Prepared for:

Friends Foundation for the Aging, Inc. c/o Susan W Hoskins LCSW, Executive Director 992 Broadview Avenue Langhorne, PA 19047

Prepared by:

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2022 RETURN OF PRIVATE FOUNDATION OR NONEXEMPT CHARITABLE TRUST TREATED AS A PRIVATE FOUNDATION (FORM 990-PF)

OVERPAYMENT APPLIED TO 2023

\$ 10,799

THE FEDERAL RETURN WILL BE FILED ELECTRONICALLY ONCE FORM 8879-EO IS SIGNED BY THE PRESIDENT AND RETURNED TO THIS OFFICE, BUT NO LATER THAN NOVEMBER 15, 2023.

2023 REQUIRED PAYMENTS FOR THE US EXEMPT ORGANIZATION'S ESTIMATED INCOME TAX

	DUE DATE	AMOUNT DI	JE
INSTALLMENT #1	05/16/23	\$3,250	Paid
INSTALLMENT #2	06/15/23	\$3,250	- Paid
INSTALLMENT #3	09/15/23	\$3,250	- Paid
INSTALLMENT #4	12/15/23	\$ 0	

ESTIMATED TAX PAYMENTS MUST BE MADE BY ELECTRONIC FUNDS TRANSFER. PLEASE SCHEDULE THE PAYMENT AT LEAST ONE DAY PRIOR TO THE DUE DATE.

SINCE NO STATE REGISTRATIONS HAVE BEEN MADE FOR FFA TO DATE AND STATES NOW REQUIRE ELECTRONIC FILING OF STATE DOCUMENTS WHICH CAN ONLY BE DONE FOR REGISTERED NONPROFITS, NO COPIES ARE BEING FILED WITH STATES AS OF 2020.

NO STATES ARE LISTED ON THE 990-PF EITHER.

Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047
2022

Open to Public Inspection

For calendar year 2022 or tax year beginning 2022, and ending 20 Name of foundation A Employer identification number FRIENDS FOUNDATION FOR THE AGING 22-1524182 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 2154786663 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here . LANGHORNE PA 19047 **G** Check all that apply: Initial return ☐ Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, ☐ Address change ☐ Name change check here and attach computation H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation Fair market value of all assets at J Accounting method: ☐ Cash X Accrual F If the foundation is in a 60-month termination end of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here . . line 16) \$ 12,678,936. (Part I, column (d), must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per books income income purposes the amounts in column (a) (see instructions).) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 2 Check I if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 3 4 Dividends and interest from securities 333,395. 333,395 5a b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 L-6a Stmt 80,959. Gross sales price for all assets on line 6a 2, 378, 907. Capital gain net income (from Part IV, line 2) . . . 7 80,959 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 . . 414,354 414,354 13 Compensation of officers, directors, trustees, etc. 81,538. 80,000. Operating and Administrative Expenses 14 Other employee salaries and wages Pension plans, employee benefits 15 7,000. 7,000. 16a Legal fees (attach schedule) . . Accounting fees (attach schedule) L-1.6b. Stmt. 35,176. 5,450. 28,726. Other professional fees (attach schedule) L-16c .Stmt. 901. 901. 17 Taxes (attach schedule) (see instructions) See. Stmt 11,343. 6,249. 109. Depreciation (attach schedule) and depletion . . . 20 7,826. 7,826. Travel, conferences, and meetings 5,015. 5,015. 22 Printing and publications Other expenses (attach schedule) See. Stmt. 3,702. 62,347. 58,645. Total operating and administrative expenses. 211,146 64,204 139,419. 25 Contributions, gifts, grants paid 653,824. 653,824 26 Total expenses and disbursements. Add lines 24 and 25 864,970. 64,204. 793,243. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements -450,616.**Net investment income** (if negative, enter -0-) 350,150. c Adjusted net income (if negative, enter -0-) . . .

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning , 2022, and ending

, 20

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OMB No. 1545-0047

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.		2022
Name of filer		EIN or SSN	
FRIENDS FOUNDAT	TION FOR THE AGING	22-1524182	
Name and title of officer or p			
JAMES L WHITELY	, PRESIDENT		
Part I Type of	Return and Return Information		
Check the box for the 8038-CP and Form 5333a, 4a, 5a, 6a, 7a, 8a, 93b, 4b, 5b, 6b, 7b, 8b, applicable line below. It as Form 990 check 2a Form 990-EZ check 3a Form 1120-POL 4a Form 990-PF check 5a Form 8868 check 6a Form 990-T check 6a Form 5227 check 9a Form 5330 check 10a Form 8038-CP check 10a	return for which you are using this Form 8879-TE and enter the applicab 30 filers may enter dollars and cents. For all other forms, enter whole dollars 9a, or 10a below, and the amount on that line for the return being filed with the 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you enter to not complete more than one line in Part I. In the complete more than one line in Part I. In the complete more than one line in Part I. In the complete more than one line in Part I. In the complete more than one line in Part I. In the complete more than one line in Part I. In the complete more than one line in Part I. In the complete more than one line in Part I. In the complete more than one line in Part I. In the complete more than one line in Part I. In the complete more than one line in Part I. In the complete more than one line in Part I. In the complete more than one line in Part I. In the complete more than one line in Part I. In the complete more than one line in Part I. In the complete more than line for the return being filed with the part of the least of the part I. In the complete more than one line in Part I. In the complete more than line in Part I. In the complete more than line in Part I. In the complete more than line in Part I. In the complete more than line in Part I. In the complete more than line in Part I. In the complete more than line in Part I. In the complete more than line in Part I. In the complete more than line in Part I. In the complete more than line in Part I. In the complete more than line in Part I. In the complete more than line in Part I. In the complete more than line in Part I. In the complete more than line in Part I. In the complete more than line in Part I. In the complete more than line in Part I. In the complete more than line in Part I. In the complete more than line in Part I. In the complete more in the return line in Part I. In the complete more than line in Part I. In the complete more than line in Part I. In the co	only. If you check this form was blank, and -0- on the return line 12)	the box on line 1a, 2a, then leave line 1b, 2b, then enter -0- on the b.
ntermediate service proacknowledgement of reacknowledgement of reacknowledgement of reacknowledgement. I determine the the termine and the financial 1-888-353-4537 no late processing of the electroscessing	ovider, transmitter, or electronic return originator (ERO) to send the return to the ceipt or reason for rejection of the transmission, (b) the reason for any delay in applicable, I authorize the U.S. Treasury and its designated Financial Agent is financial institution account indicated in the tax preparation software for pay institution to debit the entry to this account. To revoke a payment, I must contribute the tax preparation software for pay institution to debit the entry to this account. To revoke a payment, I must contribute the design of the payment (settlement) date. I also authorize onic payment of taxes to receive confidential information necessary to answere the appropriate personal identification number (PIN) as my signature for the electronic	ne IRS and to received processing the return to initiate an electronement of the federal tact the U.S. Treasurthe financial institute inquiries and resolutions.	e from the IRS (a) an urn or refund, and (c) nic funds withdrawal taxes owed on this ury Financial Agent at tions involved in the ve issues related to
PIN: check one box on	ly r		
▼ I authorize FRA	ERO firm name	1 9 0 4 7 Enter five numbers, but to not enter all zeros	as my signature t
	D22 electronically filed return. If I have indicated within this return that a copting charities as part of the IRS Fed/State program, I also authorize the aforest consent screen.		
filed return. If I have	erson subject to tax with respect to the entity, I will enter my PIN as my sign re indicated within this return that a copy of the return is being filed with a sta te program, I will enter my PIN on the return's disclosure consent screen.		
ignature of officer or person	subject to tax	Date <u>05/09/20</u>	023
Part III Certifica	tion and Authentication		
RO's EFIN/PIN. Enter	your six-digit electronic filing identification by your five-digit self-selected PIN. Do not enter a	III zeros	
	numeric entry is my PIN, which is my signature on the 2022 electronically file in accordance with the requirements of Pub. 4163 , Modernized e-File (Maturns.		
RO's signature	Date 1	0/26/2023	

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

			nn Beginning of year		End of year		
		should be for end-of-year amounts only. (See instructions) (a) Book Value	(b) Book Valu	ne	(c) Fair Market Value	
	1	Cash-non-interest-bearing	32,938.	10,4	98.	10,498.	
	2	Savings and temporary cash investments	193,949.	88,5	36.	88,536.	
	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					
Assets	8	Inventories for sale or use					
SS	9	Prepaid expenses and deferred charges					
Ä	10a	Investments—U.S. and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule) L-10b Stmt		4,841,4	90.	4,841,490.	
	С	Investments—corporate bonds (attach schedule)L-10c Stmt		3,672,7	36.	3,672,736.	
	11	Investments - land, buildings, and equipment: basis					
		Less: accumulated depreciation (attach schedule)					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule) . L-13. Stmt	4,739,283.	4,046,6	05.	4,046,605.	
	14	Land, buildings, and equipment: basis					
		Less: accumulated depreciation (attach schedule)					
	15	Other assets (describe L-15 Stmt)	3,311.	19,0	71.	19,071.	
	16	Total assets (to be completed by all filers—see the	l .				
		instructions. Also, see page 1, item l)	15,924,081.			12,678,936.	
	17	Accounts payable and accrued expenses	23,296.	23,1	56.		
Š	18	Grants payable					
ij	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
12:	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe L-22 Stmt)	318,750.	253,12			
	23	Total liabilities (add lines 17 through 22)	342,046.	276,28	31.	W	
alances		Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.					
E	04						
<u>a</u>	24	Net assets without donor restrictions	15,582,035.	12,402,65	55.		
	25	Net assets with donor restrictions					
Net Assets or Fund		and complete lines 26 through 30.					
ᄄ	26				I		
ō	26 27	Capital stock, trust principal, or current funds					
ets	28	Retained earnings, accumulated income, endowment, or other funds					
SS	29	Total net assets or fund balances (see instructions)	15,582,035.	12,402,65			
t A	30	Total liabilities and net assets/fund balances (see	13,362,033.	12,402,0	٠,٠,١		
Se	•	instructions)	15 024 001	12 670 01	36		
1	rt III	Analysis of Changes in Net Assets or Fund Balances	15,924,081.	12,678,93	<u>, 0 . </u>		
		I net assets or fund balances at beginning of year—Part II, colu		t agree with T			
•		of-year figure reported on prior year's return)			1	15,582,035.	
2		r amount from Part I, line 27a		⊢	2	-450,616.	
3	Othe	r increases not included in line 2 (itemize)		• • • • •	3	430,010.	
4	Add	lines 1, 2, and 3			4	15,131,419.	
		eases not included in line 2 (itemize) UNREALIZED GAIN/	TOCC	Γ	5	2,728,764.	
		I net assets or fund balances at end of year (line 4 minus line 5)—		ne 29	6	12,402,655.	

Part	(a) List and describe the kind	d(s) of property sold (for example, real esta e; or common stock, 200 shs. MLC Co.)	(b) How	chase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	PUBLICALLY TRADED S	ECURITIES	P		Various	12/31/2022
b						
С						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	3		ain or (loss) (f) minus (g))
а	2,378,907.	0.	2,297	,948.		80,959
b						
C						
d						
e e						
	Complete only for assets show	ving gain in column (h) and owned by	the foundation on 12/31,	/ 69.	(I) Gains (C)	ol. (h) gain minus
		(j) Adjusted basis	(k) Excess of col. (i)			ot less than -0-) or
	(i) FMV as of 12/31/69	as of 12/31/69	over col. (j), if any		Losses	(from col. (h))
a	0.	0.		0.		80,959
<u>u</u>	<u> </u>	Ţ,				
C						
d						
e e						***************************************
		(If gain, als	so enter in Part I, line 7	7)		
2	Capital gain net income or		nter -0- in Part I, line 7		2	80,959
3	Net short-term capital gain	or (loss) as defined in sections 1		,		
•	If gain, also enter in Part I	, line 8, column (c). See instruct	ions. If (loss), enter -()- in)		
	-			. }	3	
Part		on Investment Income (Sec), or 49	48-see instru	uctions)
1a		ns described in section 4940(d)(2), c				
ıa	Date of ruling or determination		nov of letter if necessary	/-see in	structions)	1 4,867.
b	All other domestic founda	tions enter 1.39% (0.0139) of lin	ne 27b. Exempt foreig	in organ	nizations.	1
D	enter 4% (0.04) of Part I. lir	ne 12, col. (b)	,			
2		nestic section 4947(a)(1) trusts and				2 0.
2 3			tanasio toditoditorio ol	,, 010		3 4,867
3 4		nestic section 4947(a)(1) trusts and	I taxable foundations o	nlv: othe		4 0
4 5	Tay based on investment	income. Subtract line 4 from line	a 3 If zero or less ente	, o er -0-	-, 55.	5 4, 867.
ن د	Credits/Payments:	. Income. Subtract file 4 from line	5 0, 11 2010 OF 1000, OFFIC			
v	•	nts and 2021 overpayment credit	ed to 2022	6a	15,666.	
a		nts and 2021 overpayment credit ins—tax withheld at source	-	6b		
b		or extension of time to file (Form		6c	0.	
C C				6d	- -	100
d -,		ously withheld				7 15,666
7	Total credits and payments	s. Add lines 6a through 6d rpayment of estimated tax. Chec	k here [] if Form 222	 Nie atta	· · · · · · · · · · · · · · · · · · ·	8
8				, is allal		9
9	Overnoument If line 7 is a	s 5 and 8 is more than line 7, entendere than the total of lines 5 and 8	8 enter the amount of	vernaid	· · · · · · · · · · · · · · · · · · ·	0 10,799.
10						1
11	Enter the amount of line 10	to be: Credited to 2023 estimat	cu tax 10,19	J. N	cianaca . I	• 1

Par	VI-A Statements Regarding Activities			rage -
1a			Yes	No
	participate or intervene in any political campaign?	1a		×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		×
	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.			
С	Did the foundation file Form 1120-POL for this year?	1c		×
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. \$			
е	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?	2		×
_	If "Yes," attach a detailed description of the activities.			
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 .	3		×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		×
_b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	SURFICE CO.	X
•	If "Yes," attach the statement required by General Instruction T.			
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 officially amende the appropriate instrument as that are used to be allowed in a first instrument.			
	• 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?			
7		6	×	
7 8a	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	7	×	District Co.
oa	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		e de la composição de l	
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	×	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	OD		
•	4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes,"	0.6364	165774	NO NO
	complete Part XIII	9		×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		×
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		×
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		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address WWW.FRIENDSFOUNDATIONAGING.ORG			
14	The books are in care of SUSAN HOSKINS Telephone no. (215) 478-	-666	3	
	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			
	and enter the amount of tax-exempt interest received or accrued during the year		.,	
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			

				Page •
Pai	t 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	the state of the s			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		×
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified			
	person?	1a(2)		×
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		×
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	×	
	(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)		×
	(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)		×
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1		
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	8 11 1 Nov. 11 1	×
C C	Organizations relying on a current notice regarding disaster assistance, check here			
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 2022?			
2		1d	BY NO.	×
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)):			
а	At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for			
a	tax year(s) beginning before 2022?			
	If "Yes," list the years 20, 20, 20, 20	2a		×
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	100 Table	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		(Subsection)
•	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		×
b	If "Yes," did it have excess business holdings in 2022 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 2022.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable			
	purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize	du a u		
	its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning			
	in 2022?	4b		×
BAA	REV 05/17/23 PRO Fo	rm 99 0)-PF	(2022)

Par	t VI-B Statements Regarding Activities	SIOT	mich Form	4120	Iviay De II	equire	a (continuou)			
5a	During the year, did the foundation pay or incur	any am	ount to:					15.5	Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?									×
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or									
	indirectly, any voter registration drive?									×
	(3) Provide a grant to an individual for travel, study, or other similar purposes?									×
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)							5a(4)		×
		charita				ational	purposes, or for	July 1		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?									<u>×</u>
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 d										
6a	If "Yes," attach the statement required by Regulations section 53.4945-5(d).									×
b	Did the foundation, during the year, pay premiur If "Yes" to 6b, file Form 8870.	ns, dire	ctly or indired	ctly, on	a personal	benefi	contract? .	6b		×
7a	At any time during the tax year, was the foundation	n a party	to a prohibite	ed tax s	helter trans	action?		7a		<u>×</u>
b	If "Yes," did the foundation receive any proceed							7b	127.70000	
8	Is the foundation subject to the section 4960 ta	x on pa	yment(s) of r	nore th	nan \$1,000	,000 in	remuneration or			
	excess parachute payment(s) during the year?.							8		_ <u>×</u> _
Par	t VII Information About Officers, Direct	tors, 1	rustees, F	ounda	tion Mana	agers,	Highly Paid Er	nploy	ees,	
	and Contractors			1.1.		- 12				
1	List all officers, directors, trustees, and found		nanagers and average		mpensation		Contributions to	*******************		
	(a) Name and address	hour devote	rs per week ed to position	(If r	not paid, iter -0-)	emplo	erred compensation	(e) Expe other a	nse aco allowan	
	ES ERIC ANDREWS	V.PRESI	DENT/TREASUER		_					
···	NGVIEW TERRACE MORRISTOWN NJ 07960		3.00		0.					
	N COOLEY	TRUST			0					
	B DUNDEE-HIMROD ROAD DUNDEE NY 14837		2.00		0.					
	AN HOSKINS	EXEC	DIRECTOR		01 [20		7 000		6	31.
	BROADVIEW AVE LANGHORNE PA 19047	ļ	20.00		81,538.		7,000.			31.
See	Statement		19.00		0.					
2	Compensation of five highest-paid employed "NONE."	es (oth	er than thos	se incl	uded on li	ne 1—	see instructions	s). If no	one,	enter
	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per w devoted to po	veek -	(c) Comper	nsation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe other a	nse aco allowan	
NONE					I					
TAOINE										
TAOINE						<u>.</u>				
INOINE										
INONE.										
NONE										

Pa	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	mployees,
3		IE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NO	NE	
Tota	I number of others receiving over \$50,000 for professional services	0
	t VIII-A Summary of Direct Charitable Activities	7
Li	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	NONE	
•	1040	
		0.
2		
_		
3		
4		
•		
	VIII-B Summary of Program-Related Investments (see instructions)	
De	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	NONE	
2		0.
<i>Z</i>		
All	other program-related investments. See instructions.	
3		
ota	I. Add lines 1 through 3	0.
AA	REV 05/17/23 PRO	Form 990-PF (2022)

REV 05/17/23 PRO

Paru	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign fo	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
_			10 000 014
a	Average of monthly fair market value of securities	1a	12,862,914.
b	Average of monthly cash balances	1b	98,955.
C	Fair market value of all other assets (see instructions)	1c	408,105.
d	Total (add lines 1a, b, and c)	1d	13,369,974.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	13,369,974.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	200,550.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	13,169,424.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	658,471.
Part	, , , , , , , , , , , , , , , , , , ,	ounda	itions
	and certain foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	658,471.
2a	Tax on investment income for 2022 from Part V, line 5 2a 4,867.		
b	Income tax for 2022. (This does not include the tax from Part V.) 2b		
С	Add lines 2a and 2b	2c	4,867.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	653,604.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	653,604.
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	653,604.
Part	XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	793,243.
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:		
а	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	793,243.
AA	REV 05/17/23 PRO		Form 990-PF (2022)

Pa	rt XII Undistributed Income (see instruc	ctions)			Page
4	Di Lii Lii	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 2	Distributable amount for 2022 from Part X, line 7				653,604
2	Undistributed income, if any, as of the end of 2022: Enter amount for 2021 only				
ŀ					
3	Excess distributions carryover, if any, to 2022:	-			
a					
b					
-	_			100000000000000000000000000000000000000	
c	31,023		100000		
е					
f	Total of lines 3a through e	159,191	+		
4	Qualifying distributions for 2022 from Part XI, line 4: \$ 793, 243.				
а	in the second of				
b	Applied to undistributed income of prior years				79454 TEACH
	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election required — see instructions)				
d	Applied to 2022 distributable amount				653,604.
е	Remaining amount distributed out of corpus	139,639.			055,004.
5	Excess distributions carryover applied to 2022				
	(If an amount appears in column (d), the same				
_	amount must be shown in column (a).)			2.11	
6	Enter the net total of each column as indicated below:				
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	298,830.	10.00		
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	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			Principle of	
e	amount – see instructions		0.		
_	4a from line 2a. Taxable amount—see instructions			0.	
f	Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				
7	Amounts treated as distributions out of corpus				0.
	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 2017 not applied on line 5 or line 7 (see instructions) .	110,929.			
9	Excess distributions carryover to 2023.				
	Subtract lines 7 and 8 from line 6a	187,901.			
10	Analysis of line 9:				
	Excess from 2018				No.
b	Excess from 2019 34,825.				
	Excess from 2020 0.				
d	Excess from 2021 13,437.				
е	Excess from 2022				

	30 11 (2022)					Page IC
	XIII Private Operating Foundat					N/A
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for	2022, enter the d	late of the ruling .			
b	Check box to indicate whether the found	dation is a privat	e operating founda	ition described in s	section 🗌 4942(j)(3) or 🔲 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part IX for	(a) 2022	(b) 2021	(c) 2020	(d) 2019	(e) Total
	each year listed					
b	85% (0.85) of line 2a					
С	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					
е	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:				`	
а	"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	***************************************				
С	"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				he foundation h	nad \$5,000 or mo	re in assets at
	any time during the year-s		is.)			
1	Information Regarding Foundation M		stad makes them Offi	/ af the tetal coup	بالباد والمساعد والمساعد والماس	
а	List any managers of the foundation wh before the close of any tax year (but only					by the foundation
1	NONE	y ii alloy have ee	minbated more th	aπ ψυ,σσσ). (σσσ s	section 507 (a)(2).)	
	List any managers of the foundation w	ho own 10% or	more of the stoc	k of a corporatio	n (or an equally lar	ge portion of the
	ownership of a partnership or other enti					go portion or the
1	ONE			· ·		
2	Information Regarding Contribution,	Grant, Gift, Loa	n, Scholarship, e	tc., Programs:		
	Check here X if the foundation only				organizations and o	does not accept
	unsolicited requests for funds. If the fou		gifts, grants, etc.,	to individuals or o	organizations under	other conditions,
	complete items 2a, b, c, and d. See inst	ructions.				
а	The name, address, and telephone num	ber or email add	dress of the persor	n to whom applica	ations should be add	dressed:
b	The form in which applications should b	e submitted and	information and i	materials they sho	ould include:	
С	Any submission deadlines:					
d	Any restrictions or limitations on awar factors:	ds, such as by	geographical are	eas, charitable fi	elds, kinds of insti	tutions, or other

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During		1	T	T
Recipient	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
FRIENDS SERVICES ALLIANCE	N/A	PUBLIC	LEADERSHIP	
460 NORRISTOWN ROAD, SUITE 300			INSTITUTE AND	
BLUE BELL PA 19422			INTERNSHIP PROGRAMS	35,000.
FRIENDS HOUSE RETIREMENT COMMUNITY	N/A	PUBLIC		
17340 QUAKER LANE			LIFESTYLE	
SANDY SPRING MD 20860			PROGRAMS	38,777.
BARCLAY FRIENDS	N/A	PUBLIC	1	
700 N FRANKLIN ST			BUS	
WEST CHESTER PA 19380	/-			10,000.
WITNESS TO INNOCENCE	N/A	PUBLIC		
1501 CHERRY STREET			PROGRAM	
PHILADELPHIA PA 19102				40,600.
AMERICAN FRIENDS SERVICE COMMITTEE	N/A	PUBLIC		
15 RUTHERFORD PLACE			FOR ISOLATED	
NEW YORK NY 10003	27 / 7		IMMIGRANT ELDERS	30,000.
TRINITAS HEALTH FOUNDATION	N/A	PUBLIC	PROGRAM TO PREVENT	
PO BOX 259			READMISSION TO HOSPITALS	10 000
ELIZABETH NJ 07207 JEWISH FAMILY & CHILDREN'S SVC	NT / 70	DUDI TO	HOADDING GUDDODE	18,000.
2100 ARCH ST, 5TH FLOOR	N/A	PUBLIC		
PHILADELPHIA PA 19103			PROGRAM TO HELP SENIORS	20 000
CENTER IN THE PARK	N/A	חווחד דכ	TO AGE IN PLACE	20,000.
5818 GERMANTOWN AVE	IN/ A	PUBLIC	IN HOME CARE SUPPORT	
PHILADELPHIA PA 19144			SUPPORT	30,000.
ARTZ PHILADELPHIA	N/A	PUBLIC	COMMUNITY BASED	30,000.
1229 CHESTNUT ST #188	IN/ PA	LOPPIC	DEMENTIA CARE	
PHILADELPHIA PA 19107			WITH ARTS FOCUS	15,000.
See Statement			WITH ARTS FOCOS	13,000.
				416,447.
				110,111.
b Approved for future payment	i		3a	653,824.
NONE				
NOTE				

Total		<u> </u>	3b	0.

Ente	er gross amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by secti	on 512, 513, or 514	(e)
1	Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See instructions.
•	a					
	b					
	С					
	d					
	е					
	f					
	g Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities			14	333,395.	
5	Net rental income or (loss) from real estate:					100 mg 25 mg 2 100 mg 25
	a Debt-financed property					
	b Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory			18	80,959.	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
	b					******
	C					
	d					
10	e Subtotal. Add columns (b), (d), and (e)				414 254	
12	Subtotal. Add columns (b), (d), and (e)				414,354. 13	414,354.
7.3						
					13	414,334.
See	worksheet in line 13 instructions to verify calculation	ns.)				414,334.
See Pa	worksheet in line 13 instructions to verify calculation XV-B Relationship of Activities to the	ns.) Accomplishm e	ent of Exemp	t Purposes		
See Pa	worksheet in line 13 instructions to verify calculation	ns.) Accomplishme me is reported in c	ent of Exemp	t Purposes XV-A contributed	importantly to the	
See Pa	worksheet in line 13 instructions to verify calculation Relationship of Activities to the No. Explain below how each activity for which inco	ns.) Accomplishme me is reported in c	ent of Exemp	t Purposes XV-A contributed	importantly to the	
See Pa	worksheet in line 13 instructions to verify calculation Relationship of Activities to the No. Explain below how each activity for which inco	ns.) Accomplishme me is reported in c	ent of Exemp	t Purposes XV-A contributed	importantly to the	
See Pa	worksheet in line 13 instructions to verify calculation Relationship of Activities to the No. Explain below how each activity for which inco	ns.) Accomplishme me is reported in c	ent of Exemp	t Purposes XV-A contributed	importantly to the	
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See Pa	worksheet in line 13 instructions to verify calculation Relationship of Activities to the No. Explain below how each activity for which inco	ns.) Accomplishme me is reported in c	ent of Exemp	t Purposes XV-A contributed	importantly to the	
See Pa	worksheet in line 13 instructions to verify calculation Relationship of Activities to the No. Explain below how each activity for which inco	ns.) Accomplishme me is reported in c	ent of Exemp	t Purposes XV-A contributed	importantly to the	
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See Pa	worksheet in line 13 instructions to verify calculation Relationship of Activities to the No. Explain below how each activity for which inco	ns.) Accomplishme me is reported in c	ent of Exemp	t Purposes XV-A contributed	importantly to the	
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See Pa	worksheet in line 13 instructions to verify calculation Relationship of Activities to the No. Explain below how each activity for which inco	ns.) Accomplishme me is reported in c	ent of Exemp	t Purposes XV-A contributed	importantly to the	
See Pa	worksheet in line 13 instructions to verify calculation Relationship of Activities to the No. Explain below how each activity for which inco	ns.) Accomplishme me is reported in c	ent of Exemp	t Purposes XV-A contributed	importantly to the	

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. Yes No.

1	Dia	the organization of	directly or indirectly	engage in any of the	e tollowin	g with ar	ny other orga	anization d	lescribed		res	140
	in s	section 501(c) (o	ther than section	501(c)(3) organiza	tions) or	in sect	tion 527, re	elating to	political			
	orga	anizations?								19		
а				o a noncharitable ex	empt org	janizatior	n of:					
		2000								1a(1)		×
-										1a(2)		×
b		er transactions:										
	(1) 5	Sales of assets to	a noncharitable exe	empt organization						1b(1)		×
	(2) F	ourchases of asse	ts from a noncharit	able exempt organiz	ation .					1b(2)		×
	(3) F	Rental of facilities,	, equipment, or othe	er assets						1b(3)		×
	(4) F	Reimbursement ar	rangements							1b(4)		×
	(5) L	oans or loan guar	rantees							1b(5)		×
	(6) F	Performance of se	rvices or membersh	nip or fundraising so	licitations	s				1b(6)		×
С	Shar	ing of facilities, ed	quipment, mailing li	sts, other assets, or	paid emr	olovees				1c		×
d	If the	answer to any o	of the above is "Ye	s," complete the fol	lowina s	chedule.	Column (b)	should alv	wavs shov		air m	
	value	e of the goods, ot	her assets, or servi	ces given by the rep	porting fo	undation	. If the foun	dation rec	eived less	than f	air m	arket
	value	e in any transactio	on or sharing arrang	ement, show in colu	ımn (d) th	ne value d	of the goods	, other ass	sets, or se	rvices	receiv	ved.
(a) Line		(b) Amount involved		haritable exempt organiza			ription of transf					
		,,				(4) 5050	inputor or trains	CIO, HANGACIII	ons, and sna	ing arra	ngeme	1113
	-											
	_											
	-											
	_											
	_											
2a	ls the	e foundation dire	ctly or indirectly af	filiated with, or rela	ted to, c	ne or m	ore tax-exe	mpt organ	izations			
	desc	ribed in section 50	01(c) (other than sec	ction 501(c)(3)) or in	section 5	27? .				Yes	s X	No
b	lf "Ye	es," complete the	following schedule.									
		(a) Name of organiz	ation	(b) Type of org	ganization			(c) Description	on of relation	ship		
								2.00				
								**				
				The sale of the sa								
	Unde	r penalties of perjury, I d	eclare that I have examined	d this return, including accor	npanying sc	hedules and	statements, and	to the best of	my knowledge	e and bel	ief, it is	true,
Sign	corre	ct, and complete. Declar	ation of preparer (other that	n taxpayer) is based on all in	nformation of	which prep	arer has any kno	wledge.	May the IRS			$\overline{}$
lere				1	DRE	ESIDENT	r ·		with the pre	parer she	own bel	low?
.010	Sign	ature of officer or trust	ee	Date	Title	IN T DEINT	-		See instruct	ions.	Yes []No
		Print/Type preparer's	name	Preparer's signature	1909 AC		Date	50000	P	TIN		
Paid				M. Evange	of the	.CPA	1.0000000000000000000000000000000000000	Chec	k X if		r r a c	
repa		M R EVANGEI Firm's name FRA		1		1	10/26/2		employed P			
Jse C	nly		AZER, EVANGELI			T 0001		Firm's EIN	14-185			
-90.700		rim's address 197	STATE ROUTE	18 EAST BRUNS		IJ 0881	.6	Phone no.	(732)82			
BAA				REV 05/17/23	PRO				For	m 990	-PF (2	2022)

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

	ations rate builting the real		Conuntation 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		
a. Paid during the year			d			
RISE	N/A	PUBLIC	SENIOR NUTRITION	20,000.		
116 N MAIN STREET			AND FOOD	,		
HIGHTSTOWN, NJ 08520						
LUTHERAN SOCIAL MINISTRIES	N/A	PUBLIC	RAISED BED	7,300.		
3 MANHATTAN DRIVE			GARDENS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
BURLINGTON, NJ 08016						
PENDLE HILL	N/A	PUBLIC	VIRTUAL COMMUNITY	22,500.		
338 PLUSH MILL ROAD			BUILDING FOR	22,000.		
WALLINGFORD, PA 19086			ISOLATED SENIORS			
QUAKER VOLUNTARY SERVICES	N/A	PUBLIC	FELLOW IN AGING	-3,545.		
PO BOX 8240		LOBBIO	SERVICES	3,343.		
ATLANTA, GA 31106			(RETURNED GRANT)			
UJIMA FRIENDS PEACE CENTER	N/A	PUBLIC	WITH THESE HANDS	37,685.		
1701 W LEHIGH AVENUE	IV/ A	LOPHIC	SEWING PROJECT	57,005.		
PHILADELPHIA, PA 19132						
THE HICKMAN	N/A	PUBLIC	MONTESSORI	41,800.		
400 N WALNUT STREET	N/A	FORLIC	LIFESTYLE	41,000.		
WEST CHESTER, PA 19380						
MEALS ON WHEELS OF MERCER COUNTY	N / 7	PUBLIC	EARM EDECH EOOD	51,000.		
320 HOLLOWBROOK DRIVE	IN/ A	FORFIC	FARM FRESH FOOD	51,000.		
EWING, NJ 08638						
NEW ENGLAND YEARLY MEETING	N/A	DIIDI TO	DEDITOME ADOL	6,707.		
901 PLEASANT STREET	N/A	PUBLIC	REPLICATE ARCH	6,707.		
WORCHESTER, MA 01602						
VONZELLA'S CROWN	N/A	PUBLIC	TAIMED CEASED A MITONIA I	4 000		
407 W STATE STREET, STE 300	IN/ A	POBLIC	INTERGENERATIONAL ART	4,000.		
TRENTON, NJ 08618						
CAMDEN COALITION	N/A	DUDITO	MEDICAL /I DOAL	35,000.		
800 COOPER STREET	N/A	PUBLIC	MEDICAL/LEGAL PARTNERSHIP	35,000.		
CAMDEN, NJ 08102			THURITALITY			
NYYM-ARCH	NT / T)	Drint To	A DOWN DOOD IN	64.000		
	N/A	PUBLIC	ARCH PROGRAM	64,000.		
15 RUTHERFORD PLACE						
NEW YORK, NY 10003) / T	DIIDI TO	COMPT TO THE WORLD	10.000		
BALTIMORE YEARLY MEETING	N/A	PUBLIC	COMPLETING YOUR LIFE BOOK	10,000.		
17100 QUAKER LANE			DITE BOOK			
SANDY SPRING, MD 20860	NT / 75	DIIDI TO	DITC DOCDING	20.000		
BRIGHT SIDE MANOR	N/A	PUBLIC	PALS PROGRAM	30,000.		
300 TEANECK ROAD						
TEANECK, NJ 07666	N. / D	DUDITE	WALE TO CO	20.000		
JEWISH FAMILY SERVICES ATLANTIC CO	N/A	PUBLIC	HOMELESS PREVENTION	30,000.		
607 JEROME AVENUE			TIVEATIVITOIA			
MARGATE CITY, NJ 08402 INTERFAITH CAREGIVERS OF MERCER COUNTY	N3 / 70	DUDI TO		10 000		
3635 QUAKERBRIDGE ROAD, SUITE 16	N/A	PUBLIC	VOLUNTEER TO SUPPORT OLDER	10,000.		
HAMILTON, NJ 08619			ADULTS AGING IN			
HAPITHION, NO COCTA			PLACE			

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
a. Paid during the year				
SOWN 4100 MAIN STREET, SUITE 403 PHILADELPHIA, PA 19127	N/A	PUBLIC	TELEPHONE SUPPORT GROUPS TO REDUCE ISOLATION AMONG OLDER ADULTS	10,000.
JEWISH COMMUNITY HOUSING CORP 651 WEST MOUNT PLEASANT AVENUE LIVINGSTON, NJ 07039	N/A	PUBLIC	SUPPORT SERVICES FOR THOSE IN ASSISTED LIVING	30,000.
FRIENDS HOME IN KENNETT 147 WEST STATE STREET KENNETT SQUARE, PA 19348	N/A	PUBLIC	MONTESSORI LIFESTYLE AND WELLNESS	10,000.
				416,447.

FRIENDS FOUNDATION FOR THE AGING 22-1524182

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	TRUSTEE	0.		
353 CAMBRIDGE LANE	2.00			
NEWTOWN, PA 18940				
JAMES WHITELY	PRESIDENT	0.		
46 COLONIAL WAY	5.00			
SHORT HILLS, NJ 07078				
BETH YINGLING	SECRETARY	0.		
34 MOUNTAIN HEIGHTS AVE	2.00	•		
LINCOLN PK, NJ 07035				
R.E.TYLER HOFF	TRUSTEE	0.		
3 MARTIN COURT	2.00	- 1		
NEWTOWN, PA 18940				
CONRAD PERSON	TRUSTEE	0.		
537 W. ALLENS LANE	2.00			
PHILADELPHIA, PA 19119				
LISA OGLETREE	TRUSTEE	0.		
12 LLANBERRIS ROAD	2.00	_		
BALA CYNWYD, PA 19004				
ABIGAIL MELETTI	TRUSTEE	0.		
63 S MAIN ST	2.00			
LAMBERTVILLE, NJ 08530				
NIKKI MOSGROVE	TRUSTEE	0.		
107 BUCKINGHAM AVE	2.00	•		
TRENTON, NJ 08618				
		0.	0.	0.

Additional Information From 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	6,367.			6,249.
FEDERAL TAX -INVESTMENT I	4,867.			
FOREIGN TAXES	109.	109.		
Total	11,343.	109.		6,249.

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	1,142.	1,142.		
BANK/CUSTODIAL ACCOUNT FE	57,503.	57,503.		
INSURANCE	3,643.			3,643.
STATE FILING FEES	59.			59.
Total	62,347.	58,645.		3,702.

Name		Employer Identification No.
FRIENDS FOUNDATION FOR TH	E AGING	22-1524182
Asset Information:		
	PUBLICALLY TRADED SECURITIES	
Business Code Exclu	sion Code <u>18</u>	
Date Acquired Various	s How Acquired · Purchased	
Date Sold Variou	s Name of Buyer .	
Check Box, if Buyer is a Business	5 Name of Buyer .	
	Cost or other basis (do not reduce by depreciat	tion) 2 207 040
Sales Evnense	Valuation Method	uon)2, 297, 948.
Total Gain (Lose)	Valuation Method	
Description of Property	0,939. Accumulated Depreciation	
Business Code Exclu	sian Cada	
Date Acquired	How Agained	
Date Sold	How Acquired	
Check Box, if Buyer is a Business	Name of Buyer	
		ii \
Sales Evnence	Cost or other basis (do not reduce by depreciat	1011)
Total Gain (Loss)	Valuation Method	
Description of Property	Accumulated Depreciation	• • •
Pusings Code Evolu	nion Cada	
Business Code Exclu	Now Agained	
Date Acquired .	How Acquired	
Check Box, if Buyer is a Business	Name of Buyer .	
-	Manager and	:
Sales Frice	Cost or other basis (do not reduce by depreciat	ion)
Total Gain (Lass)	Valuation Method	
Description of Property	Accumulated Depreciation	
Business Code Evolution	sion Codo	
Business Code Exclus	How Agraiged	
Date Acquired .	How Acquired	
Check Box, if Buyer is a Business	Name of Buyer	
		iam
Sales Evenes	Cost or other basis (do not reduce by depreciati	
Total Gain (Loss)	Valuation Method	
Description of Property	Accumulated Depreciation	
Business Code Exclus	ion Codo	
Date Sold	How Acquired	
Check Box, if Buyer is a Business	Name of Buyer .	
-		(on)
Sales Evnense	Cost or other basis (do not reduce by depreciati	011)
Total Gain (Loss)	Valuation Method	
Total Gaill (LOSS)	Accumulated Depreciation	• • •
Totals:		
Total Gain (Loss) of all assets	80 959	
Gross Sales Price of all assets		
Unrelated Business Income		
Excluded by section 512 513 514	80.959 Exclusion Code . 18	
Related/Exempt Function Income		•
	20073037.	
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,	-	

Legal and Professional Fees

2022

Name	Employer Identification No.
FRIENDS FOUNDATION FOR THE AGING 2	2-1524182

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
tal 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	35,176.	5,450.		28,726.

Total to Form 990-	PF, Part I, Line 16b	35,176.	5,450.		28,726.

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	
Line 10a - Investments - US and State Government Obligations:	End o State and Local Obligations Book Value	f Year State and Local Obligations FMV	US Govern Obligati Book Va	nment ons	f Year US Government Obligations FMV	
Tot to Fm 990-PF, Pt II, Ln 10a						
Line 10b - Investments - Corporate Stock:			End o Book Value		f Year Fair Market Value	
EQUITY SECURITIES			4,841,490.		4,841,490.	
Totals to Form 990-PF, Part II, Line 10b			4,841,	490.	4,841,490.	
Line 10c - Investments - Corporate Bonds:		End of Book Value		f Year Fair Market Value		
FIXED INCOME SECURITIES		3,672,	736.	3,672,736.		
Totals to Form 990-PF, Part II, L	ine 10c		3,672,	736.	3,672,736.	
Line 12 - Investments - Mortgage Ioans:		End of Book Value		Year Fair Market Value		
Totals to Form 990-PF, Part II, Li	ine 12					
Line 13 - Investments - Other:		End of S Book Value		Year Fair Market Value		
INVESTMENTS - FCPYMF OTHER INVESTMNT - ZIEGL	ER		3,385, 661,		3,385,375. 661,230.	
Totals to Form 990-PF, Part II, Li	ne 13		4,046,0	605.	4,046,605.	

Name
FRIENDS FOUNDATION FOR THE AGING

Employer Identification No. 22-1524182

Line 15 - Other Assets:	Beginning Year Book Value	End of Book Value	Year Fair Market Value
PREPAID INSURANCE ACCRUED INTEREST RECEIVAB PREPAID FEDERAL TAXES	2,906. 405. 0.	2,888. 5,320. 10,863.	2,888 5,320 10,863
otals to Form 990-PF, Part II, line 15	. 3,311.	19,071.	19,071.

Line 22 - Other Liabilities:	Beginning Year Book Value	Ending Year Book Value
ZIEGLER FUND CAPITAL COMM	318,750.	253,125.
Totals to Form 990-PF, Part II, line 22	318,750.	253,125.