

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.

For calendar year 2023 or tax year beginning _____, **2023, 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) \$ 13,719,221.	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	399,720.	399,720.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	606,618.	L-6a Stmt		
	b Gross sales price for all assets on line 6a 3,531,591.				
	7 Capital gain net income (from Part IV, line 2)		606,618.		
	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	1,006,338.	1,006,338.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	84,077.			84,000.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	8,000.			8,000.
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) L-16b Stmt	38,626.	4,363.		33,476.
	c Other professional fees (attach schedule) L-16c Stmt	894.			894.
	17 Interest				
	18 Taxes (attach schedule) (see instructions) See Stmt	19,972.	314.		6,568.
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	3,412.			3,412.
	21 Travel, conferences, and meetings	8,860.			8,860.
	22 Printing and publications				
	23 Other expenses (attach schedule) See Stmt	64,076.	60,352.		3,991.
	24 Total operating and administrative expenses. Add lines 13 through 23	227,917.	65,029.		149,201.
	25 Contributions, gifts, grants paid	506,700.			506,700.
26 Total expenses and disbursements. Add lines 24 and 25	734,617.	65,029.		655,901.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	271,721.				
b Net investment income (if negative, enter -0-)		941,309.			
c Adjusted net income (if negative, enter -0-)					

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20_____

2023

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 WHITELEY, 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>13,084.</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 2023 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 SAHNI & COMPANY, LLC to enter my PIN

2	4	1	8	2
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 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2023 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 2023 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 _____ Date 11/01/2024

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	9	6	9	6	8	2	8	2	8
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Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 _____ Date 10/31/2024

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

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

(Rev. January 2024)
Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I — Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. FRIENDS FOUNDATION FOR THE AGING	Taxpayer identification number (TIN) 22-1524182
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 1081	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LANGHORNE PA 19047	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	4
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.
Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of SUSAN HOSKINS
Telephone No. (215) 478-6663 Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until Nov 15, 20 24, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:
 calendar year 20 23 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	10,799.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Part III — Extension of Time To File Form 5330 (see instructions)

1 I request an extension of time until _____, 20____, to file Form 5330.

You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax.	1a		
b Enter the payment amount attached.	1b	\$	
c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	1c		

2 State in detail why you need the extension.

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature _____

Date _____

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	10,498.	29,539.	29,539.
	2 Savings and temporary cash investments	88,536.	185,241.	185,241.
	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	4,841,490.	5,019,677.	5,019,677.
	c Investments—corporate bonds (attach schedule) L-10c Stmt	3,672,736.	3,924,579.	3,924,579.
	11 Investments—land, buildings, and equipment: basis			
Less: accumulated depreciation (attach schedule)				
12 Investments—mortgage loans				
13 Investments—other (attach schedule) L-13 Stmt	4,046,605.	4,543,680.	4,543,680.	
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation (attach schedule)				
15 Other assets (describe L-15 Stmt)	19,071.	16,505.	16,505.	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	12,678,936.	13,719,221.	13,719,221.	
Liabilities	17 Accounts payable and accrued expenses	23,156.	23,989.	
	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)	253,125.	215,625.	
	23 Total liabilities (add lines 17 through 22)	276,281.	239,614.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30 <input checked="" type="checkbox"/>			
	24 Net assets without donor restrictions	12,402,655.	13,479,607.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30 <input type="checkbox"/>			
	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)	12,402,655.	13,479,607.		
30 Total liabilities and net assets/fund balances (see instructions)	12,678,936.	13,719,221.		

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	12,402,655.
2 Enter amount from Part I, line 27a		2	271,721.
3 Other increases not included in line 2 (itemize) <u>UNREALIZED GAIN/LOSS</u>		3	805,231.
4 Add lines 1, 2, and 3		4	13,479,607.
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	13,479,607.

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 PUBLICALLY TRADED SECURITIES		P	12/31/2021	12/31/2023
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 3,531,591.		2,924,973.	606,618.	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(j) 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			606,618.	
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	606,618.
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	{ 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	13,084.
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	13,084.
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	13,084.
6 Credits/Payments:		
a 2023 estimated tax payments and 2022 overpayment credited to 2023	6a	20,549.
b Exempt foreign organizations—tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.
d Backup withholding erroneously withheld	6d	
7 Total credits and payments. Add lines 6a through 6d	7	20,549.
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	7,465.
11 Enter the amount of line 10 to be: Credited to 2024 estimated tax 7,465. Refunded	11	

Part VI-A Statements Regarding Activities

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?
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?
c Did the foundation file Form 1120-POL for this year?
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?
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?
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
4b 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?
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?
7 Did the foundation have at least \$5,000 in assets at any time during the year?
8a Enter the states to which the foundation reports or with which it is registered.
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 General Instruction G?
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 2023 or the tax year beginning in 2023?
10 Did any persons become substantial contributors during the tax year?
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)?
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of SUSAN HOSKINS Telephone no. (215) 478-6663
Located at PO BOX 1081 LANGHORNE PA ZIP+4 19047
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here.
16 At any time during calendar year 2023, 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?

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 2023?	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 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023? If "Yes," list the years 20 ____ , 20 ____ , 20 ____ , 20 ____	2a	X
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 2023 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 2023.)	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 2023?	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 PO BOX 1081 LANGHORNE PA 19047	V. PRESIDENT/TREASUER 1.00	0.		
SUSAN HOSKINS PO BOX 1081 LANGHORNE PA 19047	EXEC DIRECTOR 20.00	84,077.	8,000.	1,849.
BETH HUDSON KELLER PO BOX 1081 LANGHORNE PA 19047	SECRETARY 1.00	0.		
See Statement	8.00	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		Expenses
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.		
1	NONE	0.
2		
3		
4		

Part VIII-B Summary of Program-Related Investments (see instructions)		Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		
1	NONE	0.
2		
All other program-related investments. See instructions.		
3		
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	12,404,281.
b	Average of monthly cash balances	1b	99,009.
c	Fair market value of all other assets (see instructions)	1c	415,148.
d	Total (add lines 1a, b, and c)	1d	12,918,438.
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	12,918,438.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	193,777.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	12,724,661.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	636,233.

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	636,233.
2a	Tax on investment income for 2022 from Part V, line 5	2a	13,084.
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	13,084.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	623,149.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	623,149.
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	623,149.

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	655,901.
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	655,901.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7				623,149.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2023:				
a From 2018	0.			
b From 2019	34,825.			
c From 2020	0.			
d From 2021	13,437.			
e From 2022	139,639.			
f Total of lines 3a through e	187,901.			
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 655,901.				
a Applied to 2022, 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 2023 distributable amount				623,149.
e Remaining amount distributed out of corpus	32,752.			
5 Excess distributions carryover applied to 2023 (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	220,653.			
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 2022. Subtract line 4a from line 2a. Taxable amount—see instructions			0.	
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024				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 2018 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a	220,653.			
10 Analysis of line 9:				
a Excess from 2019	34,825.			
b Excess from 2020	0.			
c Excess from 2021	13,437.			
d Excess from 2022	139,639.			
e Excess from 2023	32,752.			

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 2023, 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) 2023	(b) 2022	(c) 2021	(d) 2020	
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				
FRIENDS SERVICES ALLIANCE 460 NORRISTOWN ROAD, SUITE 300 BLUE BELL PA 19422	N/A	PUBLIC	LEADERSHIP INSTITUTE AND INTERNSHIP PROGRAMS	20,000.
FRIENDS HOUSE RETIREMENT COMMUNITY 17340 QUAKER LANE SANDY SPRING MD 20860	N/A	PUBLIC	MONTESSORI LIFESTYLE PROGRAMS	30,000.
BARCLAY FRIENDS 700 N FRANKLIN ST WEST CHESTER PA 19380	N/A	PUBLIC	PURCHASE OF A BUS	25,000.
WITNESS TO INNOCENCE 1501 CHERRY STREET PHILADELPHIA PA 19102	N/A	PUBLIC	PEER SPECIALISTS PROGRAM	35,000.
ARTZ PHILADELPHIA 1229 CHESTNUT ST #188 PHILADELPHIA PA 19107	N/A	PUBLIC	COMMUNITY BASED DEMENTIA CARE WITH ARTS FOCUS	15,000.
PENDLE HILL 338 PLUSH MILL ROAD WALLINGFORD PA 19086	N/A	PUBLIC	VIRTUAL COMMUNITY BUILDING FOR ISOLATED SENIORS	30,000.
UJIMA FRIENDS PEACE CENTER 1701 W LEHIGH AVENUE PHILADELPHIA PA 19132	N/A	PUBLIC	WITH THESE HANDS SEWING PROJECT	35,000.
NEW ENGLAND YEARLY MEETING 901 PLEASANT STREET WORCHESTER MA 01602	N/A	PUBLIC	REPLICATE ARCH	15,700.
NYYM-ARCH 15 RUTHERFORD PLACE NEW YORK NY 10003	N/A	PUBLIC	ARCH PROGRAM	64,000.
See Statement				
Total				3a 506,700.
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?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:				
(1) Cash		1a(1)		X
(2) Other assets		1a(2)		X
b Other transactions:				
(1) Sales of assets to a noncharitable exempt organization		1b(1)		X
(2) Purchases of assets from a noncharitable exempt organization		1b(2)		X
(3) Rental of facilities, equipment, or other assets		1b(3)		X
(4) Reimbursement arrangements		1b(4)		X
(5) Loans or loan guarantees		1b(5)		X
(6) Performance of services or membership or fundraising solicitations		1b(6)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		1c		X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.				

(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.

(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: 11/01/2024 PRESIDENT
Date Title

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>Marylee Evangelista, CPA</i> Marylee Evangelista	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	FRAZER, EVANGELISTA SAHNI & COMPANY, LLC	10/31/2024	<input type="checkbox"/>	P00375538
	Firm's address	197 STATE ROUTE 18 EAST BRUNSWICK NJ 08816		Phone no.	(732) 249-8900

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>				
BRIGHT SIDE MANOR 300 TEANECK ROAD TEANECK, NJ 07666	N/A	PUBLIC	PALS PROGRAM	35,000.
JEWISH FAMILY SERVICES ATLANTIC CO 607 JEROME AVENUE MARGATE CITY, NJ 08402	N/A	PUBLIC	HOMELESS PREVENTION	30,000.
INTERFAITH CAREGIVERS OF MERCER COUNTY 3635 QUAKERBRIDGE ROAD, SUITE 16 HAMILTON, NJ 08619	N/A	PUBLIC	VOLUNTEER TO SUPPORT OLDER ADULTS AGING IN PLACE	15,000.
SOWN 4100 MAIN STREET, SUITE 403 PHILADELPHIA, PA 19127	N/A	PUBLIC	TELEPHONE SUPPORT GROUPS TO REDUCE ISOLATION AMONG OLDER ADULTS	15,000.
NEYM 901 PLEASANT STREET WORCHESTER, MA 01602	N/A	PUBLIC	ARCH PROGRAM	5,000.
FRIENDS VILLAGE 50 S CONGRESSW STREET NEWTOWN, PA 18940	N/A	PUBLIC	SAGE TRAINING	4,000.
BEACON HILL FRIENDS HOUSE 6 CHESTNUT STREET BOSTON, MA 02108	N/A	PUBLIC	VOCATIONAL DISCERNMENT	28,000.
SNIPES FARM + EDUCATION 890 W BRIDGE STREET MORRISVILLE, PA 19067	N/A	PUBLIC	FRESH PRODUCE, RESIDENTS OF SENIOR HOUSING	20,000.
PRINCETON SENIOR RESOURCE 101 POOR FARM ROAD PRINCETON, NJ 08540	N/A	PUBLIC	LGBTQI GROUP	2,500.
KINDERSMILE 10 BOARD STREET BLOOMFIELD, NJ 07003	N/A	PUBLIC	DENTAL SERVICES FOR SENIORS WITHOUT HEALTH INSURANCE	25,000.
HABITAT N. OCEAN 1214 RTE 37 E TOMS RIVER, NJ 08753	N/A	PUBLIC	HOME REHAB	30,000.
LUTHERAN SETTLEMENT 1340 FRANKFORD AVENUE PHILADELPHIA, PA 19125	N/A	PUBLIC	ENHANCE WELLNESS	25,000.
NEW COMMUNITY 220 BRUCE STREET NEWARK, NJ 07103	N/A	PUBLIC	TRAINING OF HOME FRIEND WORKERS ON HORDING	2,500.
				237,000.

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
JAMES WHITELY PO BOX 1081 LANGHORNE, PA 19047	PRESIDENT 1.00	0.		
R.E. TYLER HOFF PO BOX 1081 LANGHORNE, PA 19047	TRUSTEE 1.00	0.		
CONRAD PERSON PO BOX 1081 LANGHORNE, PA 19047	TRUSTEE 1.00	0.		
LISA OGLETREE PO BOX 1081 LANGHORNE, PA 19047	TRUSTEE 1.00	0.		
ABIGAIL MELETTI PO BOX 1081 LANGHORNE, PA 19047	TRUSTEE 1.00	0.		
NIKKI MOSGROVE PO BOX 1081 LANGHORNE, PA 19047	TRUSTEE 1.00	0.		
EMILY SANDUSKY PO BOX 1081 LANGHORNE, PA 19047	TRUSTEE 1.00	0.		
JOAN MALIN PO BOX 1081 LANGHORNE, PA 19047	TRUSTEE 1.00	0.		
		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	6,574.			6,568.
FEDERAL TAX -INVESTMENT I	13,084.			
FOREIGN TAXES	314.	314.		
Total	19,972.	314.		6,568.

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	202.	202.		
BANK/CUSTODIAL ACCOUNT FE	60,150.	60,150.		
INSURANCE	3,691.			3,958.
STATE FILING FEES	33.			33.
Total	64,076.	60,352.		3,991.

Name
FRIENDS FOUNDATION FOR THE AGING

Employer Identification No.
22-1524182

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. 3, 531, 591. Cost or other basis (do not reduce by depreciation). 2, 924, 973.
Sales Expense Valuation Method.
Total Gain (Loss) 606, 618. 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 606, 618.
Gross Sales Price of all assets 3, 531, 591.
Unrelated Business Income Business Code
Excluded by section 512, 513, 514 606, 618. 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	38,626.	4,363.		33,476.
Total to Form 990-PF, Part I, Line 16b		38,626.	4,363.		33,476.

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	894.			
Total to Form 990-PF, Part I, Line 16c		894.			

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	5,019,677.	5,019,677.
Totals to Form 990-PF, Part II, Line 10b	5,019,677.	5,019,677.

Line 10c - Investments - Corporate Bonds:	End of Year	
	Book Value	Fair Market Value
FIXED INCOME SECURITIES	3,924,579.	3,924,579.
Totals to Form 990-PF, Part II, Line 10c	3,924,579.	3,924,579.

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
INVESTMENTS - FCPYMF	3,912,908.	3,912,908.
ZIEGLER INVESTMENTS	630,772.	630,772.
Totals to Form 990-PF, Part II, Line 13	4,543,680.	4,543,680.

Name FRIENDS FOUNDATION FOR THE AGING	Employer Identification No. 22-1524182
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Line 15 - Other Assets:	Beginning Year Book Value	End of Year	
		Book Value	Fair Market Value
PREPAID INSURANCE	2,888.	3,154.	3,154.
ACCRUED INTEREST RECEIVAB	5,320.	5,822.	5,822.
PREPAID FEDERAL TAXES	10,863.	7,529.	7,529.
Totals to Form 990-PF, Part II, line 15	19,071.	16,505.	16,505.

Line 22 - Other Liabilities:	Beginning Year Book Value	Ending Year Book Value
Totals to Form 990-PF, Part II, line 22	253,125.	215,625.