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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form 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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150 2009

Open to Public Inspection

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22 Cash, savings, and investments 22 23 Land and buildings 23 24 Other assets (describe ► See Statement 3) 518,101 24 648,855 25 Total assets 518,101 25 648,855 26 Total liabilities (describe ► See Statement 4) 816,373 26 970,953 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) -298,272 27 -322,098		Part II	Balance	e She	ets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 inste	ad of	Form 9	990-EZ.
23 Land and buildings 24 Other assets (describe ► See Statement 3) 518,101 24 648,855 25 Total assets 26 Total liabilities (describe ► See Statement 4) 816,373 26 970,953 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) -298,272 27 -322,098					(See the instructions for Part II.) (A) Beginning of y	ear		(B) End of year
24 Other assets (describe See Statement 3) 518,101 24 648,855 25 Total assets 518,101 25 648,855 26 Total liabilities (describe See Statement 4) 816,373 26 970,953 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) -298,272 27 -322,098	22	Cash,	savings, and in	vestme	nts		22	
25 Total assets 518,101 25 648,855 26 Total liabilities (describe ► See Statement 4) 816,373 26 970,953 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) -298,272 27 -322,098	23	Land a	and buildings				23	
25 Total assets 518,101 25 648,855 26 Total liabilities (describe ► See Statement 4) 816,373 26 970,953 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) -298,272 27 -322,098	24	Other	assets (describ	e 🕨	See Statement 3 518,	101	. 24	648,855
26 Total liabilities (describe ► See Statement 4) 816,373 26 970,953 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) -298,272 27 -322,098	25	Total a	assets					
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) -298, 272 27 -322, 098	26	Total I	liabilities (desc	ribe 🕨				
			,					
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.					Reduction Act Notice, see the separate instructions.			Form 990-EZ (2009

Form **990-EZ** (2009)

_Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		,	
			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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			İ
	the changes	34		<u> </u>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
	6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr.	<u> </u>		
b	Did the organization file Form 1120-POL for this year?	37b		X
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 outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			·
	section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	1		
	person in a prior year, and that the transaction has not been reported on any of the organization's prior	l		4.5
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ъ		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		:	
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
u	reimbursed by the organization The amount of tax of time 400 reimbursed by the organization	İ	1	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
•	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed.▶	-		
42a	The organization's books are in care of ▶ Fred Saviano Telephone no. ▶ 84°	7-84	3-4	259
	350 W. Schaumburg Road			
	Located at ▶ Schaumburg, IL ZIP+4 ▶ 60	194		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country		1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		1	
	and Financial Accounts.		-	<u> </u>
С	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c	L	X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	•	•	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			77	T
	0.14		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			x
45	Form 990-EZ	44	1	┼ <u>^</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	45		X
	"Yes," Form 990 must be completed instead of Form 990-EZ		00 E.	7 (2000)

Form	990-EZ (2009) Friendship Senior Service		-1630044			Page 4
Pa	rt VI Section 501(c)(3) organizations and section 4947(a)(1) nonexemp	t charitable tr	usts only. All s	section	
	501(c)(3) organizations and section 4947(a)(1) none					9b
	and complete the tables for lines 50 and 51.					
46	Did the organization engage in direct or indirect political campaign activities of	n behalf of or in op	position to		Yes	- No
	candidates for public office? If "Yes," complete Schedule C, Part I				46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedul	le C, Part II			47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)?	? If "Yes," complete	Schedule E		48	X
49a	Did the organization make any transfers to an exempt non-charitable related of	organization?		••••	49a	X
b	If "Yes," was the related organization a section 527 organization?		•••	• • • •	49b	
50	Complete this table for the organization's five highest compensated employee	es (other than office	ers, directors, trust	ees and key		
	employees) who each received more than \$100,000 of compensation from the	e organization If th	ere is none, enter			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expe account a other allow	and
None						
			L			
•						
		<u> </u>				
		<u> </u>		<u></u>		
f	Total number of other employees paid over \$100,000	▶		_		
	\$100,000 of compensation from the organization. If there is none, enter "None (a) Name and address of each independent contractor paid more than \$100,000		Type of service	(c) C	ompensation	
No	1 e					
					-	
d	Total number of other independent contractors each receiving over \$100,000	>				
Sign Here		accompanying schedi officer) is based on all	ules and statements, I information of which Date	and to the best of my l preparer has any knoo	knowledge wledge	
Paid	Preparer's	Date 11/1(Check if self-employed	Preparer's Ident		See instr)
Prep	parer's Firm's name (or yours SS & G Financial Serv				/030 4-1945	695
•	Only of self-employed), 1665 Elk Boulevard		-	Phone		
		6-4776			-824-4	וטטט
Mav	the IRS discuss this return with the preparer shown above? See instructions	/ / /			X Yes	No
					rm 990-E2	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Friendship Senior Service Foundation, NFP

Employer identification number 20–1630044

Schedule A (Form 990 or 990-EZ) 2009

Pä	ITT I	Heas	on for Public Charity	/ Status (All organizations	must	complet	e ms	oan.) (See ir	Struction	ons.		
Γhe	orga	nization is not	a private foundation becau	ise it is: (For lines 1 through 11, c	check only	y one box	.)						
1		A church, co	nvention of churches, or as	sociation of churches described i	in section	170(b)(1)(A)(i).						
2	П	A school des	cribed in section 170(b)(1)	(A)(ii). (Attach Schedule E.)									
3	П	A hospital or	a cooperative hospital serv	vice organization described in sec	ction 170	(b)(1)(A)(iii).						
4	П		·	ed in conjunction with a hospital o			•	(1)(A)(ii	ii). Ente	r the hos	pital's name.		
	لــا	city, and stat							,		,		
5			•	of a college or university owned	or operat	ed by a n	overnme	Intal uni	t descri	hed in			
Ŭ	Ш		(b)(1)(A)(iv). (Complete Par		or operat	ou b, u g	0 10111110	ina an	L GOOT	JCG 111			
6	\Box			governmental unit described in s	action 17	70(h)(1)/A	VvA						
7	H		-	a substantial part of its support from				rom the	aonora	ماطيما			
•	Ш	-	•	• • • • • • • • • • • • • • • • • • • •	oni a gove	- ii ii ii ii ii ii ii ii ii ii ii ii ii	i unit or i	ioni ine	yenera	ii public			
	П		section 170(b)(1)(A)(vi). ((. 11. 3								
8	H	•		170(b)(1)(A)(vi). (Complete Part	•								
9	Ш	=	=	(1) more than 33 1/3 % of its sup	-				•	-	SS		
		•		mpt functions—subject to certain	•		•						
		• •	-	and unrelated business taxable in	•) from E	usiness	ses			
			=	30, 1975. See section 509(a)(2).									
10		_	- · · · · · · · · · · · · · · · · · · ·	exclusively to test for public safe	=			_					
11	X	-	- ·	exclusively for the benefit of, to	-			•					
		-		rted organizations described in so						section			
				the type of supporting organization		•	ſ	—		_			
		a [Type		c X Type III–Functions			d [e III-Ot	her			
е	X	-		rganization is not controlled direct	-								
		•	•	s and other than one or more put	olicly supp	ported org	janizatio	ns desc	ribed in	section			
			section 509(a)(2).										
f				termination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting				
		_	check this box										X
g		Since Augus	t 17, 2006, has the organiz	ation accepted any gift or contrib	ution from	any of th	ne						
		following per	rsons?								•		
		(i) A persor	n who directly or indirectly o	controls, either alone or together	with perso	ons descr	ibed in (II)				Yes	No
		and (iii)	below, the governing body	of the supported organization?							11g(i)		X
		(ii) A famıly	member of a person descr	ribed in (i) above?							. 11g(ii)		<u> </u>
		(iii) A 35% c	controlled entity of a person	described in (i) or (ii) above?							11g(iii)		<u> </u>
h		Provide the	following information about	the supported organization(s)	,								
(i)		e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Amo		
	org	janization		(described on lines 1-9 above or IRC section	1 17	sted in your document?		iization in of your	organızat (i) organı	zed in the	supp	ort	
				(see instructions))	governing	-		oort?		S ?			
					Yes	No	Yes	No	Yes	No			
E٦	<i>r</i> ar	igelica:		Homes of Greater		ago,	Inc	-					
		<u>-</u>	36-2815382	9	X	<u> </u>	X		X			68,8	<u>806</u>
F	:ie	endship		ill Creek, NFP	1								
			20-3300991	9	X	ļ	X		X				
					<u> </u>				<u> </u>				
													_
													_
Tota	1					1		l	1			68.1	806

Form 990 or 990-EZ.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

	edule A (Form 990 or 990-EZ) 2009 Fri	endship S	Senior Ser	vice		-1630044	Page 2
Pa	art II Support Schedule for O	rganizations [Described in S	ections 170(b))(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box	on line 5, 7, or	8 of Part I.)			4.
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			· · · · · · · · · · · · · · · · · · ·			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	* v // .	. `*****		£ 4 7 1 1		
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on			444			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	<u> </u>		434.	il to the		
12	Gross receipts from related activities, etc.	(see instructions)				_12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fou	irth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her	e	_			· · · · · · · · · · · · · · · · · · ·	▶_
Sec	tion C. Computation of Public St	upport Percen	tage				
14	Public support percentage for 2009 (line 6	i, column (f) divide	d by line 11, colum	n (f))		14	%
15	Public support percentage from 2008 Sch			***	•	15	%
16a	33 1/3 % support test-2009. If the organ	ization did not che	ck the box on line	 13, and line 14 is :	33 1/3 % or more.	check this box	
	and stop here. The organization qualifies			•			▶ [
b	33 1/3 % support test—2008. If the organ		•	or 16a, and line	15 is 33 1/3 % or m	ore, check this	
	box and stop here. The organization quali					, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	▶ [
17a	10%-facts-and-circumstances test—200				Sa. or 16b. and line	14 is 10% or	
-	more, and if the organization meets the "fa	-					
	organization meets the "facts-and-circums			•	· ·		. [
b	10%-facts-and-circumstances test—200		-	, ,			
-	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums			-	•		▶ □
18	Private foundation. If the organization did				-	• •	· • [

Schedule A (Form 990 or 990-EZ) 2009

FSSF 11/10/2010 2 19 PM Schedule A (Form 990 or 990-EZ) 2009 Friendship Senior Service 20-1630044 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 5 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from ă. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 33 1/3 % support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 19a

17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Fo			hip Senior		20-1630044	_ ✓ Page 4
Part IV					ations required by Part II, line and information. See instruction	e 10;
						. ′ .
•				•		
				•		••
					•	
		•				•
			•			
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	•					
		•				
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047 Open To Publications

Name of the organization

Friendship Senior Service

Employer identification number

Foundation, NFP					20-16300	
Part Form 990-EZ filers are not required				ered "Yes" to For	m 990, Part IV, lii	ne 17.
1 Indicate whether the organization raised funds through				Check all that apply		
a Mail solicitations	e Solicitation	of no	n-gov	ernment grants		
b Internet and email solicitations	f Solicitation	of go	vemm	ent grants		
c Phone solicitations	g Special fur	ndraisii	ng ev	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement v or key employees listed in Form 990, Part VII) or entity	vith any individual (in connection with	includi profes	ng of	ficers, directors, truste	es ?	Yes No
b If "Yes," list the ten highest paid individuals or entities (to be compensated at least \$5,000 by the organization	fundraisers) pursua				·	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did raiser custo contri contrib	have dy or of of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	-	Yes	No			
				 		
					_	
				,		
		+				
		-				
		+				
		<u></u>	<u></u>			
Total			•			
List all states in which the organization is registered or registration or licensing.	licensed to solicit f	funds (or has	been notified it is exe	mpt from	
• • •						
	•	•				
• • • • •				• ••		
			•			
						•••

	edule art l	G (Form 990 or 990-EZ)	2009 Friendship vents. Complete if the o			" to Form 990	20-16		✓ Page
·			5,000 on Form 990-EZ, li						eported
_			(a) Event #1 Sterling Dinne: (event type)	<u>r</u>	(b) Event #2	(c) Other e		(add col	al events (a) through
Revenue	1	Gross receipts	104,34	6				1	.04,346
_	2	Less: Charitable contributions	59,72	0					59,720
	3	Gross revenue (line 1 minus line 2)	44,62	6					44,626
	4	Cash prizes .							
	5	Noncash prizes							
sesu	6	Rent/facility costs	7,54	7					7,547
Direct Expenses	7	Food and beverages	30,87	1					30,871
Dire	8	Entertainment .	3,66	2					3,662
	9	Other direct expenses	2,54	6					2,546
P	10 11 art l	Net income summary. C	y. Add lines 4 through 9 in colum ombine line 3, column (d), and I plete if the organization a	ine 10	es" to Form 99	0, Part IV, line	19, or rep		44,626
	Γ-	than \$15,000	on Form 990-EZ, line 6a.		Pull tabs/instant	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	(d) Total ga	
Revenue			(a) Bingo	1 ' '	progressive bingo	(c) Other ga	aming		ough col (c))
_	1	Gross revenue							
enses	2	Cash prizes							
Direct Expe	3	Noncash prizes							
Direc	4	Rent/facility costs .							
	5	Other direct expenses					-		· - 4.788ass
	6	Volunteer labor	Yes % No	Yes No	%	Yes No	%		
	7	Direct expense summar	y. Add lines 2 through 5 in colum	ın (d)			. ▶	<u> </u>	
	8	Net gaming income sum	mary. Combine line 1, column d	l, and line 7	•		•		
9 a b	ls t		ne organization operates gaming to operate gaming activities in ea		ates?			. 9a	Yes No
10a			n's gamıng licenses revoked, su	spended or ten	minated during the t	ax year?		10a	
b	lf "`	res," Explain.							
11			te gamıng activities with nonmer					11	
12		he organization a grantor med to administer charita	, beneficiary or trustee of a trust ble gaming?	or a member of	of a partnership or o	ther entity	·	. 12	

<u>Śche</u>	dule G (Form 990 or 990-EZ) 2009 Frie	ndship	Senior	Service	20-16	30044	Р	age 3
	•						Yes	No
13	Indicate the percentage of gaming activity operat	ted in.						
а	The organization's facility				13a	%		
ь.	An outside facility				13b	%		1 :
14	Provide the name and address of the person who	prepares the	organization's	gaming/special event	ts books			
	and records:							1
	Name ►							!
	Address ▶							
15a	Does the organization have a contract with a third	d party from wh	nom the organ	uzation receives gamir	ng			
	revenue?	•				15a	-	<u> </u>
b	If "Yes," enter the amount of gaming revenue rec	-	ganization >	\$	and the			1 ¦
	amount of gaming revenue retained by the third i	· -		. •				
C	If "Yes," enter name and address of the third par	ty.					1	
	Name ▶							
	·			•			1	
	Address >	• •						
16	Gaming manager information:							
	Name ► .			•				
								. 1
	Gaming manager compensation ► \$							1
	Description of services provided ▶						(%	
	Description of services provided	•		• •	•			Î.]
	Director/officer Employee	□ Inc	dependent co	ntractor			1	
		····		· · · · · · · · · · · · · · · · · · ·			~	
17	Mandatory distributions:							
а	Is the organization required under state law to m	ake charitable	distributions fo	rom the gaming proce	eds to			
	retain the state gaming license?					178		
b	Enter the amount of distributions required under	state law distril	buted to other	exempt organizations	or spent			
	in the organization's own exempt activities during	the tax year	▶ \$			Į.	1	1

11/10/2010 2:19 PM ;

FSSF Friendship Senior Service

20-1630044 FYE: 3/31/2010

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations

			2			
Name and Address		Class of Activity				
Date of Gift	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
Evan Retire Homes Greater Chicago	er Chicago Support	908'89				

Schaumburg, IL 60194

350 W. Schaumburg Road

Total

908,89

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FSSF Friendship Senior Service

20-1630044 FYE: 3/31/2010

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description		Amount
Expenses	\$	
Credit Card Expense		409
Employee Support Expense		25,036
Gift Annuity Expense		5,250
Recruitment		210
Total	\$	30,905

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	 Beginning of Year	 End of Year
Due from ERHGC	\$ 518,101	\$ 648,855
	 518,101	648,855

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	 Beginning of Year	 End of Year
Accounts Payable and Accrued Expenses Due to ERHGC Due to FSO	\$ 783 693,375 122,215	\$ 220 845,662 125,071
	 816,373	 970,953