

Short Form

OMB No. 1545-1150

Form **990-EZ**

Return of Organization Exempt From Income Tax

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

2000

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 **OVERWHELMING BILLS.** **JULY 1** and ending **6/30/2001**

B Check if:
 Change of address
 Change of name
 Initial return
 Final return
 Amended return

C Name of organization
FRIENDS IN NEED FOUNDATION, INC.

Number and street (or P.O. box, if mail is not delivered to address) Room/suite
3045 RIDGELAKE DRIVE 100

City, town, or country State ZIP code
METAIRIE LA 70002

D Employer identification number
72-1387553

E Telephone number
504-837-5434

F Check if if application pending

G Accounting method: Cash Accrual Other (specify)

H Enter 4-digit group exemption number (GEN)

I Organization type (check only one)- 501(c) (**3**) (insert no.) 527 or 4947(a)(1)
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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, it should file a return without financial data. Some states require a complete return.

K Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ \$ **70,829**

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions on page 34.)

1	Contributions, gifts, grants, and similar amounts received	1	2,535
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0
6	Special events and activities (attach schedule):		
6a	Gross revenue (not including \$ 2,535 of contributions reported on line 1)	6a	68,294
6b	Less: direct expenses other than fundraising expenses	6b	18,529
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	49,765
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0
8	Other revenue (describe _____)	8	0
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	52,300
10	Grants and similar amounts paid (attach schedule)	10	34,140
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	555
15	Printing, publications, postage, and shipping	15	50
16	Other expenses (describe SUPPLIES AND MISCELLANEOUS)	16	816
17	Total expenses (add lines 10 through 16)	17	35,561
18	Excess or (deficit) for the year (line 9 less line 17)	18	16,739
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)	19	418
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	17,157

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 37.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	418	17,157
23 Land and buildings		
24 Other assets (describe _____)	0	0
25 Total assets	418	17,157
26 Total liabilities (describe _____)	0	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	418	17,157

Part III Statement of Program Service Accomplishments

(See Specific Instructions on page 38.)

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? ASSIST IND. IN NEED - FINANCIALLY & SWEAT EQUITY
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.

Table with 3 columns: Line number, Description of program service, and Expense amount. Includes lines 28-32.

Part IV List of Officers, Directors, Trustees, and Key Employees

(List each one even if not compensated. See Specific Instructions on page 38.)

Table with 5 columns: (A) Name and address, (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.

Part V Other Information

(See Specific Instructions on page 38 and General Instruction V on page 14.)

Yes or No

Table with 2 columns: Question/Description and Yes or No. Includes questions 33-43 regarding organizational activities, tax reporting, and financial details.

Signature and preparer information section. Includes fields for 'Please Sign Here', 'Paid Preparer', and 'Use Only' with signature of Robert W. Hienz and date 1/6/2002.

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

2000

Department of the Treasury
Internal Revenue Service

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

Name of the organization
FRIENDS IN NEED FOUNDATION, INC.

Employer identification number
72-1387553

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

(See page 1 of the instructions. List each one. If there are none, enter "None.")

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

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

(See page 1 of the instructions. List each one (whether individuals or firms.) If there are none, enter "None.")

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

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. 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 page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status

(See pages 2 through 4 of the instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 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 below.)
- 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 page 5 of the instructions.)

(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 page 5 of the instructions.)

Line 10 for 990EZ		Total:	34,140
1	STEPHEN GRIFFIN FOR THE BENEFIT OF MATTHEW GRIFFIN	1	14,147
2	DAWN GLORIOSO	2	18,393
3	CYSTIC FIBROSIS FOUNDATION	3	200
4	ALTON OSCHNER FOUNDATION	4	500
5	DAVID MCWHERTER	5	500
6	LUKEMIA/LYMPHOMA SOCIETY	6	100
7	MELROSE DUGAS	7	300
8		8	

Line 6a for 990EZ		Total:	68,294
1	GOLF TOURNAMENT	1	8,712
2	BENEFIT FOR MATTHEW GRIFFIN	2	24,717
3	BENEFIT FOR DAWN GLORIOSO	3	34,865
4		4	
5		5	

Line 6b for 990EZ		Total:	18,529
1	GOLF TOURNAMENT	1	5,873
2	BENEFIT FOR MATTHEW GRIFFIN	2	10,847
3	BENEFIT FOR DAWN GLORIOSO	3	1,809
4		4	
5		5	