

**Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury  
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**  
▶ **Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.**

**Open to Public Inspection**

**For calendar year 2017 or tax year beginning** **May 1, 2017, and ending** **Apr 30, 2018**

Name of foundation <b>FRIENDS FOUNDATION FOR THE AGING</b>		<b>A Employer identification number</b> 22-1524182
Number and street (or P.O. box number if mail is not delivered to street address) <b>PO BOX 1081</b>	Room/suite	<b>B Telephone number (see instructions)</b> (215) 478-6663
City or town, state or province, country, and ZIP or foreign postal code <b>LANGHORNE PA 19047</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D</b> 1. Foreign organizations, check here . . . . . <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation . . . . . <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here . . . . . <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>13,353,996.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	
		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . . . <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)				
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities . . . . .	343,839.	343,839.		
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	542,876.			
	<b>b</b> Gross sales price for all assets on line 6a <b>3,211,269.</b>		L-6a Stmt		
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . . .		542,876.		
	<b>8</b> Net short-term capital gain . . . . .			242.	
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold . . . . .					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule) . . . . .					
<b>12 Total.</b> Add lines 1 through 11 . . . . .	886,715.	886,715.	242.		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	85,020.			85,020.
	<b>14</b> Other employee salaries and wages . . . . .				
	<b>15</b> Pension plans, employee benefits . . . . .	17,000.			17,000.
	<b>16a</b> Legal fees (attach schedule) . . . . . L-16a Stmt	17,227.			17,227.
	<b>b</b> Accounting fees (attach schedule) L-16b Stmt	22,854.	3,034.		19,820.
	<b>c</b> Other professional fees (attach schedule) L-16c Stmt	16,913.	796.		16,117.
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions) See Stmt.	15,192.			6,921.
	<b>19</b> Depreciation (attach schedule) and depletion . . . . .	90.			
	<b>20</b> Occupancy . . . . .	4,551.			4,551.
	<b>21</b> Travel, conferences, and meetings . . . . .	9,262.			9,262.
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule) See Stmt . . . . .	65,792.	62,165.		3,627.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	253,901.	65,995.		179,545.
	<b>25</b> Contributions, gifts, grants paid . . . . .	584,918.			584,918.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	838,819.	65,995.		764,463.	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	47,896.				
<b>b Net investment income</b> (if negative, enter -0-)		820,720.			
<b>c Adjusted net income</b> (if negative, enter -0-)			242.		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	20,797.	4,911.	4,911.
	<b>2</b> Savings and temporary cash investments . . . . .	378,721.	19,590.	19,590.
	<b>3</b> Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	<b>4</b> Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) L-10b Stmt	5,872,035.	6,362,203.	6,362,203.
	<b>c</b> Investments—corporate bonds (attach schedule) L-10c Stmt	3,123,800.	2,968,711.	2,968,711.
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) L-13 Stmt	3,473,947.	3,967,643.	3,967,643.
	<b>14</b> Land, buildings, and equipment: basis ▶ 819. Less: accumulated depreciation (attach schedule) ▶ L-14 Stmt 741.	168.	78.	78.
<b>15</b> Other assets (describe ▶ L-15 Stmt )	3,167.	30,860.	30,860.	
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	12,872,635.	13,353,996.	13,353,996.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	27,417.	61,665.	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ L-22 Stmt )		225,000.	
	<b>23 Total liabilities</b> (add lines 17 through 22)	27,417.	286,665.	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26, and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	12,845,218.	13,067,331.	
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	12,845,218.	13,067,331.		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	12,872,635.	13,353,996.		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>			
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .		<b>1</b>	12,845,218.
<b>2</b> Enter amount from Part I, line 27a . . . . .		<b>2</b>	47,896.
<b>3</b> Other increases not included in line 2 (itemize) ▶ UNREALIZED GAIN/LOSS		<b>3</b>	174,217.
<b>4</b> Add lines 1, 2, and 3 . . . . .		<b>4</b>	13,067,331.
<b>5</b> Decreases not included in line 2 (itemize) ▶		<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .		<b>6</b>	13,067,331.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>	<b>PUBLICLY TRADED SECURITIES</b>	P	01/01/2000	04/30/2018
<b>b</b>	<b>PUBLICLY TRADED SECURITIES</b>	P	05/01/2017	04/30/2018
<b>c</b>				
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
<b>a</b> 3,211,027.		2,668,393.	542,634.	
<b>b</b> 242.		0.	242.	
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
<b>a</b>			542,634.	
<b>b</b>			242.	
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b>	Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$		<b>2</b>	542,876.
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		<b>3</b>	242.

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

<b>1</b> Enter the appropriate amount in each column for each year; see the instructions before making any entries.			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	636,784.	12,300,615.	0.051768
2015	676,005.	12,541,320.	0.053902
2014	661,551.	12,684,321.	0.052155
2013	593,221.	12,279,775.	0.048309
2012	716,250.	11,499,826.	0.062284
<b>2</b>	<b>Total</b> of line 1, column (d)		<b>2</b> 0.268418
<b>3</b>	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years		<b>3</b> 0.053684
<b>4</b>	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5		<b>4</b> 13,216,078.
<b>5</b>	Multiply line 4 by line 3		<b>5</b> 709,492.
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b)		<b>6</b> 8,207.
<b>7</b>	Add lines 5 and 6		<b>7</b> 717,699.
<b>8</b>	Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.		<b>8</b> 764,463.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, credits/payments, and tax due/overpayment.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about influencing legislation, political expenditures, and reporting requirements.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions . . . . . 11 x
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . . 12 x
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address -> N/A 13 x
14 The books are in care of -> SUSAN HOSKINS Telephone no. -> (215) 478-6663 Located at -> PO BOX 1081 LANGHORNE PA ZIP+4 -> 19047
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here . . . . . -> 15
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . 16 x
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ->

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year, did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . . Yes No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . Yes No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . Yes No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . Yes No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . Yes No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . Yes No
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . 1b x
Organizations relying on a current notice regarding disaster assistance, check here . . . . . ->
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? . . . . . 1c x
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? . . . . . Yes No
If "Yes," list the years -> 20 , 20 , 20 , 20
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) . . . . . 2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. -> 20 , 20 , 20 , 20
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . Yes No
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.) . . . . . 3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a x
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? 4b x

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b>	During the year, did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>6b</b>	<b>x</b>
	If "Yes" to 6b, file Form 8870.			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		<b>7b</b>	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JAMES ERIC ANDREWS 2 LONGVIEW TERRACE MORRISTOWN NJ 07960	V. PRESIDENT/TREASURER 3.00	0.	0.	0.
CHARLEY FLINT 245 W. 4TH AVE ROSELLE NJ 07203	TRUSTEE 2.00	0.	0.	0.
SUSAN HOSKINS 992 BROADVIEW AVE LANGHORNE PA 19047	EXEC DIRECTOR 20.00	5,385.	0.	0.
See Statement	35.00	79,636.	17,000.	650.

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

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

**Total** number of other employees paid over \$50,000 ▶ 0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
<b>Total</b> number of others receiving over \$50,000 for professional services . . . . . ▶		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 NONE	
2	0.
3	
4	

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1	
2	
3 All other program-related investments. See instructions.	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	13,127,816.
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	289,522.
<b>c</b>	Fair market value of all other assets (see instructions) . . . . .	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	13,417,338.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	13,417,338.
<b>4</b>	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions) . . . . .	<b>4</b>	201,260.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	13,216,078.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	660,804.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	660,804.
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5 . . . . .	<b>2a</b>	8,207.
<b>b</b>	Income tax for 2017. (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	8,207.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	652,597.
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	652,597.
<b>6</b>	Deduction from distributable amount (see instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	<b>7</b>	652,597.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .	<b>1a</b>	764,463.
<b>b</b>	Program-related investments—total from Part IX-B . . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	<b>4</b>	764,463.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions . . . . .	<b>5</b>	8,207.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	756,256.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7 . . . . .				652,597.
<b>2</b> Undistributed income, if any, as of the end of 2017:				
<b>a</b> Enter amount for 2016 only . . . . .			0.	
<b>b</b> Total for prior years: 20____,20____,20____				
<b>3</b> Excess distributions carryover, if any, to 2017:				
<b>a</b> From 2012 . . . . .	85,680.			
<b>b</b> From 2013 . . . . .	0.			
<b>c</b> From 2014 . . . . .	37,993.			
<b>d</b> From 2015 . . . . .	54,663.			
<b>e</b> From 2016 . . . . .	32,416.			
<b>f</b> <b>Total</b> of lines 3a through e . . . . .	210,752.			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 764,463.				
<b>a</b> Applied to 2016, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions) . . . . .				
<b>d</b> Applied to 2017 distributable amount . . . . .				652,597.
<b>e</b> Remaining amount distributed out of corpus . . . . .	111,866.			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	322,618.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .		0.		
<b>e</b> Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .			0.	
<b>f</b> Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . .				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . . . .	85,680.			
<b>9</b> <b>Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .	236,938.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2013 . . . . .	0.			
<b>b</b> Excess from 2014 . . . . .	37,993.			
<b>c</b> Excess from 2015 . . . . .	54,663.			
<b>d</b> Excess from 2016 . . . . .	32,416.			
<b>e</b> Excess from 2017 . . . . .	111,866.			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling . . . . . ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
NEW YORK YEARLY MEETING 15 RUTHERFORD PLACE NEW YORK NY 10003	N/A	PUBLIC	PASTORAL CARE FOR SENIORS AND ADULTS WITH DISABILITIES-ARCH PROTOTYPE PROGRAM	69,000.
RALSTON CENTER/MY WAY 3615 CHESTNUT ST PHILADELPHIA PA 19104	N/A	PUBLIC	FOR AFFORDABLE ACCESS TO SERVICES FOR SENIORS IN THIER HOMES	50,000.
FRIENDS SERVICES FOR THE AGING 670 SENTRY PARKWAY #120 BLUE BELL PA 19422	N/A	PUBLIC	DEVELOP CAPABLE STAFF THROUGH LEADERSHIP INSTITUTE & STUDENT INTERNSHIPS	36,000.
FRIENDS HOME IN KENNETT 147 W STATE ST KENNET SQARE PA 19348	N/A	PUBLIC	PROGRAMS TO HELP THE FHK RESIDENTS WHO ARE SUFFERING FROM DEMENTIA	19,000.
FRIENDS REHABILIATION PROJECT 704-706 W. GIRARD AVE PHILADELPHIA PA 19123	N/A	PUBLIC	AID FOR LOW-INCOME SENIORS TO PRODUCE FOOD GARDENING WITH YOUTH	37,325.
FRIENDS MINDFULNESS COLLABORATIVE 1015 CHESTNUT ST STE 1212 PHILADELPHIA PA 19107	N/A	PUBLIC	MINDFULNESS FOR CHRONIC PAIN MANAGEMENT	33,600.
TRINITAS HEALTH FOUNDATION PO BOX 259 ELIZABETH NJ 07207	N/A	PUBLIC	EXTEND PATIENT SAFE AND SOUND PROGRAM TO AID FRAIL ELDERLY PATIENTS	35,000.
JEWISH FAMILY & CHILDREN'S SERVICES 2100 ARCH ST., 5TH FLOOR PHILADELPHIA PA 19103	N/A	PUBLIC	TRANSITION BACK TO COMMUNITY SUPPORT HOARDING SUPPORT PROGRAM TO INCREASE SENIORS' ABILITY TO AGE IN PLACE	30,000.
ACT NOW FOUNDATION 830 BERGEN AVE SUITE 8A JERSEY CITY NJ 07306	N/A	PUBLIC	EXPAND BILINGUAL COMMUNITY EDUCATION ON ALZHEIMER'S DISEASE IN AGING IN PLACE PROGRAM	25,000.
See Statement				
<b>Total</b>				<b>3a</b> 584,918.
<b>b Approved for future payment</b>				
<b>Total</b>				<b>3b</b>



Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule.

Table with 3 columns: Question, Yes, No. Rows 1a(1) through 1c.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? [ ] Yes [X] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer or trustee: E SANCHEZ, CPA Date: 08/09/2018 Title: PRESIDENT

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

Paid Preparer Use Only Print/Type preparer's name: E SANCHEZ, CPA Preparer's signature: E SANCHEZ, CPA Date: 11/13/2018 Check [ ] if self-employed PTIN: P00637113
Firm's name: FRAZER, EVANGELISTA & COMPANY, LLC Firm's EIN: 14-1858342
Firm's address: 197 STATE ROUTE 18 Phone no.: (732) 828-2800

BAA EAST BRUNSWICK NJ 08816 Form 990-PF (2017)

**Form 990-PF: Return of Private Foundation****Part XV, Line 3a: Grants and Contributions Paid During the Year****Continuation Statement**

Recipient name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a. Paid during the year</i>				
COMMUNITY EDUCATION CENTER 3500 LANCASTER AVE PHILADELPHIA, PA 19104	N/A	PUBLIC	PRODUCING FIRLM ON 3 DISTINCT GROUPS WHO LIVED THROUGH WWII NOW LIVING AT MEDFORD LEAS	40,200.
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY ST PHILADELPHIA, PA 19123	N/A	PUBLIC	EXPAND CAPACITY TO PROVIDE SERVICE TO ISOLATED IMMIGRANT ELDERS	48,300.
FRIENDS CENTER CITY - fitC 22 S FRONT ST #601 PHILADELPHIA, PA 19106	N/A	PUBLIC	MATCH FUNDS FOR IMPROVEMENTS TO COMMON SPACE FOR SOCIAL PROGRAMS	25,000.
CONCORD QUARTER 139 SUMMIT TERRACE BRYN MAWR, PA 19010	N/A	PUBLIC	TRAINING FOR CONCORD QUARTER	6,993.
BARCLAY FRIENDS 700 N FRANKLIN ST WEST CHESTER, PA 19380	N/A	PUBLIC	EMERGENCY FUNDS FOLLOWING FIRE	5,000.
STAND UP FOR SALEM PO BOX 453 SALEM, NJ 08079	N/A	PUBLIC	SENIOR COMMUNITY GARDEN PROJECT	35,000.
FRIENDS GENERAL CONFERENCE 1216 ARCH ST PHILADELPHIA, PA 19107	N/A	PUBLIC	DEVELOPING SPIRITUAL DEEPENING E- RETREATS	49,700.
FRIENDS LIFE CARE: CARING FRIENDS HOME CARE 531 PLYMOUTH RD STE 500 PLYMOUTH MEETING, PA 19462	N/A	PUBLIC	TRAIN CAREGIVERS TO ASSESS DEMENTIA AND CREATE INDIV PLAN	10,500.
UJIMA FRIENDS PEACE CENTER 1701 LEHIGH AVE PHILADELPHIA, PA 19132	N/A	PUBLIC	INTERGENERATIONAL LEARNING INITIATIVE FOR CRAFTS & TECHNOLOGY	29,300.
				<b>249,993.</b>

**Form 990-PF: Return of Private Foundation****Part VIII: Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** Continuation Statement

Name and address	Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
BETH HUDSON KELLER 353 CAMBRIDGE LANE 353 CAMBRIDGE LANE NEWTOWN, PA 18940	TRUSTEE 2.00	0.	0.	0.
JAMES WHITELEY 46 COLONIAL WAY 46 COLONIAL WAY SHORT HILLS, NJ 07078	PRESIDENT 5.00	0.	0.	0.
BETH YINGLING 34 MOUNTAIN HEIGHTS AVE 34 MOUNTAIN HEIGHTS AVE LINCOLN PK, NJ 07035	SECRETARY 2.00	0.	0.	0.
DEBORAH FRAZER 720 WOLCOTT DRIVE 720 WOLCOTT DRIVE PHILADELPHIA, PA 19118	EXEC DIRECTOR 20.00	79,636.	17,000.	650.
DR. CHARLES MCCUTCHEN 5213 ACACIA AVE 5213 ACACIA AVE BETHESDA, MD 20814	HONORARY TRUSTEE 0.00	0.	0.	0.
R.E.TYLER HOFF 3 MARTIN COURT 3 MARTIN COURT NEWTOWN, PA 18940	TRUSTEE 2.00	0.	0.	0.
CONRAD PERSON 537 W. ALLENS LANE 537 W. ALLENS LANE PHILADELPHIA, PA 19119	TRUSTEE 2.00	0.	0.	0.
LISA OGLETREE 12 LLANBERRIS ROAD 12 LLANBERRIS ROAD BALA CYNWYD, PA 19004	TRUSTEE 2.00	0.	0.	0.
		79,636.	17,000.	650.

### Additional information from your Form 990-PF: Return of Private Foundation

**Form 990-PF: Return of Private Foundation**

**Taxes**

**Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
PAYROLL TAXES	6,921.			6,921.
FEDERAL TAX -INVESTMENT I	8,255.			
FOREIGN TAXES	16.			
<b>Total</b>	15,192.			6,921.

**Form 990-PF: Return of Private Foundation**

**Other Expenses**

**Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
BANK/CUSTODIAL ACCOUNT FE	62,165.	62,165.		
INSURANCE	3,513.			3,513.
BANK FEES	114.			114.
<b>Total</b>	65,792.	62,165.		3,627.

DRAFT



Name FRIENDS FOUNDATION FOR THE AGING	Employer Identification No. 22-1524182
--	---

**Asset Information:**

Description of Property . . . . . PUBLICLY TRADED SECURITIES  
 Business Code \_\_\_\_\_ Exclusion Code . . . 18 \_\_\_\_\_  
 Date Acquired . . . . . 01/01/00 How Acquired . Purchased \_\_\_\_\_  
 Date Sold . . . . . 04/30/18 Name of Buyer . \_\_\_\_\_  
 Check Box, if Buyer is a Business . . .   
 Sales Price . . . . . 3,211,027. Cost or other basis (do not reduce by depreciation). . . . . 2,668,393.  
 Sales Expense . . . . . Valuation Method . . . . . \_\_\_\_\_  
 Total Gain (Loss) . . . . . 542,634. Accumulated Depreciation . . . . . \_\_\_\_\_

Description of Property . . . . . PUBLICLY TRADED SECURITIES  
 Business Code \_\_\_\_\_ Exclusion Code . . . 18 \_\_\_\_\_  
 Date Acquired . . . . . 05/01/17 How Acquired . Purchased \_\_\_\_\_  
 Date Sold . . . . . 04/30/18 Name of Buyer . \_\_\_\_\_  
 Check Box, if Buyer is a Business . . .   
 Sales Price . . . . . 242. Cost or other basis (do not reduce by depreciation). . . . . \_\_\_\_\_  
 Sales Expense . . . . . Valuation Method . . . . . \_\_\_\_\_  
 Total Gain (Loss) . . . . . 242. Accumulated Depreciation . . . . . \_\_\_\_\_

Description of Property . . . . . \_\_\_\_\_  
 Business Code \_\_\_\_\_ Exclusion Code . . . \_\_\_\_\_  
 Date Acquired . . . . . How Acquired . \_\_\_\_\_  
 Date Sold . . . . . Name of Buyer . \_\_\_\_\_  
 Check Box, if Buyer is a Business . . .   
 Sales Price . . . . . Cost or other basis (do not reduce by depreciation). . . . . \_\_\_\_\_  
 Sales Expense . . . . . Valuation Method . . . . . \_\_\_\_\_  
 Total Gain (Loss) . . . . . Accumulated Depreciation . . . . . \_\_\_\_\_

Description of Property . . . . . \_\_\_\_\_  
 Business Code \_\_\_\_\_ Exclusion Code . . . \_\_\_\_\_  
 Date Acquired . . . . . How Acquired . \_\_\_\_\_  
 Date Sold . . . . . Name of Buyer . \_\_\_\_\_  
 Check Box, if Buyer is a Business . . .   
 Sales Price . . . . . Cost or other basis (do not reduce by depreciation). . . . . \_\_\_\_\_  
 Sales Expense . . . . . Valuation Method . . . . . \_\_\_\_\_  
 Total Gain (Loss) . . . . . Accumulated Depreciation . . . . . \_\_\_\_\_

Description of Property . . . . . \_\_\_\_\_  
 Business Code \_\_\_\_\_ Exclusion Code . . . \_\_\_\_\_  
 Date Acquired . . . . . How Acquired . \_\_\_\_\_  
 Date Sold . . . . . Name of Buyer . \_\_\_\_\_  
 Check Box, if Buyer is a Business . . .   
 Sales Price . . . . . Cost or other basis (do not reduce by depreciation). . . . . \_\_\_\_\_  
 Sales Expense . . . . . Valuation Method . . . . . \_\_\_\_\_  
 Total Gain (Loss) . . . . . Accumulated Depreciation . . . . . \_\_\_\_\_

**Totals:**

Total Gain (Loss) of all assets . . . . . 542,876.  
 Gross Sales Price of all assets . . . . . 3,211,269.  
 Unrelated Business Income . . . . . Business Code . \_\_\_\_\_  
 Excluded by section 512, 513, 514 . . . . . 542,876. Exclusion Code . 18  
 Related/Exempt Function Income . . . . . \_\_\_\_\_

**QuickZoom** here to Form 990-PF, Page 1. . . . . ▶  
**QuickZoom** here to Form 990-PF, Page 12. . . . . ▶

Name  
FRIENDS FOUNDATION FOR THE AGING

Employer Identification No.  
22-1524182

**Line 16a - Legal Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MCCARTER & EN	LEGAL	17,227.			17,227.
<b>Total to Form 990-PF, Part I, Line 16a</b>		17,227.			17,227.

**Line 16b - Accounting Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FRAZER, EVANG	ACCOUNTING	22,854.	3,034.		19,820.
<b>Total to Form 990-PF, Part I, Line 16b</b>		22,854.	3,034.		19,820.

**Line 16c - Other Professional Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYCHEX	PAYROLL SERVIC	2,995.			2,995.
PAUL LOR	TECH SUPPORT	270.			270.
CPA ALTERNATI	BOOKKEEPING SE	796.	796.		
TRILOGY CONSU	CONSULTING	12,852.			12,852.
<b>Total to Form 990-PF, Part I, Line 16c</b>		16,913.	796.		16,117.

Name FRIENDS FOUNDATION FOR THE AGING	Employer Identification No. 22-1524182
--	---

Line 10a - Investments - US and State Government Obligations:	End of Year		End of Year	
	State and Local Obligations Book Value	State and Local Obligations FMV	US Government Obligations Book Value	US Government Obligations FMV
<b>Tot to Fm 990-PF, Pt II, Ln 10a</b>				

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
EQUITY SECURITIES	6,362,203.	6,362,203.
<b>Totals to Form 990-PF, Part II, Line 10b</b>	6,362,203.	6,362,203.

Line 10c - Investments - Corporate Bonds:	End of Year	
	Book Value	Fair Market Value
FIXED INCOME SECURITIES	2,968,711.	2,968,711.
<b>Totals to Form 990-PF, Part II, Line 10c</b>	2,968,711.	2,968,711.

Line 12 - Investments - Mortgage loans:	End of Year	
	Book Value	Fair Market Value
<b>Totals to Form 990-PF, Part II, Line 12</b>		

Line 13 - Investments - Other:	End of Year	
	Book Value	Fair Market Value
ALTERNATIVE ASSET INVESTMENTS	1,058,185.	1,058,185.
MUTUAL FUND	2,663,035.	2,663,035.
OTHER INVESTMENT - ZIEGLE	246,423.	246,423.
<b>Totals to Form 990-PF, Part II, Line 13</b>	3,967,643.	3,967,643.

Investments –  
Land, Buildings, and Equipment

Name  
FRIENDS FOUNDATION FOR THE AGING

Employer Identification No.  
22-1524182

Line 11b - Description of Investments Land, Buildings and Equipment	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
<b>Totals to Form 990-PF, Part II, Line 11 . . . . .</b>			

Land, Buildings, and Equipment

Line 14b - Description of Land, Buildings, and Equipment	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
ACCUMULATED DEPRECIATION	819 .	741 .	78 .
<b>Totals to Form 990-PF, Part II, Line 14 . . . . .</b>	819 .	741 .	78 .

Name FRIENDS FOUNDATION FOR THE AGING	Employer Identification No. 22-1524182
--	---

Line 15 - Other Assets:	Beginning Year Book Value	End of Year	
		Book Value	Fair Market Value
OTHER RECEIVABLES	0.	28,352.	28,352.
PREPAID INSURANCE	1,562.	1,714.	1,714.
ACCRUED INTEREST RECEIVAB	1,604.	794.	794.
ROUNDING	1.	0.	0.
<b>Totals to Form 990-PF, Part II, line 15 . . . . .</b>	<b>3,167.</b>	<b>30,860.</b>	<b>30,860.</b>

Line 22 - Other Liabilities:	Beginning Year Book Value	Ending Year Book Value
ZIEGLER FUND CAPITAL COMMITMENT		225,000.
<b>Totals to Form 990-PF, Part II, line 22 . . . . .</b>		<b>225,000.</b>

**Underpayment of Estimated Tax by Corporations**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to the corporation's tax return.**

**2017**

▶ **Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.**

Name <b>FRIENDS FOUNDATION FOR THE AGING</b>	Employer identification number <b>22-1524182</b>
---	---

**Note:** Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

<b>1</b> Total tax (see instructions) . . . . .		<b>1</b>	8,207.
<b>2a</b> Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	<b>2a</b>		
<b>b</b> Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method . . . . .	<b>2b</b>		
<b>c</b> Credit for federal tax paid on fuels (see instructions) . . . . .	<b>2c</b>		
<b>d Total.</b> Add lines 2a through 2c . . . . .		<b>2d</b>	
<b>3</b> Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation doesn't owe the penalty . . . . .		<b>3</b>	8,207.
<b>4</b> Enter the tax shown on the corporation's 2016 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> . . . . .		<b>4</b>	10,663.
<b>5 Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 . . . . .		<b>5</b>	8,207.

**Part II Reasons for Filing**—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

- 6**  The corporation is using the adjusted seasonal installment method.
- 7**  The corporation is using the annualized income installment method.
- 8**  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

		(a)	(b)	(c)	(d)
<b>9</b> <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year . . . . .	<b>9</b>	09/15/17	10/15/17	01/15/18	04/15/18
<b>10</b> <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column . . . . .	<b>10</b>	2,051.	2,052.	2,052.	2,052.
<b>11</b> Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions. . . . .	<b>11</b>	3,133.		7,667.	
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
<b>12</b> Enter amount, if any, from line 18 of the preceding column . . . . .	<b>12</b>		1,082.		4,645.
<b>13</b> Add lines 11 and 12 . . . . .	<b>13</b>		1,082.	7,667.	4,645.
<b>14</b> Add amounts on lines 16 and 17 of the preceding column . . . . .	<b>14</b>			970.	0.
<b>15</b> Subtract line 14 from line 13. If zero or less, enter -0- . . . . .	<b>15</b>	3,133.	1,082.	6,697.	4,645.
<b>16</b> If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- . . . . .	<b>16</b>		0.	0.	
<b>17</b> <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 . . . . .	<b>17</b>		970.		
<b>18</b> <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column . . . . .	<b>18</b>	1,082.		4,645.	

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.**

For Paperwork Reduction Act Notice, see separate instructions.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C Corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions . . . . .	19	See Stmt		
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 . . . . .	20			
<b>21</b> Number of days on line 20 after 4/15/2017 and before 7/1/2017	21			
<b>22</b> Underpayment on line 17 × $\frac{\text{Number of days on line 21}}{365} \times 4\%$ (0.04)	22	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2017 and before 10/1/2017	23			
<b>24</b> Underpayment on line 17 × $\frac{\text{Number of days on line 23}}{365} \times 4\%$ (0.04)	24	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2017 and before 1/1/2018	25			
<b>26</b> Underpayment on line 17 × $\frac{\text{Number of days on line 25}}{365} \times 4\%$ (0.04)	26	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2017 and before 4/1/2018	27			
<b>28</b> Underpayment on line 17 × $\frac{\text{Number of days on line 27}}{365} \times 4\%$ (0.04)	28	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2018 and before 7/1/2018	29			
<b>30</b> Underpayment on line 17 × $\frac{\text{Number of days on line 29}}{365} \times \%$	30	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2018 and before 10/1/2018	31			
<b>32</b> Underpayment on line 17 × $\frac{\text{Number of days on line 31}}{365} \times \%$	32	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019	33			
<b>34</b> Underpayment on line 17 × $\frac{\text{Number of days on line 33}}{365} \times \%$	34	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2018 and before 3/16/2019	35			
<b>36</b> Underpayment on line 17 × $\frac{\text{Number of days on line 35}}{365} \times \%$	36	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 . . . . .	37	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns. . . . .	38	\$		2.

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method**

See instructions.

**Form 1120S filers:** For lines 1, 2, 3, and 21, below, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

**Part I Adjusted Seasonal Installment Method**

**Caution:** Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

		(a)	(b)	(c)	(d)
		First 3 months	First 5 months	First 8 months	First 11 months
<b>1</b>	Enter taxable income for the following periods.				
<b>a</b>	Tax year beginning in 2014 . . . . .				
<b>b</b>	Tax year beginning in 2015 . . . . .				
<b>c</b>	Tax year beginning in 2016 . . . . .				
<b>2</b>	Enter taxable income for each period for the tax year beginning in 2017. See the instructions for the treatment of extraordinary items . . . . .				
<b>3</b>	Enter taxable income for the following periods.	First 4 months	First 6 months	First 9 months	Entire year
<b>a</b>	Tax year beginning in 2014 . . . . .				
<b>b</b>	Tax year beginning in 2015 . . . . .				
<b>c</b>	Tax year beginning in 2016 . . . . .				
<b>4</b>	Divide the amount in each column on line 1a by the amount in column (d) on line 3a . . . . .				
<b>5</b>	Divide the amount in each column on line 1b by the amount in column (d) on line 3b . . . . .				
<b>6</b>	Divide the amount in each column on line 1c by the amount in column (d) on line 3c . . . . .				
<b>7</b>	Add lines 4 through 6 . . . . .				
<b>8</b>	Divide line 7 by 3.0 . . . . .				
<b>9a</b>	Divide line 2 by line 8 . . . . .				
<b>b</b>	Extraordinary items (see instructions) . . . . .				
<b>c</b>	Add lines 9a and 9b . . . . .				
<b>10</b>	Figure the tax on the amount on line 9c using the instructions for Form 1120, Schedule J, line 2 or comparable line of corporation's return . . . . .				
<b>11a</b>	Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a . . . . .				
<b>b</b>	Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b . . . . .				
<b>c</b>	Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c . . . . .				
<b>12</b>	Add lines 11a through 11c . . . . .				
<b>13</b>	Divide line 12 by 3.0 . . . . .				
<b>14</b>	Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d) . . . . .				
<b>15</b>	Enter any alternative minimum tax for each payment period. See instructions . . . . .				
<b>16</b>	Enter any other taxes for each payment period. See instructions . . . . .				
<b>17</b>	Add lines 14 through 16 . . . . .				
<b>18</b>	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions . . . . .				
<b>19</b>	Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0- . . . . .				



**Part II Annualized Income Installment Method**

		(a)	(b)	(c)	(d)
		First _____ months	First _____ months	First _____ months	First _____ months
<b>20</b>	Annualization periods (see instructions) . . . . .	<b>20</b>			
<b>21</b>	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items . . . . .	<b>21</b>			
<b>22</b>	Annualization amounts (see instructions) . . . . .	<b>22</b>			
<b>23a</b>	Annualized taxable income. Multiply line 21 by line 22 . . . . .	<b>23a</b>			
<b>b</b>	Extraordinary items (see instructions) . . . . .	<b>23b</b>			
<b>c</b>	Add lines 23a and 23b . . . . .	<b>23c</b>			
<b>24</b>	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return . . . . .	<b>24</b>			
<b>25</b>	Enter any alternative minimum tax for each payment period (see instructions) . . . . .	<b>25</b>			
<b>26</b>	Enter any other taxes for each payment period. See instructions . . . . .	<b>26</b>			
<b>27</b>	Total tax. Add lines 24 through 26 . . . . .	<b>27</b>			
<b>28</b>	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions . . . . .	<b>28</b>			
<b>29</b>	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	<b>29</b>			
<b>30</b>	Applicable percentage . . . . .	<b>30</b>	25%	50%	75%
<b>31</b>	Multiply line 29 by line 30 . . . . .	<b>31</b>			

**Part III Required Installments**

**Note:** Complete lines 32 through 38 of one column before completing the next column.

		1st	2nd	3rd	4th
		installment	installment	installment	installment
<b>32</b>	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the <b>smaller</b> of the amounts in each column from line 19 or line 31 . . . . .	<b>32</b>			
<b>33</b>	Add the amounts in all preceding columns of line 32. See instructions . . . . .	<b>33</b>			
<b>34</b>	<b>Adjusted seasonal or annualized income installments.</b> Subtract line 33 from line 32. If zero or less, enter -0- . . . . .	<b>34</b>			
<b>35</b>	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter . . . . .	<b>35</b>			
<b>36</b>	Subtract line 38 of the preceding column from line 37 of the preceding column . . . . .	<b>36</b>			
<b>37</b>	Add lines 35 and 36 . . . . .	<b>37</b>			
<b>38</b>	<b>Required installments.</b> Enter the <b>smaller</b> of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions . . . . .	<b>38</b>			

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: FRIENDS FOUNDATION FOR THE AGING, Form 990-PF page 1, 22-1524182

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for lines 1-5 and 6-13. Columns include descriptions and line numbers. Line 13 value is 13.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

Table with 3 rows for lines 14, 15, and 16.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

Table with 2 rows for lines 17 and 18. Line 17 value is 90.

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental, and Nonresidential real property.

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows include 12-year and 40-year.

Part IV Summary (See instructions.)

Table with 3 rows for lines 21, 22, and 23. Line 22 value is 90.

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning May 1, 2017, and ending Apr 30, 20 18

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2017

Name of exempt organization <b>FRIENDS FOUNDATION FOR THE AGING</b>	Employer identification number <b>22-1524182</b>
Name and title of officer <b>JAMES L WHITELY, PRESIDENT</b>	

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input checked="" type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4b</b> <u>8,207.</u>
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) . . . . .	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize FRAZER, EVANGELISTA & COMPANY, LLC to enter my PIN 

2	4	1	8	2
---	---	---	---	---

 as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Date **08/09/2018**

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

2	2	2	3	0	4	8	2	8	2	8
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date **11/13/2018**

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning May 1, 2017, and ending Apr 30, 20 18

Department of the Treasury  
Internal Revenue Service

**▶ Do not send to the IRS. Keep for your records.**  
**▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2017

Name of exempt organization

FRIENDS FOUNDATION FOR THE AGING

Name and title of officer

Employer identification number

22-1524182

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input checked="" type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) . . . . .	<b>5b</b> <u>6,000.</u>

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize FRAZER, EVANGELISTA & COMPANY, LLC to enter my PIN 

2	4	1	8	2
---	---	---	---	---

 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_

Date ▶ 08/09/2018

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

2	2	2	3	0	4	8	2	8	2	8
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_

Date ▶ 11/13/2018

**ERO Must Retain This Form – See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

