

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust
 ▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

OMB No. 1545-1150

1998

This Form is Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 1998 calendar year, OR tax year beginning July 1, 1998, and ending June 30, 1999

- B** Check if:
- Change of address
 - Initial return
 - Final return
 - Amended return (required also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
FRIENDS IN NEED FOUNDATION, INC

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. Box 56022

City or town, state or country, and ZIP + 4
Metairie LA 70055

D Employer identification number
72:1387553

E Telephone number
504-837-5434

F Check if exemption application is pending

H Enter four-digit group exemption number (GEN)

G Accounting method: Cash Accrual Other (specify) ▶

I Type of organization— Exempt under section 501(c)(3) (insert number) OR section 4947(a)(1) nonexempt charitable trust
Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

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

K Enter the organization's 1998 gross receipts (add back lines 5b, 6b, and 7b, to line 9) ▶ \$ 76,043
 If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 30.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received (attach schedule of contributors)															1,874													
	2	Program service revenue including government fees and contracts																												
	3	Membership dues and assessments																												
	4	Investment income																												
	5a	Gross amount from sale of assets other than inventory																												
	b	Less: cost or other basis and sales expenses																												
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																												
	6	Special events and activities (attach schedule):																												
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)									72,816																			
	b	Less: direct expenses other than fundraising expenses									72,816																			
c	Net income or (loss) from special events and activities (line 6a less line 6b)																													
7a	Gross sales of inventory, less returns and allowances																													
b	Less: cost of goods sold																													
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																													
8	Other revenue (describe ▶ _____)																													
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																													
Expenses	10	Grants and similar amounts paid (attach schedule)																												
	11	Benefits paid to or for members																												
	12	Salaries, other compensation, and employee benefits																												
	13	Professional fees and other payments to independent contractors																												
	14	Occupancy, rent, utilities, and maintenance																												
	15	Printing, publications, postage, and shipping																												
	16	Other expenses (describe ▶ <u>BANK CHARGES + P.O. Box</u>)																												
17	Total expenses (add lines 10 through 16)																													
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																												
	20	Other changes in net assets or fund balances (attach explanation)																												
	21	Net assets or fund balances at end of year (combine lines 18 through 20)																												

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Specific Instructions on page 34.)

	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	30 873
23	Land and buildings	23
24	Other assets (describe ▶ <u>Deposits on Hand</u>)	500 24
25	Total assets	530 25 873
26	Total liabilities (describe ▶ <u>ACCOUNTS PAYABLE</u>)	0 26 1,206
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	530 27 (333)

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 34.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <i>TO ASSIST PEOPLE IN NEED THROUGH FINANCIAL AND SUBSIDY ASSISTANCE</i>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<i>WORK WITH CHRISTMAS IN OCTOBER PROGRAM TO REURBNH HOMES OF QUALIFIED CITIZENS OF NEW ORLEANS</i> (Grants \$)	28a 500
29	<i>IKLS MEDICAL BENEFITS TWICE DURING YEAR TO PROVIDE FAMILIES WITH CATASTROPHIC MEDICAL AND FINANCIAL ASSISTANCE</i> (Grants \$)	29a 72,816
30	<i>PROVIDED ASSISTANCE TO OTHER NON PROFITS AND INDIVIDUALS IN NEED OF FINANCIAL AND SUBSIDY ASSISTANCE</i> (Grants \$)	30a 2,101
31	Other program services (attach schedule) (Grants \$)	31a —
32	Total program service expenses (add lines 28a through 31a)	32 75,417

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 34.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<i>ROBERT W. HIENZ NEW ORLEANS LA</i>	<i>PRESIDENT VARIES</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>ROBERT ROBINSON MANDRILLE LA</i>	<i>VICE-PRESIDENT VARIES</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>BRIAN KELLER METARIE LA</i>	<i>VICE PRES-SEC- VARIES</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>PAUL BARROS NEW ORLEANS LA</i>	<i>VICE PRESIDENT VARIES</i>	<i>0</i>	<i>0</i>	<i>0</i>

Part V Other Information (See Specific Instructions on page 35.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		<input checked="" type="checkbox"/>
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<input checked="" type="checkbox"/>	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	<input checked="" type="checkbox"/>	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <i>0</i>		<input checked="" type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b <i>0</i>		<input checked="" type="checkbox"/>
39	501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included on line 9 39a <i>N/A</i>		<input checked="" type="checkbox"/>
b	Gross receipts, included on line 9, for public use of club facilities 39b <i>N/A</i>		<input checked="" type="checkbox"/>
40a	501(c)(3) organizations.—Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <i>0</i> ; section 4912 ▶ <i>0</i> ; section 4955 ▶ <i>0</i>		<input checked="" type="checkbox"/>
b	501(c)(3) and (4) organizations.—Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach an explanation.		<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <i>0</i>		<input checked="" type="checkbox"/>
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ <i>0</i>		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ <i>None</i>		
42	The books are in care of ▶ <i>Robert Hienz</i> Telephone no. ▶ <i>(504) 837-5434</i> Located at ▶ <i>3320 N. CAUSEWAY BLVD., METARIE LA 70002</i> ZIP + 4 ▶ <i>70002</i>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> <i>N/A</i> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <i>0</i>		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (See General Instructions, page 12)

Robert W. Hienz | *5-12-00* | *Robert W. Hienz, President*

Signature of officer | Date | Type or print name and title.

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed | Preparer's SSN

Firm's name (or yours if self-employed) and address | EIN | ZIP + 4

**SCHEDULE A
(Form 990)**

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.

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

OMB No. 1545-0047

1998

Department of the Treasury
Internal Revenue Service

Name of the organization: FRIENDS IN NEEDS FOUNDATION, INC. Employer identification number: 72-1387553

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions on page 1. List each one. If there are none, enter "None.")

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

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions on page 1. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<i>None</i>		
Total number of others receiving over \$50,000 for professional services ▶		

Part III Statements About Activities

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

Part IV Reason for Non-Private Foundation Status (See instructions on pages 2 through 4.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

Provide the following information about the supported organizations. (See instructions on page 4.)

(a) Name(s) of supported organization(s)	(b) Line number from above
NOT APPLICABLE	

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