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

A For the 2009 calendar year, or tax year beginning 7/01 **, 2009, and ending** 6/30 **, 2010**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

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

C FRIENDSHIP HOUSE ADULT DAY SERVICES, INC
114 6TH STREET
ALEXANDRIA, LA 71301

D Employer identification number: 72-0928233

E Telephone number: 318-473-9504

F Group Exemption Number ►

● ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☐ Cash ☒ Accrual Other (specify) ►

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ► N/A

J Tax-exempt status (check only one) — ☒ 501(c) (3) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 295,697.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	5,239.
	2	Program service revenue including government fees and contracts		2	243,874.
	3	Membership dues and assessments		3	
	4	Investment income		4	10,682.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► ☐			
	a	Gross revenue (not including $ of contributions reported on line 1)	6a 35,902.		
	b	Less direct expenses other than fundraising expenses	6b 11,518.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	24,384.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ►)		8	
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►		9	284,179.
EXPENSES	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	219,349.
	13	Professional fees and other payments to independent contractors		13	10,799.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	3,932.
	16	Other expenses (describe ► See Statement 1)		16	76,317.
	17	**Total expenses.** Add lines 10 through 16 ►		17	310,397.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-26,218.
	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	315,617.
	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	289,399.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

	(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	298,815.	22	278,338.
23	Land and buildings		23	
24	Other assets (describe ► See Statement 2)	31,214.	24	28,750.
25	**Total assets**	330,029.	25	307,088.
26	**Total liabilities** (describe ► See Statement 3)	14,412.	26	17,689.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	315,617.	27	289,399.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form **990-EZ** (2009)

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Part III **Statement of Program Service Accomplishments** (See the instructions.)

What is the organization's primary exempt purpose? DAY CARE FOR THE ELDERLY

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

			Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)
28	PROVIDE ALTERNATIVE FACILITIES AND SERVICES FOR ADULTS WITH NEEDS FOR INDEPENDENT LIVING. (Grants $) If this amount includes foreign grants, check here ► ☐	28a	178,433.
29	(Grants $) If this amount includes foreign grants, check here ► ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ► ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ► ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ►	32	178,433.

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
See Statement 4		27,470.	0.	1,809.

Part V **Other Information** (Note the statement requirements in the instrs for Part V.) See Statement 5

			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,' attach a conformed copy of the changes	34		X
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			
a	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 instructions ► 37a 0.			
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 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
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 person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b		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 ► 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	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 ► None

42a The organization's books are in care of ► TARA THARPE Telephone no ► 318-473-9504
Located at ► 114 6TH STREET, ALEXANDRIA, LA ZIP + 4 ► 71301

			Yes	No
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 account)? If 'Yes,' enter the name of the foreign country: ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S ? If 'Yes,' enter the name of the foreign country ►	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ► ☐ N/A
and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		X
48 Is the organization 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 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 employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(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 and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over $100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $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	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 ►

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

► ✓ Tara Tharpe ✓ 11-11-10
Signature of officer Date

► ✓ Tara Tharpe, Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► LEE W. WILLIS Lee Willis	Date 11/11/10	Check if self-employed ► [X]	Preparer's Identifying Number (See instructions) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ► Rozier, Harrington & McKay			
P.O. Box 12178		EIN ► N/A	
Alexandria, LA 71315		Phone no ► (318) 442-1608	

May the IRS discuss this return with the preparer shown above? See instructions ► [X] Yes [ ] No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization: FRIENDSHIP HOUSE ADULT DAY SERVICES, INC

Employer identification number: 72-0928233

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 [ ] A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 [ ] A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 [ ] 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 exempt 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).** (Complete Part III)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a [ ] Type I **b** [ ] Type II **c** [ ] Type III – Functionally integrated **d** [ ] Type III– Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

			Yes	No
(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11 g (i)**		
(ii)	a family member of a person described in (i) above?	**11 g (ii)**		
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?	**11 g (iii)**		

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section **(see instructions)**)	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the US? Yes	(vi) No	(vii) Amount of Support
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 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
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	22,163.	9,491.	16,916.	5,550.	5,239.	59,359.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 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						0.
4 **Total.** Add lines 1 through 3.	22,163.	9,491.	16,916.	5,550.	5,239.	59,359.
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)						0.
6 **Public support.** Subtract line 5 from line 4						59,359.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	22,163.	9,491.	16,916.	5,550.	5,239.	59,359.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	16,066.	21,422.	4,912.	-7,385.	10,682.	45,697.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11 **Total support.** Add lines 7 through 10						105,056.

12 Gross receipts from related activities, etc. (see instructions) | 12 | 0.

13 **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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) | 14 | 56.5 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 61.4 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► [X]

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization. ► ☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization. ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

Part III 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 yr 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 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

14 **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

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	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	%

19a **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 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 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 ► ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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 Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

2009

Open to Public Inspection

Name of the organization: FRIENDSHIP HOUSE ADULT DAY SERVICES, INC

Employer identification number: 72-0928233

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply.

- [ ] Mail solicitations
- [ ] Internet and email solicitations
- [ ] Phone solicitations
- [ ] In-person solicitations
- [ ] Solicitation of non-government grants
- [ ] Solicitation of government grants
- [ ] Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [ ] Yes [ ] No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(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
Total ►						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 FUNDRAISING (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	35,902.			35,902.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	35,902.			35,902.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	11,518.			11,518.
	10 Direct expense summary Add lines 4 through 9 in column (d) ►				11,518.
	11 Net income summary Combine lines 3, column (d) and line 10 ►				24,384.

Part III **Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary Combine lines 1, column (d) and line 7 ►				

		YES	NO
9 Enter the state(s) in which the organization operates gaming activities ____			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If 'No,' explain			
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If 'Yes,' explain:			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			YES	NO
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.				
Name ►				
Address ►				
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?		15a		
b If 'Yes,' enter the amount of gaming revenue received by the organization $ ______ and the amount of gaming revenue retained by the third party $ ______				
c If 'Yes,' enter name and address of the third party				
Name ►				
Address. ►				
16 Gaming manager information				
Name ►				
Gaming manager compensation ► $ ______				
Description of services provided ►				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $				

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

ADVERTISING	$ 6,822.
Amortization	3,496.
BANK CHARGES	1,320.
CAREGIVERS SUPPORT GROUP	35.
CONSULTANTS/CONTR.	4,987.
DUES & SUBS	1,425.
EMPLOYEE RECOGNITION	477.
EMPLOYEE SCREENING	135.
EQUIP. RENTAL & MAINT.	3,030.
INSURANCE-DIRECTORS & OFFICERS	1,386.
INSURANCE-FIRE & LIABILITY	8,031.
INSURANCE-WRKRS COMP	1,202.
JANITORIAL SUPPLIES	494.
KITCHEN SUPPLIES	1,893.
LAUNDRY SUPPLIES	35.
MEDICAL SUPPLIES	1,140.
MEMORIALS	168.
NEWSLETTER	2,265.
OFFICE SUPPLIES	4,919.
PARTICIPANT LUNCHES	15,243.
PARTICIPANT SNACKS	1,250.
PARTICIPANT TRANSPORTATION	1,015.
RECREATIONAL SUPPLIES	2,061.
TAXES & LICENSES	605.
TELEPHONE	5,030.
TRAINING/INSERVICE	177.
Travel	1,087.
UTILITIES	4,550.
VEHICLE EXPENSE	1,789.
VOLUNTEER SCREENING & RECOG.	250.
Total	$ 76,317.

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	Beginning	Ending
Accounts Receivable	$ 18,104.	$ 19,136.
Furniture and Fixtures	13,110.	9,614.
Total	$ 31,214.	$ 28,750.

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	Beginning	Ending
Accounts Payable and Accrued Expenses	$ 3,416.	$ 4,013.
CREDIT CARD LIABILITY	0.	3,113.
OTHER W/H	326.	528.
PAYROLL TAX W/H	6,071.	4,618.
WAGES PAYABLE	4,599.	5,417.
Total	$ 14,412.	$ 17,689.

Statement 4
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
WINNIFRED JETT 5733 GOODLAND TRACE ALEXANDRIA, LA 71301	BOARD MEMBER 0	$ 0.	$ 0.	$ 0.
LAUREN SULLIVAN 358 WEST SHORE DRIVE ALEXANDRIA, LA 71303	BOARD MEMBER 0	0.	0.	0.
DUSTIN MATTHEWS 6048 CAMBRIDGE DR ALEXANDRIA, LA 71303	Treasurer 0	0.	0.	0.
ELIZABETH LINDSAY 1727 HANDLEY LOOP EXT PINEVILLE, LA 71360	BOARD MEMBER 0	0.	0.	0.
HELEN DERR 1101 16TH ST APT 321 ALEXANDRIA, LA 71301	MEMBER AT LARGE 0	0.	0.	0.
REBECCA NATION 2002 JEFFERSON HIGHWAY PINEVILLE, LA 71360	BOARD MEMBER 0	0.	0.	0.
DANA PIAS 5723 JACKSON ST ALEXANDRIA, LA 71303	BOARD MEMBER 0	0.	0.	0.
TOM PEACH 3844 INDEPENDENCE DR ALEXANDRIA, LA 71303	BOARD MEMBER 0	0.	0.	0.
FAYE SIMPSON 362 WINDERMERE BLVD ALEXANDRIA, LA 71303	Vice President 0	0.	0.	0.
CHARLOTTE SPEIR 4017 LEGACY LOOP PINEVILLE, LA 71360	0	0.	0.	0.
KATHARINE GEARY 870 BETHEL RD DEVILLE, LA 71328	President 0	0.	0.	0.
JULIA PETERMAN 221 PECAN PARK AVE ALEXANDRIA, LA 71303	BOARD MEMBER 0	0.	0.	0.

Statement 4 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
JEAN LIVELY 128 HUNTINGTON DR PINEVILLE, LA 71360	BOARD MEMBER 0	$ 0.	$ 0.	$ 0.
MIKE HATHORN 5131 MASONIC DR ALEXANDRIA, LA 71301	BOARD MEMBER 0	0.	0.	0.
ANNE MILLER 8709 RIDGEMONT PINEVILLE, LA 71360	Secretary 0	0.	0.	0.
HELEN MATHEWS 6203 ENGLAND DRIVE ALEXANDRIA, LA 71303	BOARD MEMBER 0	0.	0.	0.
JOHN REED 410 WATERFORD DR ALEXANDRIA, LA 71303	BOARD MEMBER 0	0.	0.	0.
LEE WEEMS 705 PEARCE RD PINEVILLE, LA 71360	BOARD MEMBER 0	0.	0.	0.
HERBIE LOU FLYNN 114 6TH ST ALEXANDRIA, LA 71301	BOARD MEMBER 0	0.	0.	0.
DAN MORRIS 1915 MILITARY HWY PINEVILLE, LA 71360	BOARD MEMBER 0	0.	0.	0.
TARA THARPE 17 DAUZART ST PINEVILLE, LA 71360	Executive Direc 0	27,470.	0.	1,809.
CINDY SEARCY 409 OSIRIS CT ALEXANDRIA, LA 71303	BOARD MEMBER 0	0.	0.	0.
	Total	$ 27,470.	$ 0.	$ 1,809.

Statement 5
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	No

ROZIER, HARRINGTON & McKAY
CERTIFIED PUBLIC ACCOUNTANTS

1407 PETERMAN DRIVE
ALEXANDRIA, LOUISIANA 71301

John S Rozier, IV, C P.A
M Dale Harrington, C P A. (Retired)
Mark S McKay, C P A
~~Lee W. Willis, C.P.A.~~
Steven E Kimball, C P A
Rhonda L Rachal, C P A
Georgette J Vercher, C P A

MAILING ADDRESS
P O Box 12178
Alexandria, LA 71315-2178

Telephone (318) 442-1608
Telecopier (318) 487-2027

FRIENDSHIP HOUSE ADULT DAY SERVICES, INC.,

This letter confirms the arrangements for accounting and tax services that we will perform for you.

In order to ensure a more complete understanding of the nature and extent of the service we agree to perform, your responsibilities, and our fee arrangements, we have set forth in the following paragraphs our understanding of these agreements and responsibilities.

We will prepare the Federal and State (if applicable) income tax returns for the year ended *June 30, 2010* from information furnished to us by you. We will not audit or independently verify the data you submit. However, we may ask for clarification of some of the information. We will furnish you with questionnaires, worksheets, or booklets, if necessary, to guide you in gathering the required information for us.

Our fee for these services will be based upon our normal and customary billing practices. All invoices will be due and payable upon presentation.

We will also be available to answer inquires on specific tax matters, or to assist you in planning to minimize income or estate taxes. All returns are subject to review by the taxing authorities. In the event of such government tax examination, we will be available, upon request, to represent or assist you. Such additional services are not included in our fee for preparation of the return. Your Federal return has been marked to elect authorization for the Internal Revenue Service to discuss matters relating to that return with the partner signing your return.

As a result of congressional action during the past several years, the responsibilities of taxpayers and professional return preparers have increased significantly. Penalties for failure to satisfy those responsibilities can be substantial. The penalty will be 20% of the underpayment.

For travel and entertainment expenses the law specifically requires that any deduction claimed must be substantiated by records indicating the amount, time, place, and business purpose of the expenditure, and, for entertainment expenses the business relationship of the persons entertained. Receipts are required for expenditures of Twenty-Five dollars ($25.00) or more. If you claim a deduction for travel or entertainment expenses, you represent that you have the required records and receipts. If the Internal Revenue Service, or any local taxing authority, has disallowed any portion of a travel or entertainment deduction you may have claimed on a prior tax return, please advise us of the details of such disallowance.

If you plan to claim a deduction for business use of an automobile, computer or other asset used partly for business use and partly for personal use, you are required to substantiate such deductions by adequate records or sufficient evidence corroborating your own statement. Such evidence need not necessarily be in writing, although written evidence will be of greater value. In the case of a vehicle, you will also be required to indicate on your individual income tax return your total mileage driven for business use, commuting and other personal use, percentage of and business use, date placed in service, use of other vehicles and after-work use, whether you have evidence to support the business use claimed, and whether or not the evidence is written. In the case of a computer or other asset used partly for business and partly for personal use, similar questions, except for those relating to mileage must be answered on your return.

We appreciate the opportunity to serve you, and look forward to a continuing, mutually satisfying relationship.

Sincerely,

Rozier, Harrington & McKay, CPAs

The above terms and conditions are accepted and affirmed.

By: ✓ Jara Sharpe Date: ✓ 11-11-10