: Enter li	ne 24, column (e)			▶ 26c	18,870,074
Public support (line 26c minus line 26t otal) Public support (line 26c minus line 26t otal) Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Public support percentage (line 27c total minus line 27c total minus line 27c total person (e) for support (line 27c total minus line 27c total person divided by line 27c (denominator)) Public support (line 26c minus line 12: a For amounts included in line 15, 16, and 17 that were received from a "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2002)	d	Add: Amounts from column (e) for lines: 18	28,348	19			
f Public support percentage (line 26e (numerator) divided by line 28c (denominator)) ▶ 28f 77,85% 27 Organizations described on line 12: 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: (2002) (2001) (2000) (1999) 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: (2002) (2001) (2000) (1999) c Add: Amounts from column (e) for lines: 15 16 27c d Add: Line 27a total and line 27b total 27d e Public support (line 27c total minus line 27d total). 27e 27d f Total support percentage (line 27e (numerator) divided by line 27f (denominator)). 27g % prepare a list for your records to show, for each year, the name of the contributor, the date and amount of		22	38,052	26b		▶ <u>26d</u>	66,400
27 Organizations described on line 12: 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: (2002) (2001) (2000) (1999) 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: (2002) (2001) (2000) (1999) c Add: Amounts from column (e) for lines: 15	•					▶ <u>26e</u>	18,803,674
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: (2002)	f	Public support percentage (line 26e (numera	ator) divided by I	ine 26c (denomi	nator))	▶ 26f	99,65%
Do not file this list with your return. Enter the sum of such amounts for each year: (2002) (2001) (2000) (1999) 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: (2002) (2001) (2000) (1999) c Add: Amounts from column (e) for lines: 15	27						
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: (2002)						ır from, each "di	squalified person."
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: (2002)		Do not the this list with your return. Enter th	e sum of such an	nounts for each y	/ear:		
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: (2002)		(2002) (2001)		. (2000)		. (1999)	
(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: (2002)	b						
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: (2002)		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.
amounts) for each year: (2002)							
c Add: Amounts from column (e) for lines: 15 16			and larger amount		o. (2), ooo o		(
total support (line 27c total minus line 27d total)		(2002) (2001)		. (2000)		. (1999)	
total support (line 27c total minus line 27d total)							
e Public support (line 27c total minus line 27d total)	C	Add: Amounts from column (e) for lines: 15		16		1	1
e Public support (line 27c total minus line 27d total)		17 20		21		▶ <u>27c</u>	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) > 27f 27g % Public support percentage (line 27e (numerator) divided by line 27f (denominator)) > 27g % % Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). > 27h % 27g % % % % % % % % %	d	Add: Line 27a total	and line 27b tota	ıl <u></u>		> 2/0	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) > 27f 27g % h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) > 27g % % % White the column (e) (numerator) divided by line 27f (denominator)). > 27h % % % % % % % % %	e	Public support (line 27c total minus line 27d to	otal)				
public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g % 1	f	Total support for section 509(a)(2) test: Enter a	amount from line	23, column (e).	. ▶ 27f		XIIIIIIIII.
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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	g	Public support percentage (line 27e (numera	ator) divided by I	ine 27f (denomi	nator))	► 27g	%
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	<u>h</u>	Investment income percentage (line 18, colu	ımn (e) (numerat	or) divided by li	ne 27f (denomin	ator)). 🕨 27h	%
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	28						
		prepare a list for your records to show, for ea	ich year, the nam	e of the contribu	itor, the date and	amount of the	grant, and a brief

Friendship Community 6/30/04 #23-1892783

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)	}		
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?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
3 0	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:			
о <u>.</u> а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		,,,,,,,
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	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	011111	
	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?	33a		
b	Admissions policies?	33b		_
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		-
8	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	,,,,,,,,,	<i>,,,,,,,</i>
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05

Pa	rt VI-A Lobbying Expenditures by El (To be completed ONLY by an				e instructions.)	N/A			
Che	ck ▶ a ☐ if the organization belongs to an affilia			you checked "a" a	nd "limited control"	provisions apply.			
	Limits on Lobbyi (The term "expenditures" mea				(a) Affiliated group totals	(b) To be completed for ALL electing organizations			
36	Total lobbying expenditures to influence public			36	1	<u> </u>			
37	Total lobbying expenditures to influence a legis		,	37					
38	Total lobbying expenditures (add lines 36 and	37)			 				
39					 				
40	Total exempt purpose expenditures (add lines	•		40					
41	Lobbying nontaxable amount. Enter the amount if the amount on line 40 is—	nt from the follow obbying nontaxa	_	_					
	Not over \$500,000 20%			. 4/////					
	Over \$500,000 but not over \$1,000,000 \$100,000			1 //////					
	Over \$1,000,000 but not over \$1,500,000 . \$175,	000 plus 10% of th	e excess over \$1,	000,000 }					
	Over \$1,500,000 but not over \$17,000,000 . \$225,0	•							
40	Over \$17,000,000 \$1,000								
42 43	Grassroots nontaxable amount (enter 25% of I Subtract line 42 from line 36. Enter -0- if line 4	•		· · · 	 	 			
44	Subtract line 41 from line 38. Enter -0- if line 4								
	Caution: If there is an amount on either line 43	or line 11 your	nust file Form A	720					
									
	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 on page 11 of the instructions.)								
		Lob	bying Expendit	ures During 4-Ye	ear Averaging Pe	riod			
	Calendar year (or	(a)	(b)	(c)	(d)	(e)			
	fiscal year beginning in) ▶	2003	2002	2001	2000	Total			
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e)).								
47	Total lobbying expenditures			ļ					
48	Grassroots nontaxable amount								
49	Grassroots ceiling amount (150% of line 48(e))								
50	Grassroots lobbying expenditures	<u> </u>	N	} }	<u> </u>	<u> </u>			
Pa	rt VI-B Lobbying Activity by Nonelect (For reporting only by organization)			/A Part VI-AV (See	nage 12 of the	a inetructions \			
Dur	ng the year, did the organization attempt to influ					1			
	mpt to influence public opinion on a legislative n				any Yes No	Amount			
	Volunteers								
b	Paid staff or management (Include compensati	ion in expenses r	eported on lines	c through h.) .					
C	Media advertisements								
ď	Mailings to members, legislators, or the public				· · /				
					1 1	1			
e	Publications, or published or broadcast statem				• •				
e f	Publications, or published or broadcast statem Grants to other organizations for lobbying purp	ooses	or a legislative	body					
e	Publications, or published or broadcast statem Grants to other organizations for lobbying purp Direct contact with legislators, their staffs, gov	ooses ernment officials,							
e f g	Publications, or published or broadcast statem Grants to other organizations for lobbying purp	ooses ernment officials, s, speeches, lectu gh h.)	res, or any othe	r means					

Friendship Community 6/30/04 # 23-1892383

Sche	dule A	(Form 990 or 990-EZ)	2003							Р	age 6
Pai	t VI			ransfers To and e page 12 of the			Relationships	With	Nonc	harit	able
51				indirectly engage in 1(c)(3) organizations						d in se	ection
а		• •		to a noncharitable	-					Yes	No
-	(i)	<u> </u>							51a(i)		
	(ii)	Other assets							a(ii)		
b	` '	er transactions:						• •			
_			es of assets with a	noncharitable exem	nnt organizat	ion			b(i)	}	
		-		table exempt organ				• •	b(ii)		
	(iii)			er assets , , .				• •	b(iii)		
	(iv)	Reimbursement a						• •	b(iv)		
	(v)		•						b(v)		
		-		thip or fundraising s					b(vi)		
c				sts, other assets, or				• •	С		
	If th	e answer to any of ds, other assets, o	the above is "Yes," or services given by	complete the follow the reporting organ column (d) the value	ing schedule	Column (b) sl ne organization	nould always show received less that	the fair n fair n			
-	no.	(b) Amount involved	Name of nonc	(c) hantable exempt organi	zation	Description of	(d) f transfers, transaction	s, and st	naring am	angeme	ents
											
			 								
			 								
			 								
											
						[
	-										
											
	des	cribed in section 50 (es," complete the	rectly or indirectly a 01(c) of the Code (a following schedule		lated to, on 01(c)(3)) or ii	e or more tax n section 527	· . ,		☐ Yes		No
		(a) Name of organiz	zation	(b) Type of organi	zation		(c) Description of re	lationship	·		
		·		····							
							·····				
							· · · · · · · · · · · · · · · · · · ·				
							Schedule	A (Form	1 990 or	990-EZ	2003

FRIENDSHIP COMMUNITY EIN: 23-1892383 YEAR ENDED JUNE 30, 2004

FORM 990

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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, 2004.

FILE: P:\MSTONER\MISCELLANEOUS\990SUP

FRIENDSHIP COMMUNITY EIN: 23-1892383 YEAR ENDED JUNE 30, 2004

FORM 990

PART III - STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE

Friendship Community is a Christian ministry supporting persons with developmental disabilities. It was founded in 1972 and currently serves 135 persons with 210 full and part time staff. The vision of Friendship Community is to be a community which:

- * Affirms the worth of all people
- * Responds to families and individuals seeking a Christian program
- * Supports personal growth and wholeness
- *Advocates for community and church inclusion
- * Provides opportunities for spiritual growth and service

PART III (a) - INTERMEDIATE CARE FACILITIES

This program includes three homes that provide intermediate care for 17 individuals. Funding comes from the Pennsylvania Department of Public Welfare, Office of Mental Retardation for these programs. All residents are engaged in vocational programs outside the facility during the day.

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

This program includes 12 group homes which serve 43 individuals, family living for 11 individuals, supported apartment living for 9 individuals and offers a range of residential and social services providing an independent environment which helps develop living skills. Funding comes from the Lancaster and Lebanon County MH/MR Programs via an annual contract.

PART III (c) - FRIENDSHIP MINISTRIES

This is a privately funded church related service which includes counseling and networking, supervised living for 27 individuals, respite care and three personal care homes serving 24 individuals.

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FRIENDSHIP COMMUNITY EIN: 23-1892383

YEAR ENDED JUNE 30, 2004

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	26,439	26,439	
Building/Leasehold Imp.	215,326	215,326	
Equipment/Furnishings	40,685	39,559	1,126
Adaptive Equipment	2,367	2,367	
Vehicles	59,899	59,899	
Finance Costs (Amort.)	1,608	1,608	
Total	346,324	345,198	1,126

LINE 43, OTHER EXPENSES

Description	Total	Program	Management	Fundraising
Purchased personnel	296,917	296,333	0	584
Resident programs	11,490	11,490	0	0
Purchased services	18,030	0	18,030	0
Staff development	24,509	19,347	4,451	711
Staff recruitment	17,531	13,289	4,242	0
Insurance	59,839	45,252	14,587	0
Food	141,523	141,523	0	0
Clothing	3,499	3,499	0	0
Resident Development	125,688	125,688	0	0
Memberships	15,881	1,667	13,169	1,045
Miscellaneous	34,059	14,366	19,163	530
Total	748,966	672,454	73,642	2,870

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FRIENDSHIP COMMUNITY

EIN: 23-1892383

YEAR ENDED JUNE 30, 2004

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	418,182	230,106	188,076
Building/Leasehold Imp.	5,280,583	1,640,047	3,640,536
Equipment/Furnishings	630,194	369,402	260,792
Adaptive Equipment	19,762	8,595	11,167
Vehicles	565,259	386,622	178,637
Total	7,374,712	2,634,772	4,739,940

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	1,791,100 429,894 137,500
Eastern Mennonite Missions 5.25% mortgages secured by property 5.50% unsecured notes payable	546,669 6,276
Mennonite Financial Federal Credit Union 8.0% vehicle loans 6.0% vehicle loans	5,147 69,243
	2,985,829

FILE: P:\MSTONER\MISCELLANEOUS\990SUP

Friendship Community EIN 23-1892383 Year Ended June 30, 2004

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	ail \$0	all \$0
George Stoltzfus 1149 E. Oregon Rd , Lititz PA 17543	Exec. Director	40	66,300	0	0
Brian French 1149 E. Oregon Rd , Lititz PA 17543	Dir of Programs	40	44,330	2,660	0
Ruth Welch 1149 E Oregon Rd., Lititz PA 17543	Dir of New Initiatives	36	33,748	0	0
Myron Stoner 1149 E Oregon Rd , Lititz PA 17543	Dir of Finance	40	45,994	2,760	0
Irvin Enck 1149 E Oregon Rd , Lititz PA 17543	Dir of Bldg	40	40,000	2,400	0
Milt Stoltzfus 1149 E Oregon Rd , Litriz PA 17543	Dir of Develop	40	41,002	2,460	0
Robert Redcay 1149 E. Oregon Rd , Lititz PA 17543	Dir of HR	40	39,000	2,340	0

FRIENDSHIP COMMUNITY

Board of Directors December 1, 2004

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)	Entry Year (1997)
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)
Recommended by Friendship Board Ken Laudermilch 478 E. Spruce Street New Holland, PA 17557 Phone: (610) 436-2928 (work) 355-2844 (home)	(2004)	(2001)
Suggested by Friendship Community Board, Approved by Board of Bishops William Rohrer (President) 355 E. Chestnut Street Lancaster, PA 17602 Phone: 397-7312	(2006)	(2002)
Georgia Martin (Secretary) 2124 Creek Hill Road Lancaster, PA 17601 Phone: 392-2823	(2006)	(1996)
J. Robert (Rob) Petersheim 303 Pin Oak Place Lancaster, PA 17602 Phone: 299-2053 Work: 394-0769	(2005)	(1996)

K. Eugene Forrey (Vice President) 312 Druid Hill Road Mountville, PA 17554 Phone: 892-1218 Fax: 285-5955	(2004)	(1998)
Beulah M. Landis 3245 Glengreen Drive Lancaster, PA 17601 Phone: 285-2027	(2005)	(1999)
Bob Peifer (Treasurer) 1222 Main Street Akron, PA 17501 Phone: (717) 859-1294 Day #: (717) 859-5555	(2006)	(2003)
Eunice Camargo-Ground 6235 Main Street East Petersburg, PA 17520 W. Phone: (717) 898-2251 Home: (717) 569-8585	(2006)	(2003)

(gs:12/04)