## EXTENDED TO NOVEMBER 15, 2022

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# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

and ending A For the 2021 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change FRIENDS IN ACTION INTERNATIONAL Name change 77-0296087 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number ]Final return/ P. O. BOX 323 717-546-0208 termin-ated 2,074,391. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return ELIZABETHTOWN, PA 17022 H(a) Is this a group return Applica-F Name and address of principal officer:MATTHEW DURKEE Yes X No for subordinates? pending P.O. BOX 323, ELIZABETHTOWN, PA 17022 H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.FIAINTL.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1998 M State of legal domicile: MO Part I Summary Briefly describe the organization's mission or most significant activities: TO ASSIST MISSIONARIES AND Activities & Governance PASTORS WHO ARE TEACHING THE BIBLE BY HELPING TO PROVIDE THEM WITH Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 17 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 42 Total number of volunteers (estimate if necessary) 6 54,878. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 31,169. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year **Current Year** 1,388,627 1,939,362. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 49. 10,685 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 106,222. 61,268. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,505,534. 2,000,679. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 351,761. 320,077. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 336,184. 632,890. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 358,404 418,368. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,371,335. 629,344. 1,046,349. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 459,185 Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year** 3,792,103. 4,338,464. Total assets (Part X, line 16) 1,273,178. 1,190,195. 21 Total liabilities (Part X, line 26) Net/ 2,518,925. 3,148,269. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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. Signature of officer Date Sign MATTHEW DURKEE, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature LYNN A. MILLS LYNN A. 10/18/22 P00014920 Paid MILLSself-emp<u>loyed</u> Firm's name WALZ GROUP Firm's EIN **23-2489722** Preparer Firm's address ▶ PO BOX 5555 Use Only LANCASTER, PA 176065555 Phone no. 717 - 392 - 8200 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Page 2

Pai	Statement of Program Service Accomplishments	1
	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission:	
	TO ASSIST MISSIONARIES AND PASTORS WHO ARE TEACHING THE BIBLE BY	_
	HELPING TO PROVIDE THEM WITH THE INFRASTRUCTURE NEEDED IN REMOTE LOCATIONS THROUGHOUT THE WORLD	_
	LOCATIONS THROUGHOUT THE WORLD	_
	Diddle and the first of the second state of th	-
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No	
_	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No	
3	3,	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4-	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 1,172,661. including grants of \$ 320,077.) (Revenue \$	_
4a	(Code: ) (Expenses \$ 1,1/2,661. including grants of \$ 320,07/.) (Revenue \$ IN 2021, 221,750+ INDIVIDUALS HEARD THE GOSPEL THROUGH FRIENDS IN	)
	ACTION'S GLOBAL OUTREACHES - 200,000 BOLIVIA/BRAZIL INSPIRACION RADIO,	_
	1,200 EL MISIONERO MEDICAL OUTREACH, 100 WELL-DRILLING AFRICA, 1,400	_
	RAMA CAY NICARAGUA, 1,750 MOLDOVA UNIVERSITY OF DIVINE GRACE, 3,200	-
	PAPUA NEW GUINEA PRISON MINISTRY, 100 VANATU OUTREACH.	-
	COMMUNITY TRANSFORMATION PROJECTS - 2,000 FOUR HURRICANE-RESISTANT	-
	HOMES BUILT, LAUNDRY/SHOWER HOUSE BEGUN, PLAYGROUND, WALKING BRIDGE,	-
	AND WELL COMPLETED FOR THE RAMA; 2 WELLS DRILLED AFRICA; CHURCH BUILT	-
	IN BOLIVIA.	-
	MEDICAL RELIEF AND AID - 7,400 1,200 EL MISIONERO AND C19 AID BOLIVIA;	-
	3,200 PNG PRISON OUTREACH; 3,000 CLINIC SUPPLIES VANUATU	-
	LEADERSHIP & DISCIPLINESHIP TRAINING - 1,150 500 INDIGENOUS TRAINING	-
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	_
	(code) (Lapparates 4	,
		_
		_
		-
		-
		-
		-
		-
		-
		-
		_
4c	(Code:) (Expenses \$	)
		•
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses 1,172,661.	

# Form 990 (2021) FRIENDS IN ACTION INTERNATIONAL Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	If "Yes," complete Schedule A	2	X	
3	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	3		х
4	Section 501(c)(3) organizations. 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	domestic government out rait in, columnity, intensin 163, complete scheduler, raits raito in	L		_ 41

Form 990 (2021) FRIENDS IN ACTION
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
24.0	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
<b>2</b> 7a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	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	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u> </u>
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		Х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
50		38	х	
Pa		, 55		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	

921) FRIENDS IN ACTION INTERNATIONAL
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No					
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 17								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Х					
5a	, , , , , , , , , , , , , , , , , , , ,								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		Х					
С									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		l ₩					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	٥.							
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).			Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Λ					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		Х					
الد	to file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year	70							
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f							
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	71 7g							
g h	If the organization received a contribution of qualified intellectual property, and the organization file of office of the organization file a Form 1098-C?	7 <u>9</u> 7h							
_	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
Ū	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.	8							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand			37					
14a	J J J J J J J J J J J J J J J J J J J	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<sub>~</sub>					
	excess parachute payment(s) during the year?	15		X					
40	If "Yes," see the instructions and file Form 4720, Schedule N.			₩					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
47	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	3		
	If there are material differences in voting rights among members of the governing body, or if the governing	_		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- 1.0		
12a		12a	х	
u	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ū	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	l)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	., Or 11y	, avail	كالمد
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
13	statements available to the public during the tax year.	iu iiila	ioiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20				
	MATTHEW DURKEE - 717-546-0208 3898 F HARRICRIEG DIKE MIDDLETOWN DA 17057			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	nor any related	orga	aniza	ation	l COI	mpe	nsat	ted any current officer, o	director, or trustee.		
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of	
	week		cer and a director/trustee)		itee)	from	from related	other			
	(list any	recto						the	organizations	compensation	
	hours for	or di	99			sated		organization	(W-2/1099-MISC/	from the	
	related organizations	nstee	trust		99	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related	
	below	lual tr	tional		yoldı	t con	_	1099-NEC)		organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) TIMOTHY J. JOHNSTON	40.00				<u> </u>	1 0	-				
EXECUTIVE DIRECTOR		Х		Х				58,694.	0.	27,000.	
(2) MATT DURKEE	40.00										
EXECUTIVE DIRECTOR		Х		Х				0.	0.	0.	
(3) TED ILLJES	1.00										
SECRETARY		Х		Х				0.	0.	0.	
(4) ANDY HUNT	1.00										
CHAIRMAN		Х		Х				0.	0.	0.	
(5) PAUL JAROT	1.00										
VICE CHAIR		Х		Х				0.	0.	0.	
(6) RALPH BELTRAN	1.00										
EMERITUS		Х						0.	0.	0.	
(7) RANDY SCHNIEDERS	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(8) FAYE BROWN	1.00										
BOARD MEMBER		Х						0.	0.	0.	
		1									
		-									
	1										
		-									
			$\vdash$	$\vdash$							
		1									
	1						$\vdash$				
		1									
	1	1		1				1			

132007 12-09-21 Form **990** (2021)

Section A. Officers, Directors, Trustees, Key Employees, and							st C						
(A)	(B)	(C)					(D)	(E)			(F)		
Name and title	Average		Position (do not check more than one		Reportable	Reportable			timate				
	hours per week					is bot or/trus		compensation compensat				nount o	of
	(list any		<del></del>			Г	<u> </u>	from	from related			other	ion
	hours for	Individual trustee or director				L		the organization	organizatior (W-2/1099-MI			pensat om the	
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC			anizati	
	organizations	ruste	ol trus		99/	mpeu		1099-NEC)	10001120	'		d relate	
	below	dual 1	Institutional trustee	_	Key employee	st co	 					anizatio	
	line)	Indivi	Institi	Officer	Key er	Highest compensated employee	Former						
		H											
4h Cuhistal							L	58,694.		0.	2	7,00	<u> </u>
1b Subtotal								0.		0.	4	7,00	0.
c Total from continuation sheets to Part VI								58,694.		0.	2	7,00	
d Total (add lines 1b and 1c)  Total number of individuals (including but n									000 of reportat			,,,,	<del>, , , , , , , , , , , , , , , , , , , </del>
compensation from the organization	ot illilited to ti	1030	iiote	o ai	JOV.	C) WI	10 10	eccived more than \$100	,,000 of reportat	ЛС			0
												Yes	No
3 Did the organization list any former officer,													
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	•							•	the organization				Х
and related organizations greater than \$150  5 Did any person listed on line 1a receive or a									idual for convicer		4		Λ
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com										•	5		Х
Section B. Independent Contractors	pioto corrodar	00,	0, 00	3011	00/0								
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
<b>(A)</b> Name and business	address	NIC	ONE	,				<b>(B)</b> Description of s	envices	0	(C	<b>))</b> nsatior	1
	444,000	11/	7141					Boompton or c			- Ciripo	- Ioatioi	•
2 Total number of independent contractors (i	-	ot li	mite	d to	tho	se lis	sted	d above) who received m	nore than				
\$100,000 of compensation from the organia	zation ►					U							

Page 9

Form 990 (2021) FRIENDS
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to any li	ne in this Part VIII			
				(A)	(B)	(C)	<b>(D)</b> Revenue excluded
				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
					- and and and and a	240111000 10101140	sections 512 - 514
nts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
s, (	С	Fundraising events 1c					
a H		Related organizations 1d					
is, (	е						
i Si		All other contributions, gifts, grants, and					
[ 무료		similar amounts not included above 1f 1	,939,362.				
달의	g	Ι <sub>4</sub>   φ	4,268.				
a S	h	Total. Add lines 1a-1f		1,939,362.			
			Business Code				
ا بو	2 a						
ار کے	b						
Se	c						
Program Service Revenue	d						
g g	e						
<u> </u>	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, int					
		other similar amounts)		49.	49.		
	4	Income from investment of tax-exempt bond					
	5	Royalties	•				
		(i) Real	(ii) Personal				
	6 a	110 245					
	b	Less: rental expenses 6b 64,467					
	c	Rental income or (loss) 6c 54,878					
	d	Net rental income or (loss)	<u> </u>	54,878.		54,878.	
		Gross amount from sales of (i) Securities	(ii) Other			, , , , , ,	
	. u	assets other than inventory 7a	(-),	1			
	h	Less: cost or other basis		1			
e l		and sales expenses 7b					
eu		Gain or (loss) 7c		1			
ther Revenue		Net gain or (loss)					
e l		Gross income from fundraising events (not					
된	o u	including \$ of					
		contributions reported on line 1c). See					
			a 15,635.				
	h		b 9,245.	-			
		Net income or (loss) from fundraising events		6,390.			6,390.
		Gross income from gaming activities. See		, , , ,			,,,,,,,
	Ju		a				
	h		b	1			
			<b>&gt;</b>				
		Gross sales of inventory, less returns					
	10 a	•	Da				
	h		Ob				
		Net income or (loss) from sales of inventory	<b>!</b>				
_		The modifie of (1000) from sales of invertiory	Business Code				
Miscellaneous Revenue	11 a						
Jue	ii a b						
i ela	C						
<u>8</u> 8		All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2,000,679.	49.	54,878.	6,390.
				_ , ,	•	,	

# Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX									
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)					
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations		САРСПЭСЭ	general expenses	схреносо					
•	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
2										
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign	320,077.	320,077.							
	individuals. See Part IV, lines 15 and 16	320,011.	320,077.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	05 604	05 604							
	trustees, and key employees	85,694.	85,694.							
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	452 220	200 125	E0 40E	20 550					
7	Other salaries and wages	473,330.	370,135.	70,437.	32,758.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes	73,866.	60,230.	9,307.	4,329.					
11	Fees for services (nonemployees):									
а	Management									
	Legal									
С	Accounting	28,577.	5,637.	22,535.	405.					
	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g										
	column (A), amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion	27,155.	13,146.	4,530.	9,479.					
13	Office expenses	10,873.	8,936.	1,322.	615.					
14	Information technology	•	·							
15	Royalties									
16	Occupancy									
17	Travel	19,750.	19,412.	231.	107.					
18	Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials									
10	Conferences, conventions, and meetings	23.	23.							
19	, , , , , , , , , , , , , , , , , , ,	23,618.	19,258.	2,976.	1,384.					
20	Interest	23,010.	17,230.	2,570	1,504•					
21	Payments to affiliates	118,305.	110,252.	5,462.	2,591.					
22	Depreciation, depletion, and amortization	10,897.	9,892.	580.	425.					
23	Other expanses Itemize expanses not severed	10,091•	5,032•	300.	447.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A),									
	amount, list line 24e expenses on Schedule 0.)  REPAIRS & MAINTENANCE	39,797.	36,184.	2 166	1,147.					
a			36,184.	2,466.						
b	SUPPLIES	34,873.		264.	149.					
С	POSTAGE	17,612.	16,675.	639.	298.					
d	UTILITIES	17,362.	15,216.	1,377.	769.					
е	All other expenses	69,526.	47,434.	11,833.	10,259.					
25	Total functional expenses. Add lines 1 through 24e	1,371,335.	1,172,661.	133,959.	64,715.					
26	<b>Joint costs</b> . Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
13201	0 12-09-21		· · · · · · · · · · · · · · · · · · ·		Form <b>990</b> (2021)					

# Form 990 (2021) Part X Balance Sheet

Га	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			824,780.	2	1,439,097.
	3	Pledges and grants receivable, net	0.7.000	3	00.615		
	4	Accounts receivable, net	27,329.	4	38,617.		
	5	Loans and other receivables from any current	r officer, director,				
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqui					
		under section 4958(f)(1)), and persons describ				6	
Assets	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			7.7	8	0.1
	9				77.	9	21.
	10a	Land, buildings, and equipment: cost or other		4 420 450			
		basis. Complete Part VI of Schedule D	. 10a	4,430,450.	2 020 167		0 761 607
					2,839,167.	10c	2,761,687.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		100 750	14	00 042	
	15	Other assets. See Part IV, line 11	I	100,750.	15	99,042. 4,338,464.	
	16	Total assets. Add lines 1 through 15 (must ed			92,158.	16	81,178.
	17	Accounts payable and accrued expenses			92,130.	17	01,1/0.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet				21	
Liabilities	22	Loans and other payables to any current or fo					
ili		trustee, key employee, creator or founder, sub				00	
Lia	23	controlled entity or family member of any of the Secured mortgages and notes payable to unre	-		1,181,020.	22 23	1,109,017.
	24	Unsecured notes and loans payable to unrelate		-	1,101,020.	24	1,100,017.
	25	Other liabilities (including federal income tax, p				27	
	23	parties, and other liabilities not included on lin					
		of Schedule D	C3 17 24,	J. Complete Fart A		25	
	26	Total liabilities. Add lines 17 through 25			1,273,178.	26	1,190,195.
		Organizations that follow FASB ASC 958, c	heck her	e 🕨 X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27				1,844,505.	27	1,922,659.
Bal	28	Net assets with donor restrictions			674,420.	28	1,922,659. 1,225,610.
pu		Organizations that do not follow FASB ASC					
ŕ		and complete lines 29 through 33.	•	ŕ			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances		2,518,925.	32	3,148,269.	
_	33	Total liabilities and net assets/fund balances			3,792,103.	33	4,338,464.

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,00					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,37					
3	Revenue less expenses. Subtract line 2 from line 1	3	62 2,51	9,3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B)) 10							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		_X_			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b					

Form **990** (2021)

## **SCHEDULE A**

(Form 990)

Total

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FRIENDS IN ACTION INTERNATIONAL

Employer identification number 77 – 0296087

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 12, 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 (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

# 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·	'	,			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(1)	(-,	(-,	(-,	(-,	( )
	membership fees received. (Do not						
	include any "unusual grants.")	1,113,105.	1,179,760.	971,911.	1,388,627.	1,939,362.	6,592,765.
2	Tax revenues levied for the organ-						
	ization'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	1,113,105.	1,179,760.	971,911.	1,388,627.	1,939,362.	6,592,765.
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)						506,879.
	Public support. Subtract line 5 from line 4.						6,085,886.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019 971, 911.	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1,113,105.	1,179,760.	9/1,911.	1,388,627.	1,939,362.	6,592,765.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			2,245.	539.	49.	2,833.
_	and income from similar sources			2,245.	339.	43.	2,033.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	8,861.	11,199.	13,955.	11,843.	15,635.	61,493.
11	Total support. Add lines 7 through 10	3,331	11,1331	20,3001	11,0101	23,0331	6,657,091.
12		etc (see instructi	ons)			12	.,,
	First 5 years. If the Form 990 is for the	•	,			<u> </u>	
	organization, check this box and <b>stor</b>	· ·			•	. , . ,	
Sec	ction C. Computation of Publ						
	Public support percentage for 2021 (			column (f))		14	91.42 %
	Public support percentage from 2020		-			15	87.88 %
	33 1/3% support test - 2021. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	·			<b>▶</b> X
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			<b>&gt;</b>
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and <b>stop her</b>	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	supported organ	ization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ▶□

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	slow, picase com	piete i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		, ,	1	, ,		,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any 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	`						
J	furnished by a governmental unit to the organization without charge						
6	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 line 6.)						
<u>Se</u>	ction B. Total Support						
	endar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6  a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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 VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u>l</u>	6 11 201	<u> </u>	504( )(0)	<u>l</u>
14	First 5 years. If the Form 990 is for th	· ·		•		. , . ,	
<u> </u>	check this box and stop here						<b>P</b>
	ction C. Computation of Publi					145	21
	Public support percentage for 2021 (II						%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					11	
17	1						%
18	1 0			and Para M.A. and Pho			<u>%</u>
19	a 33 1/3% support tests - 2021. If the	•		•		•	
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the		-				
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	oorted organization	
20	Private foundation. If the organization		_			-	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b. Part I, complete Sections A and C. If you checked box 12c. Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
		(		Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
		on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ly member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec		B. Type I Supporting Organizations			
		71		Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	140
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	-		
_		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations	_		
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
Sec		D. All Type III Supporting Organizations	•		
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
•		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	_	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		son of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū		cant voice in the organization's investment policies and in directing the use of the organization's			
	-	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in	structio	ns).	
2		ies Test. Answer lines 2a and 2b below.		Yes	No
а		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		I the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-		supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sche	edule A (Form 990) 2021 FRIENDS IN ACTION INTE	RNATION	NAL	77-0296087 Page 6
_	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

emergency temporary reduction (see instructions). \_\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

5

6

Schedule A (Form 990) 2021

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	<u> </u>				
Section D - Distributions						
_1	Amounts paid to supported organizations to accomplish exempt purposes 1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity 2					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations 3					
4	Amounts paid to acquire exempt-use assets 4					
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5					
6	Other distributions (describe in Part VI). See instructions.					
7	<b>Total annual distributions.</b> Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organization is responsive					
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2021 from Section C, line 6					
10	Line 8 amount divided by line 9 amount 10					

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

77-0296087 Page 8 FRIENDS IN ACTION INTERNATIONAL Schedule A (Form 990) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER INCOME 8,861. 2017 AMOUNT: \$ 2018 AMOUNT: 11,199. 2019 AMOUNT: 13,955. 2020 AMOUNT: 11,843. 2021 AMOUNT: \$ 15,635.

132028 01-04-22 Schedule A (Form 990) 2021

# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
PRIOR YEAR'S EXCESS	640,021.	506,879.
otal Excess Contributions to Schedule A, Part II, Line 5	1	506,879.

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FRIENDS IN ACTION INTERNATIONAL

Employer identification number 77-0296087

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		us or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes L No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	tion or education)	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	• • • • • • • • • • • • • • • • • • • •		
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	,	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year		
4	Number of states where property subject to conservation eas		-
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing co	nservation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conser	vation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial state	ments that describes the
Da	organization's accounting for conservation easements.	Art Historical Transcruss or 6	Other Cimiles Assets
Pai	t III Organizations Maintaining Collections of	-	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for pub		
_	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	rtherance of public service,
	provide the following amounts relating to these items:		<b>.</b>
	(i) Revenue included on Form 990, Part VIII, line 1		
			•
2	If the organization received or held works of art, historical trea		ial gain, provide
	the following amounts required to be reported under FASB AS	-	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990. Part X		<b>▶</b> \$

Par	t III   Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, d	or Othe	er Simil	ar Asse	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following tha	at make s	ignificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	ion's exe	mpt purp	ose in Par	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	istorical trea	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 990	D, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year						1e			
f	Ending balance						1f			
<b>2</b> a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabil	ity?	L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i									
		(a) Current year	(b) F	rior year	(c) Two year	rs back	(d) Three y	/ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for th	ne organi:	zation	г.	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Par	t VI Land, Buildings, and Equipm		) Doub IV	/ Umadda C	Can Farma 000	Dout V	line 10			
	Complete if the organization answere				1					
	Description of property	(a) Cost or o basis (investr			or other		ccumulate		(d) Book	value
		,	nent)		(other)	aep	preciation		272	0 / 7
	Land				3,847. 8,102.		369 4	60		3,847. 3,642.
	Buildings				9,904.		369, <u>4</u> 184,3			5,542.
	Leasehold improvements				6,533.		L04,3 L06,0			0,510.0
	Equipment				2,064.		08,8			1,303.
	Other		V 601			Ι,(	,,,,			.,687.
<u>ı otal</u>	. Add lines Ta through Te. (Column (a) must e	quai roiiii 990, Part	∧, colur	ııı (b), iine i	10C.)				<u> </u>	.,00/•

Schedule D (Form 990) 2021 FRIENDS II	N ACTION INTERI	NATIONAL 77	7-0296087 Page <b>3</b>
Part VII Investments - Other Securities.			. 490 -
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security		(c) Method of valuation: Cost or en	id-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>		
Part VIII Investments - Program Related			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>		
Part IX Other Assets.			
Complete if the organization answered "Ye		e 11d. See Form 990, Part X, line 15.	1
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	\" 45\		
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)	<b>&gt;</b>	•
Part X Other Liabilities.	!! F 000 D+!\/ !:	- 44446 O F 000 D-st V lis- 0	_
Complete if the organization answered "Yo	=s on Form 990, Part IV, line	e The or Thi. See Form 990, Paπ X, line 2	5. <b>(b)</b> Book value
1. (a) Description of liability			(b) book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... 

X

(7) (8)

77-0296087 Page 4 FRIENDS IN ACTION INTERNATIONAL Schedule D (Form 990) 2021

t XI Reconciliation of Revenue per Audited Financial St				
Complete if the organization answered "Yes" on Form 990, Part IV, I	line 12a.			
Total revenue, gains, and other support per audited financial statements			1	2,009,220.
Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
Donated services and use of facilities	2b			
Recoveries of prior year grants	2c			
		9,245.		
Add lines 2a through 2d			2e	9,245.
Subtract line 2e from line 1			3	1,999,975.
Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
Investment expenses not included on Form 990, Part VIII, line 7b	4a			
Other (Describe in Part XIII.)	4b	704.		
Add lines <b>4a</b> and <b>4b</b>			4c	704.
			5	2,000,679.
		Expenses per	Retu	ırn.
Total expenses and losses per audited financial statements			1	1,379,876.
·				
Donated services and use of facilities	2a			
Prior year adjustments	2b			
Other losses	2c			
Other (Describe in Part XIII.)	2d	9,245.		
Add lines 2a through 2d			2e	9,245.
Subtract line 2e from line 1			3	1,370,631.
Investment expenses not included on Form 990, Part VIII, line 7b	4a			
Other (Describe in Part XIII.)	4b	704.		
Add lines <b>4a</b> and <b>4b</b>			4c	704.
	18.)		5	1,371,335.
t XIII Supplemental Information.				
•			1; Part	X, line 2; Part XI,
	TZATION DOL	re nom unv		NV
ECOGNIZED TAX DENEFTIS AS OF DECEMBER	31, 2021.	PEDERAL A	עט	BIAIL IAA
URNS ARE GENERALLY OPEN AND SUBJECT TO	O THE REPSE	ECTIVE TAX	AU	THORITY'S
MINATION FOR THE CURRENT PERIOD AND P	REVIOUS THE	REE YEARS.		
T XI, LINE 2D - OTHER ADJUSTMENTS:				
ECT EXPENSES - ANNUAL DINNER ON PART	VIII LINE 8	3B		9,245.
m vr. 1 TVD 4D 000000 10 7000000000				
T XI, LINE 4B - OTHER ADJUSTMENTS:				
ITIONAL 990-T EXPENSES				704.
	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1: tXII   Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line tXIII   Supplemental Information.  Set the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide tXIII   Supplemental Information.  Set the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide tXIII   Supplemental Information.  Set TX, LINE 2:  TAGEMENT HAS DETERMINED THAT THE ORGAN ECOGNIZED TAX BENEFITS AS OF DECEMBER INTO THE CURRENT PERIOD AND PICT XII, LINE 2D - OTHER ADJUSTMENTS:	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Note unrealized gains (losses) on investments Donated services and use of facilities Peccoveries of prior year grants Peccoveries of prior year delication of prom 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b Peccoveries of prior year addition of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Prior year adjustme	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments    2a	Total revenue, gains, and other support per audited financial statements Anounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments Donated services and use of facilities Cother (Describe in Part XIII.)  Add lines 2a through 2d  Substract line 2e form line 1  Anounts included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)  Add lines 3 and 4b.  Complete if the organization answered "Yes" on Form 990, Part I, line 12.)  Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part II, line 12.)  Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)  Add lines 2a through 2d  Substract line 2e form line 1  Anounts included on line 1 but not on Form 990, Part IV, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)  Add lines 2a through 2d  Substract line 2e form line 1  Anounts included on Form 990, Part IV, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)  Add lines 2a through 2d  Substract line 2e form line 1  Anounts included on Form 990, Part IV, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)  Add lines 3a Intrough 2d  Substract line 2e form line 1  Anounts included on Form 990, Part IV, line 11  Anounts included on Form 990, Part IV, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)  Add lines 4a and 4b  Other (Describe in Part XIII.)  Add lines 3a Intrough 2d  Substract line 2e form line 1  Anounts included on Form 990, Part IV, line 18.)  **EXIII Supplemental Information.**  Tax, LINE 2:  AGEMENT HAS DETERMINED THAT THE ORGANIZATION DOES NOT HAVE A  ECOGNIZED TAX BENEFITS AS OF DECEMBER 31, 2021. FEDERAL AND

# SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

00, Part IV, line 14b, 15, or 16.

Department of the Treasury
Internal Revenue Service

➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number

FRIENDS IN ACTION INTERNATIONAL 77-0296087

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV, line 14b.		
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,		
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Yes	X No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

United States.					
3 Activities per Region. (T	he following Pari (b) Number of offices in the region		an be duplicated if additional space is  (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	MISSIONARY SUPPORT	55,583.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,					
CAMBODIA,	0	0	PROGRAM SERVICES	MISSIONARY SUPPORT	44,549.
RUSSIA AND					
NEIGHBORING STATES -					
ARMENIA, AZERBIJAN,					
BELARUS,	0	0	PROGRAM SERVICES	MISSIONARY SUPPORT	20,680.
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,					
COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	MISSIONARY SUPPORT	65,630.
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	0	PROGRAM SERVICES	MISSIONARY SUPPORT	110,000.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	0	0	PROGRAM SERVICES	MISSIONARY SUPPORT	23,635.
3 a Subtotal	0	(			320,077.
<b>b</b> Total from continuation sheets to Part I	0				0.
c Totals (add lines 3a	0				320,077.
and 3b)	1 '	1			340,077.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2021

Page 2

Schedule F (Form 990) 2021

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV appraisal, other)								
(h) Description of noncash assistance								
(g) Amount of noncash assistance	0	0	0	0	0	0		
(f) Manner of cash disbursement								recognized as a tax
(e) Amount of cash grant	. 582, 583.	44,549.	*089'07	.059,630.	.000,011	.23,635		foreign country,
(d) Purpose of grant	SUPPORT AND EDUCATION	SUPPORT AND EDUCATION	SUPPORT AND EDUCATION	SUPPORT AND EDUCATION	SUPPORT AND EDUCATION	SUPPORT AND EDUCATION		Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
(c) Region	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES		ns listed above that are
(b) IRS code section and EIN (if applicable)								recipient organization
1 (a) Name of organization								2 Enter total number of

5 3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 FRI

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2021
(g) Description of noncash assistance ap					Schedule F
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

Page 4

Schedule F (Form 990) 2021 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Page **5** 

# Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS: EITHER GRANTS ARE ONE
PER PROJECT REQUEST BASIS FOR A SPECIFIC NEED OR FOR ONGOING ACTIVITIES.
FOR ONGOING ACTIVITIES, WE REQUIRE FINANCIAL STATEMENTS TO SUPPORT PROPER
ALLOCATION OF GRANTS, AND AT TIMES, HAVE ARMS LENGTH OVERSIGHT IN THE
ACTIVITIES. FOR SPECIFIC PROJECT GRANTS, WE REQUEST PROJECT DESCRIPTIONS
TO ELVALUATE. IN BOTH CASES, WE PHYSICALLY VISIT THE LOCATIONS YEARLY TO
EVALUATE AND MONITOR USE OF GRANTS.

## SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization FRIENDS IN ACTION INTERNATIONAL 77-0296087 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ 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 Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

77-0296087 Page 2 Schedule G (Form 990) 2021 FRIENDS IN ACTION INTERNATIONAL Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ANNUAL NONE (add col. (a) through BANQUET col. (c)) (event type) (event type) (total number) Revenue 15,635. 1 Gross receipts 15,635 2 Less: Contributions 15,635. 15,635. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9,245. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue .. 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes **」Yes** Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

Schedule G	(Form 990)	2021

**b** If "Yes," explain:

**9** Enter the state(s) in which the organization conducts gaming activities:

**b** If "No," explain:

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Sch	nedule G (Form 990) 2021 FRIENDS IN ACTION INTERNATIONAL 77-0	296	087	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
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?		Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		. 00	
	The organization's facility	13a		%
	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	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >\$			
C	s 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:			
а	s the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. Ш	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year \( \subseteq \\$ \)  Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I.	d III li	nes 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,		05, 105,

Schedule G	G (Form 990)	FRIENDS I	N ACTION	INTERNATIONAL	77-029608	7 Page 4
Part IV	(Form 990) Supplemental Info	mation (continued	)			
						·

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization FRIENDS IN ACTION INTERNATIONAL **Employer identification number** 77-0296087

Par	rt I Types of Property						
		(a)	<b>(b)</b> Number of	(c)		(d)	
		Check if applicable	contributions or	Noncash contribution amounts reported on	Method of noncash contr		
		арріюцью	items contributed	Form 990, Part VIII, line 1g	1101104011 00111		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles	X	1	1,000.	ESTIMATED	FAIR	VALUE
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts Other ► ( DO-ALL BAND S )	X	1	1 500	ESTIMATED	ΕλΤD	777 T.TTE
25	Other (DO-ALL BAND S) Other (HYPOTHERM PLA)	X	_ <u>+</u>		ESTIMATED ESTIMATED		
26	Other $\triangleright$ ( $\overline{55}$ LBS OF STE)	X	1		ESTIMATED ESTIMATED		
27 28	Other (DONATED MULCH)	X	1		ESTIMATED		
<u>20</u> 29	Number of Forms 8283 received by the organ		n the tay year for o		<u> </u>		<u> </u>
23	for which the organization completed Form 8						
	To whom the digameation completed from c	200,1 4,1 1, 2	onioo monino moag				Yes No
30a	During the year, did the organization receive	by contribution	on any property rea	oorted in Part I. lines 1 throu	ah 28. that it		100 110
	must hold for at least three years from the da						
	exempt purposes for the entire holding period	10	•			30a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	utions?	31	Х
32a	Does the organization hire or use third parties	s or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?					. 32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in	column (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

Schedule M	l (Form 990) 2021	FRIENDS	IN ACTION	I INTERNATIO	ONAL	77-0296087	Page 2
Part II	Supplemental	Information I, column (b), the dditional informational	<ul> <li>Provide the information</li> <li>number of contrition</li> </ul>	mation required by Pa butions, the number o	art I, lines 30b, 32b, and 33, of items received, or a comb	and whether the organiza pination of both. Also com	ation

# SCHEDULE O (Form 990)

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 Form 990-EZ ► Go to www.irs.gov/Form990 for the latest information.

**Open to Public** 

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FRIENDS IN ACTION INTERNATIONAL

**Employer identification number** 77-0296087

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE INFRASTRUCTURE NEEDED IN REMOTE LOCATIONS THROUGHOUT THE WORLD FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: CENTER BOLIVIA; 65 DISCIPLESHIP TRAINING NICARAGUA, 7 PNG; 35 PASTORAL TRAINING VANUATU; 550 MOLDOVA EDUCATION & LIFE-SKILLS TRAINING - 340 TOTAL - 25 PNG; 16 RAMA; 300 NIVAN VANUATU \* NUMBERS ARE CONSERVATIVE ESTIMATES AND DO NOT INCLUDE PARTNER MISSIONARY ORGANIZATIONAL OUTCOMES OR IMPACTS BY SUPPORTED NATIONAL LEADERS.

FORM 990, PART VI, SECTION B, LINE 11B:

ORGANIZATION'S PROCESS TO REVIEW FORM 990: COPY OF FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD. THE CHAIRMAN, TREASURER AND EXECUTIVE DIRECTOR ARE RESPONSIBLE FOR FINAL APPROVAL BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ENFORCEMENT OF CONFLICTS POLICY: EACH BOARD MEMBER REVIEWS AND SIGNS A CONFLICT OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION: THESE DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE CORPORATE OFFICE AND THROUGH THE EVANGELICAL COUNCIL FOR FINANCIAL ACCOUNTABILITY (ECFA) ORGANIZATION.

FORM 990, PART XII, LINE 2C:

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** FRIENDS IN ACTION INTERNATIONAL 77-0296087 DURING 2020, THE ORGANIZATION ESTABLISHED AN AUDIT COMMITTEE TO OVERSEE THE SELECTION OF THE INDEPENDENT AUDITOR AND AUDIT PROCESS.