

Form **990EZ**
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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
FRIENDSHIP LODGE INC
FRIENDSHIP LODGE
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 1292
City or town, state or province, country, and ZIP or foreign postal code
SCOTTSBORO, AL 35768

D Employer identification number
63-1155889
E Telephone number
(256) 259-0065
F Group Exemption Number ▶

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) 501(c)(7) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 77,060

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue			
1	Contributions, gifts, grants, and similar amounts received	1	2,291
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	6,650
4	Investment income	4	33
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 line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	11,164
c	Less direct expenses from gaming and fundraising events	6c	7,011
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	4,153
7a	Gross sales of inventory, less returns and allowances	7a	44,560
b	Less cost of goods sold	7b	38,501
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	6,059
8	Other revenue (describe in Schedule O)	8	12,362
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	31,548

Expenses			
10	Grants and similar amounts paid (list in Schedule O)	10	
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	600
14	Occupancy, rent, utilities, and maintenance	14	8,067
15	Printing, publications, postage, and shipping	15	320
16	Other expenses (describe in Schedule O)	16	23,998
17	Total expenses. Add lines 10 through 16 ▶	17	32,985

Net Assets			
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,437
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	139,320
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	137,883

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	16,132	22	18,563
23 Land and buildings	115,360	23	114,565
24 Other assets (describe in Schedule O)	7,828	24	4,755
25 Total assets	139,320	25	137,883
26 Total liabilities (describe in Schedule O).		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	139,320	27	137,883

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
MEMBERS VOLUNTEER TO DELIVER MEALS ON WHEELS, ALSO DONATE TO CHRISTMAS CHARITIES AND OTHER COMMUNITY NEES AS THEY ARISE

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		29a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
30		30a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O)			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	2,890

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHER CORDELL PRESIDENT	16 00	0		
ERA HALL VICE PRESIDENT	16 00	0		
VICKEY CHAMBERS SECRETARY	16 00	0		
DARLINE IVEY TREASURER	16 00	0		
ROBERT KREJCI TRUSTEE	4 00	0		
ROBERT KREJCI III TRUSTEE	4 00	0		
DANNY GILBERT TRUSTEE	4 00	0		
RENITA ALLEN TRUSTEE	4 00	0		
JERRY HARPER TRUSTEE	4 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, and 42a.

42a The organization's books are in care of DARLINE IVEY Telephone no (256) 609-1708 Located at PO BOX 1292 Scottsboro, AL ZIP + 4 35768

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

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 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, and 45b.

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

Part VI Section 501(c)(3) Organizations Only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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.

<p>Sign Here</p> <p>***** Signature of officer DARLINE IVEY TREASURER Type or print name and title</p>	<p>2020-03-16 Date</p>
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Paid Preparer Use Only	Print/Type preparer's name Rita Story	Preparer's signature	Date 2020-04-14	Check <input type="checkbox"/> if self-employed	PTIN P00750037
	Firm's name ▶ HRB TAX GROUP INC			Firm's EIN ▶ 43-1871840	
	Firm's address ▶ 1507 S BROAD ST SCOTTSBORO, AL 35768			Phone no (256) 574-6036	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:

Software Version:

EIN: 63-1155889

Name: FRIENDSHIP LODGE INC
FRIENDSHIP LODGE

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 DELIVERY OF MEALS ON WHEELS CHRISTMAS CHARTITIES (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	2,890

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
FRIENDSHIP LODGE INC
FRIENDSHIP LODGE

Employer identification number

63-1155889

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART 1 LINE 8	POOL TABLE INCOME 1,861

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART 1 LINE 8	SATURDAY DOOR ENTRY FEES 10,501

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART 1, LINE 16	BANK SERVICE CHARGES 6

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART 1, LINE 16	GENERAL LIAB INSURANCE 2,420

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART 1, LINE 16	PROPERTY INSURANCE 1,803

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART 1, LINE 16	LICENSES AND PERMITS 2,413

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART 1, LINE 16	SUPPLIES 8,546

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART 1, LINE 16	OFFICE EXPENSES 811

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART 1, LINE 16	EQUIPMENT RENT 64

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART 1, LINE 16	PROPERTY TAXES 2,285

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART 1, LINE 16	CHARITABLE DONATIONS 2890

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART 1 LINE 16	DEPRECIATION EXPENSE BLDG/FURN & EQUIP 2,760

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART 2 LINE 24	FURN AND EQUIP ADJ BASIS AFTER DEPR EXP OF 1,965