

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

Department of the Treasury
Internal Revenue Service

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▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

2021

Open to Public Inspection

For calendar year 2021 or tax year beginning , 2021, and ending , 20

Name of foundation FRIENDS FOUNDATION FOR THE AGING		A Employer identification number 22-1524182
Number and street (or P.O. box number if mail is not delivered to street address) PO BOX 1081	Room/suite	B Telephone number (see instructions) 2154786663
City or town, state or province, country, and ZIP or foreign postal code LANGHORNE PA 19047		C If exemption application is pending, check here <input type="checkbox"/>
G 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		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H 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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 15,857,348.	J 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.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (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)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	371,033.	371,033.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	582,550.			
	b Gross sales price for all assets on line 6a 2,986,638.		L-6a Stmt		
	7 Capital gain net income (from Part IV, line 2)		582,550.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	953,583.	953,583.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	76,385.			76,385.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	7,000.			7,000.
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) L-16b Stmt	31,287.	3,022.		26,765.
	c Other professional fees (attach schedule) L-16c Stmt	901.			901.
	17 Interest				
	18 Taxes (attach schedule) (see instructions) See Stmt	18,340.	66.		6,004.
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	5,132.			5,132.
	21 Travel, conferences, and meetings	2,198.			2,005.
	22 Printing and publications				
	23 Other expenses (attach schedule) See Stmt	66,880.	63,125.		3,888.
	24 Total operating and administrative expenses. Add lines 13 through 23	208,123.	66,213.		128,080.
	25 Contributions, gifts, grants paid	576,584.			613,584.
26 Total expenses and disbursements. Add lines 24 and 25	784,707.	66,213.		741,664.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	168,876.				
b Net investment income (if negative, enter -0-)		887,370.			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets 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
Assets	1 Cash—non-interest-bearing	11,666.	32,938.	32,938.
	2 Savings and temporary cash investments	137,124.	193,949.	193,949.
	3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) L-10b Stmt	6,264,654.	6,810,402.	6,810,402.
	c Investments—corporate bonds (attach schedule) L-10c Stmt	4,349,191.	4,144,198.	4,144,198.
	11 Investments—land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule) L-13 Stmt	3,797,278.	4,672,550.	4,672,550.
	14 Land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶			
15 Other assets (describe ▶ L-15 Stmt)	22,448.	3,311.	3,311.	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	14,582,361.	15,857,348.	15,857,348.	
Liabilities	17 Accounts payable and accrued expenses	56,000.	23,296.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ L-22 Stmt)	28,750.	318,750.	
	23 Total liabilities (add lines 17 through 22)	84,750.	342,046.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	14,497,611.	15,515,302.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	14,497,611.	15,515,302.		
30 Total liabilities and net assets/fund balances (see instructions)	14,582,361.	15,857,348.		

Part III Analysis of Changes in Net Assets or Fund Balances			
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)		1	14,497,611.
2 Enter amount from Part I, line 27a		2	168,876.
3 Other increases not included in line 2 (itemize) ▶ UNREALIZED GAIN/LOSS		3	848,815.
4 Add lines 1, 2, and 3		4	15,515,302.
5 Decreases not included in line 2 (itemize) ▶		5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29		6	15,515,302.

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.)
1a PUBLICLY TRADED SECURITIES		P	01/01/2021	12/31/2021
b				
c				
d				
e				
(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))	
a 2,986,638.		2,404,088.	582,550.	
b				
c				
d				
e				
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		
a			582,550.	
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$		2	582,550.
3	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		3	

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)	1	12,334.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3	Add lines 1 and 2	3	12,334.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	12,334.
6	Credits/Payments:		
a	2021 estimated tax payments and 2020 overpayment credited to 2021	6a	9,474.
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	18,526.
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	28,000.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	15,666.
11	Enter the amount of line 10 to be: Credited to 2022 estimated tax 15,666. Refunded	11	

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		x
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		x
c Did the foundation file Form 1120-POL for this year?		x
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		x
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		x
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		x
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		x
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	x	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	x	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	x	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII		x
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		x
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		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		x
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>WWW.FRIENDSFOUNDATIONAGING.ORG</u>	x	
14 The books are in care of ▶ <u>SUSAN HOSKINS</u> Telephone no. ▶ <u>(215) 478-6663</u> Located at ▶ <u>PO BOX 1081 LANGHORNE PA</u> ZIP+4 ▶ <u>19047</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		
16 At any time during calendar year 2021, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		x

Part VI-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.

	Yes	No
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?	1a(1)	x
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	x
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	x
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	x
(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)?	1a(5)	x
(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.)	1a(6)	x
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
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d 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 2021?	1d	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 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?	2a	x
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?	3a	x
b If "Yes," did it have excess business holdings in 2021 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.)	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 2021?	4b	x

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

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
b If any answer is "Yes" to 5a(1)–(5), did any 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		
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d 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? If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

Part VII 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.		
JOHN COOLEY 4798 DUNDEE-HIMROD ROAD DUNDEE NY 14837	TRUSTEE 2.00	0.		
SUSAN HOSKINS 992 BROADVIEW AVE LANGHORNE PA 19047	EXEC DIRECTOR 20.00	76,385.	7,000.	500.
See Statement	19.00	0.		

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 VII 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		
.....		
.....		
.....		
.....		
.....		

Total number of others receiving over \$50,000 for professional services ▶ 0

Part VIII-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	0.
2	
3	
4	

Part VIII-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 NONE	0.
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 ▶ 0.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	14,668,480.
b	Average of monthly cash balances	1b	92,676.
c	Fair market value of all other assets (see instructions)	1c	275,616.
d	Total (add lines 1a, b, and c)	1d	15,036,772.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	15,036,772.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	225,552.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	14,811,220.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	740,561.

Part X 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.)

1	Minimum investment return from Part IX, line 6	1	740,561.
2a	Tax on investment income for 2021 from Part V, line 5	2a	12,334.
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	12,334.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	728,227.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	728,227.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	728,227.

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	741,664.
b	Program-related investments—total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	741,664.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				728,227.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2021:				
a From 2016	30,161.			
b From 2017	110,929.			
c From 2018	0.			
d From 2019	34,825.			
e From 2020	0.			
f Total of lines 3a through e	175,915.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 741,664.				
a Applied to 2020, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2021 distributable amount				728,227.
e Remaining amount distributed out of corpus	13,437.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	189,352.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c 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				
d Subtract line 6c from line 6b. Taxable amount—see instructions		0.		
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount—see instructions			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				0.
7 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)				
8 Excess distributions carryover from 2016 not applied on line 5 or line 7 (see instructions)	30,161.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	159,191.			
10 Analysis of line 9:				
a Excess from 2017	110,929.			
b Excess from 2018	0.			
c Excess from 2019	34,825.			
d Excess from 2020	0.			
e Excess from 2021	13,437.			

Part XIII Private Operating Foundations (see instructions and Part VI-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 2021, 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) 2021	(b) 2020	(c) 2019	(d) 2018	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test—enter ² / ₃ of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV 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 XIV 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
a Paid during the year				
NEW YORK YEARLY MEETING 15 RUTHERFORD PLACE NEW YORK NY 10003	N/A	PUBLIC	PASTORAL CARE FOR SENIORS AND ADULTS WITH DISABILITIES-ARCH	64,000.
FRIENDS SERVICES ALLIANCE 670 SENTRY PARKWAY #120 BLUE BELL PA 19422	N/A	PUBLIC	VIDEO AND PRINT EDUCATION ABOUT QUAKER VALUES FOR QUAKER COMMUNITIES	2,000.
FRIENDS HOUSE RETIREMENT COMMUNITY 17340 QUAKER LANE SANDY SPRING MD 20860	N/A	PUBLIC	ACCESSIBILITY PATHS FOR GARDENS, TABLETS FOR COMMUNICATION WITH FAMILIES	35,000.
BARCLAY FRIENDS 700 N FRANKLIN ST WEST CHESTER PA 19380	N/A	PUBLIC	HORTICULTURE PROGRAM	25,000.
WITNESS TO INNOCENCE 1501 CHERRY STREET PHILADELPHIA PA 19102	N/A	PUBLIC	SOCIAL SERVICE SUPPORT OF EXONEREES	35,000.
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA PA 19123	N/A	PUBLIC	SOCIAL WORK SERVICES FOR ISOLATED IMMIGRANT ELDERS	50,000.
NATIONAL CHURCH RESIDENCES 2245 NORTH BANK DR COLUMBUS OH 43220	N/A	PUBLIC	EXPANSION OF PASTORAL CARE PROGRAM TO PA COMMUNITIES	20,000.
RALSTON CENTER/MY WAY 3615 CHESTNUT ST PHILADELPHIA PA 19104	N/A	PUBLIC	MY WAY WORKFORCE DEVELOPMENT (RETURNED GRANT)	-37,431.
TRINITAS HEALTH FOUNDATION PO BOX 259 ELIZABETH NJ 07207 See Statement	N/A	PUBLIC	CLOSING THE MEDICATION GAP -PROGRAM TO PREVENT READMISSION TO HOSPITALS	28,000.
				355,015.
Total				3a 576,584.
b Approved for future payment				
NONE				
Total				3b 0.

Part XVI 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.

Yes No grid for questions 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 No

b If "Yes," complete the following schedule.

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: [Signature] Date: 10/26/2022 Title: PRESIDENT

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

Paid Preparer Use Only table with fields: Print/Type preparer's name (M R EVANGELISTA, CPA), Preparer's signature (M. Evangelista, CPA), Date (11/14/2022), Check self-employed, PTIN (P00375538), Firm's name (FRAZER, EVANGELISTA & COMPANY, LLC), Firm's address (197 STATE ROUTE 18), Firm's EIN (14-1858342), Phone no. ((732) 828-2800)

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>				
JEWISH FAMILY & CHILDREN'S SVC 2100 ARCH ST, 5TH FLOOR PHILADELPHIA, PA 19103	N/A	PUBLIC	HOARDING SUPPORT PROGRAM TO HELP SENIORS TO AGE IN PLACE	30,000.
FRIENDS HOME & VILLAGE 331 LOWER DOLINGTON RD NEWTOWN, PA 18940	N/A	PUBLIC	TECHNOLOGY TO CONNECT 2 CAMPUSES	15,000.
CENTER IN THE PARK 5818 GERMANTOWN AVE PHILADELPHIA, PA 19144	N/A	PUBLIC	RAINBOW CONNECTIONS LGBTQ INCLUSION	11,000.
MONTCO SAAC 45 FOREST AVE AMBLER, PA 19002	N/A	PUBLIC	ART4ME ARTS PROGRAM ART WITH PEOPLE WITH DEMENTIA	20,000.
ARTZ PHILADELPHIA 1229 CHESTNUT ST #188 PHILADELPHIA, PA 19107	N/A	PUBLIC	COMMUNITY BASED DEMENTIA CARE WITH ARTS FOCUS	30,000.
KENDAL AT HOME 26040 DETROIT RD WESTLAKE, OH 44145	N/A	PUBLIC	WEEKLY COFFEE	35,000.
ON LOK HOUSE 219 N 10TH STREET PHILADELPHIA, PA 19107	N/A	PUBLIC	ASIAN NEW YEAR OUTREACH	1,565.
BLACK DOCTORS CONSORTIUM 419 JOHNSON STREET JENKINTOWN, PA 19046	N/A	PUBLIC	COVID VACCINE ADMINISTRATION	10,000.
RISE 116 N MAIN STREET HIGHTSTOWN, NJ 08520	N/A	PUBLIC	SENIOR NUTRITION AND FOOD	20,000.
LUTHERAN SOCIAL 3 MANHATTAN DRIVE BURLINGTON, NJ 08016	N/A	PUBLIC	RAISED BED GARDENS	4,450.
PENDLE HILL 338 PLUSH MILL ROAD WALLINGFORD, PA 19086	N/A	PUBLIC	VIRTUAL/BLENDED PROGRAMS	20,000.
WOOLMAN HILL 107 KEETS ROAD DEERFIELD, MA 01342	N/A	PUBLIC	ACCESSABILITY	30,000.
QUAKER VOLUNTARY SERVICES PO BOX 8240 ATLANTA, GA 31106	N/A	PUBLIC	FELLOW IN AGING SERVICES	18,000.
KINDERSMILE 331 LOWER DOLINGTON ROAD NEWTOWN, PA 18940	N/A	PUBLIC	SMILES FOR SENIORS	50,000.
SENIOR COMMUNITY SERVICES 600 SWARTHMORE AVENUE FOLSOME, PA 19033	N/A	PUBLIC	CAREGIVER SUPPORT GROUPS	15,000.

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>				
YOUTH SERVICE OPPORTUNITIES PROGRAM 15 OAK AVENUE PELHAM, NY 10803	N/A	PUBLIC	CONNEX INTERGENERATIONAL SERVICE PROGRAM	30,000.
JAISOHN FOUNDATION 6705 OLD YORK ROAD PHILADELPHIA, PA 19126	N/A	PUBLIC	COMPREHENSIVE ASIAN CARE SERVICE	15,000.
				355,015.

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 NEWTOWN, PA 18940	TRUSTEE 2.00	0.		
JAMES WHITELEY 46 COLONIAL WAY SHORT HILLS, NJ 07078	PRESIDENT 5.00	0.		
BETH YINGLING 34 MOUNTAIN HEIGHTS AVE LINCOLN PK, NJ 07035	SECRETARY 2.00	0.		
R.E.TYLER HOFF 3 MARTIN COURT NEWTOWN, PA 18940	TRUSTEE 2.00	0.		
CONRAD PERSON 537 W. ALLENS LANE PHILADELPHIA, PA 19119	TRUSTEE 2.00	0.		
LISA OGLETREE 12 LLANBERRIS ROAD BALA CYNWYD, PA 19004	TRUSTEE 2.00	0.		
ABIGAIL MELETTI 63 S MAIN ST LAMBERTVILLE, NJ 08530	TRUSTEE 2.00	0.		
NIKKI MOSGROVE 107 BUCKINGHAM AVE TRENTON, NJ 08618	TRUSTEE 2.00	0.		
		0.	0.	0.

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	6,004.			6,004.
FEDERAL TAX -INVESTMENT I	12,270.			
FOREIGN TAXES	66.	66.		
Total	18,340.	66.		6,004.

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 FEES	60.	60.		
BANK/CUSTODIAL ACCOUNT FE	63,065.	63,065.		
INSURANCE	3,697.			3,830.
STATE FILING FEES	58.			58.
Total	66,880.	63,125.		3,888.

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

Description of Property PUBLICALLY TRADED SECURITIES
 Business Code _____ Exclusion Code . . . 18
 Date Acquired Various How Acquired . . Purchased
 Date Sold Various Name of Buyer _____
 Check Box, if Buyer is a Business . . .
 Sales Price 2,986,638 Cost or other basis (do not reduce by depreciation). . . 2,404,088
 Sales Expense _____ Valuation Method _____
 Total Gain (Loss) 582,550 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 _____

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 582,550
 Gross Sales Price of all assets 2,986,638
 Unrelated Business Income _____ Business Code _____
 Excluded by section 512, 513, 514 582,550 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
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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
Total to Form 990-PF, Part I, Line 16a					

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, EVANGELISTA & CO	ACCOUNTING	31,287.	3,022.		26,765.
Total to Form 990-PF, Part I, Line 16b		31,287.	3,022.		26,765.

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
PAYROLL SERVICES	PAYROLL SERVICES	901.			901.
Total to Form 990-PF, Part I, Line 16c		901.			901.

Name FRIENDS FOUNDATION FOR THE AGING	Employer Identification No. 22-1524182
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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
Tot to Fm 990-PF, Pt II, Ln 10a				

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
EQUITY SECURITIES	6,810,402.	6,810,402.
Totals to Form 990-PF, Part II, Line 10b	6,810,402.	6,810,402.

Line 10c - Investments - Corporate Bonds:	End of Year	
	Book Value	Fair Market Value
FIXED INCOME SECURITIES	4,144,198.	4,144,198.
Totals to Form 990-PF, Part II, Line 10c	4,144,198.	4,144,198.

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

Line 13 - Investments - Other:	End of Year	
	Book Value	Fair Market Value
FAIR MARKET VALUE ADJ - F	4,078,184.	4,078,184.
OTHER INVESTMNT - ZIEGLER	594,366.	594,366.
Totals to Form 990-PF, Part II, Line 13	4,672,550.	4,672,550.

**Form 990-PF
Part II**

Other Assets and Liabilities

2021

Name FRIENDS FOUNDATION FOR THE AGING	Employer Identification No. 22-1524182
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	Beginning Year Book Value	End of Year	
Line 15 - Other Assets:		Book Value	Fair Market Value
PREPAID INSURANCE	2,964.	2,906.	2,906.
ACCRUED INTEREST RECEIVABLE	482.	405.	405.
ROUNDING	2.	0.	0.
PREPAID FEDERAL TAXES	19,000.	0.	0.
Totals to Form 990-PF, Part II, line 15	22,448.	3,311.	3,311.

	Beginning Year Book Value	Ending Year Book Value
Line 22 - Other Liabilities:		
ZIEGLER FUND CAPITAL COMM	28,750.	318,750.
Totals to Form 990-PF, Part II, line 22	28,750.	318,750.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20_____

2021

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer FRIENDS FOUNDATION FOR THE AGING	EIN or SSN 22-1524182
Name and title of officer or person subject to tax JAMES L WHITELY, PRESIDENT	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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.

1a Form 990 check here . . . ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b _____
2a Form 990-EZ check here . . . ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here . . . ▶ <input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b <u>12,334.</u>
5a Form 8868 check here . . . ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here . . . ▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here . . . ▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here ▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

2	4	1	8	2
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 as my signature

Enter five numbers, but do not enter all zeros

on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax ▶ *James L Whately* Date ▶ 11/14/2022

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 2021 electronically filed return 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 ▶ *Marilyn Evangelista, PA* Date ▶ 11/14/2022

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

Additional information from your 2021 Federal Exempt Tax Return

Form 990-PF: Return of Private Foundation

Other Expenses (3)

Line 23(a)

Itemization Statement

Description	Amount
INSURANCE	3695.
ROUNDING	2.
Total	3697.