

For calendar year 2019, or tax year beginning 10-01-2019, and ending 09-30-2020

Name of foundation BBLA FOUNDATION INC		A Employer identification number 46-1634830	
Number and street (or P.O. box number if mail is not delivered to street address) 123 N MAIN ST		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code NEW HOPE, PA 18938		B Telephone number (see instructions) (215) 368-5755	
G Check all that apply: <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		C If exemption application is pending, check here <input type="checkbox"/> 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) ▶ \$ 571,384		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

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)	150,240			
	2 Check <input 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 . . .	9,708	9,708		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	113,428			
	b Gross sales price for all assets on line 6a 294,522				
	7 Capital gain net income (from Part IV, line 2) . . .		113,428		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	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	273,376	123,136		
	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	1,833	0		1,833
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	4,585	0		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23	6,418	0		1,833
	25 Contributions, gifts, grants paid	39,374			39,374
	26 Total expenses and disbursements. Add lines 24 and 25	45,792	0		41,207
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	227,584			
	b Net investment income (if negative, enter -0-)		123,136		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	1,812	5	5
	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)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	317,504	485,730	571,379
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	319,316	485,735	571,384	
Liabilities	17 Accounts payable and accrued expenses			
	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 ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	319,316	485,735	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	319,316	485,735	
30 Total liabilities and net assets/fund balances (see instructions) .	319,316	485,735		

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	319,316
2 Enter amount from Part I, line 27a	2	227,584
3 Other increases not included in line 2 (itemize) ▶ _____	3	1,629
4 Add lines 1, 2, and 3	4	548,529
5 Decreases not included in line 2 (itemize) ▶ _____	5	62,794
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	485,735

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., 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 See Additional Data Table			
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 See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="flex: 1; border-left: 1px solid black; padding-left: 5px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> </div>	2	113,428
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	17,910	344,564	0.051979
2017	12,750	232,377	0.054868
2016	12,000	211,516	0.056733
2015	10,000	183,117	0.054610
2014	10,000	195,539	0.051141

2 Total of line 1, column (d)	2	0.269331
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.053866
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	501,450
5 Multiply line 4 by line 3	5	27,011
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,231
7 Add lines 5 and 6	7	28,242
8 Enter qualifying distributions from Part XII, line 4	8	41,207

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), 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)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	1,231
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% 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	1,231
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	1,231
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	2,280
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	0
7	Total credits and payments. Add lines 6a through 6d.	7	2,280
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	0
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	1,049
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax <input type="checkbox"/> 1,049 Refunded <input type="checkbox"/>	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0 (2) On foundation managers. <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
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? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
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?	6	No
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> PA		
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? <i>If "No," attach explanation .</i>	8b	Yes
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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	13	Yes	
14	The books are in care of ▶ <u>CHRISTOPHER KERR</u> Telephone no. ▶ <u>(215) 368-5755</u>			

Located at ▶ 123 N MAIN STREET NEW HOPE PAZIP+4 ▶ 18938

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/>	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c	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)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
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 2019?	4b	No

Part VII-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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	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		5b
c	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).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		6b No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?		7b
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 during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

1 List all officers, directors, trustees, 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
CHRISTOPHER KERR 123 N MAIN STREET NEW HOPE, PA 18938	PRESIDENT 0.50	0	0	0
CHRISTOPHER KERR 123 N MAIN STREET NEW HOPE, PA 18938	TREASURER 0.50	0	0	0
CATHERINE D KERR 123 N MAIN STREET NEW HOPE, PA 18938	SECRETARY 0.50	0	0	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 VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

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

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	0

Part X 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	508,795
b	Average of monthly cash balances.	1b	291
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	509,086
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	509,086
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	7,636
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	501,450
6	Minimum investment return. Enter 5% of line 5.	6	25,073

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

1	Minimum investment return from Part X, line 6.	1	25,073
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	1,231
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	1,231
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	23,842
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	23,842
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	23,842

Part XII 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	41,207
b	Program-related investments—total from Part IX-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 V, line 8, and Part XIII, line 4	4	41,207
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	1,231
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	39,976

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				23,842
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.	280			
b From 2015.	936			
c From 2016.	1,495			
d From 2017.	1,885			
e From 2018.	2,942			
f Total of lines 3a through e.	7,538			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 41,207				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				23,842
e Remaining amount distributed out of corpus	17,365			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	24,903			
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.		0		
d Subtract line 6c from line 6b. Taxable amount—see instructions.		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				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).	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	280			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	24,623			
10 Analysis of line 9:				
a Excess from 2015.	936			
b Excess from 2016.	1,495			
c Excess from 2017.	1,885			
d Excess from 2018.	2,942			
e Excess from 2019.	17,365			

Part XIV

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling.

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

		Prior 3 years				(e) Total
		(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b	85% of line 2a					
c	Qualifying distributions from Part XII, 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 X, 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 XV **Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

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

CATHERINE D KERR

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.

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

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

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

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

c Any submission deadlines:

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

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	39,374
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated.

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 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.		
	*****	2020-11-05	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below
 (see instr.) ☒ **Yes** ☐ **No**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MICHAEL LOMBARDO CPA		2020-11-05		P01823513
	Firm's name ▶ BAUM SMITH & CLEMENS LLP				Firm's EIN ▶ 23-2315910
	Firm's address ▶ 2060 DETWILER RD SUITE 125 HARLEYSVILLE, PA 19438				Phone no. (215) 368-5755

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
CELGENE CORP		2012-01-12	2019-11-21
BRISTOL-MYERS SQUIBB		2019-11-21	2019-11-27
BRISTOL-MYERS SQUIBB		2019-11-21	2019-12-16
ISHARES CORE S&P 500		2018-01-10	2019-12-02
ABBVIE INC		2018-12-15	2019-12-16
CHEVRON CORP		2009-07-20	2019-12-16
CORTEVA INC		2015-07-27	2019-12-16
FEDEX CORP		2015-12-30	2019-12-16
ISHARES CORE S&P 500		2018-01-10	2019-12-30
ISHARES CORE S&P 500		2018-01-10	2020-02-12

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
63,540		21,779	41,761
34,520		33,540	980
12,806		11,180	1,626
35,137		30,919	4,218
56,979		17,434	39,545
41,586		22,940	18,646
7,029		5,828	1,201
33,597		29,744	3,853
645		552	93
4,736		3,865	871

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			41,761
			980
			1,626
			4,218
			39,545
			18,646
			1,201
			3,853
			93
			871

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
ISHARES CORE S&P 500		2018-01-10	2020-01-14

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
3,947		3,313	634

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col. (i) (k) over col. (j), if any	
			634

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
ACLU FOUNDATION 125 BROAD ST 18TH FLOOR NEW YORK, NY 100042400	NONE	PC	NO RESTRICTIONS	250
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY ST PHILADELPHIA, PA 19102	NONE	PC	NO RESTRICTIONS	500
AMERICAN RED CROSS LEHIGH VALLEY-BUCKS PROCESSING CENTER PO BOX 1448 BETHLEHEM, PA 180161448	NONE	PC	NO RESTRICTIONS	200
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
AMNESTY INTERNATIONAL P O BOX 98233 WASHINGTON, DC 200777014	NONE	PC	NO RESTRICTIONS	250
ANN SILVERMAN COMMUNITY HEALTH CLINIC 595 W STATE ST DOYLESTOWN, PA 18901	NONE	PC	NO RESTRICTIONS	350
BETTER COMMUNITY HOUSING OF TRENTON 802 EAST STATE STREET PO BOX 298 TRENTON, NJ 086020298	NONE	PC	NO RESTRICTIONS	250
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
BRYN MAWR COLLEGE 101 NORTH MERION AVENUE BRYN MAWR, PA 190102899	NONE	PC	NO RESTRICTIONS	500
BUCKS COUNTY AUDUBON SOCIETY 2877 CREAMERY ROAD NEW HOPE, PA 18938	NONE	PC	NO RESTRICTIONS	100
BUCKS COUNTY HOUSING GROUP 626 JACKSONVILLE ROAD SUITE 140 WARMINSTER, PA 18974	NONE	PC	NO RESTRICTIONS	300
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
BUCKS COUNTY OPPORTUNITY COUNCIL 100 DOYLE STREET DOYLESTOWN, PA 18901	NONE	PC	NO RESTRICTIONS	300
CAMP ONAS609 GEIGEL HILL ROAD OTTSVILLE, PA 18942	NONE	PC	NO RESTRICTIONS	250
CENTER FOR ACTION & CONTEMPLATION P O BOX 12464 ALBUQUERQUE, NM 87195	NONE	PC	NO RESTRICTIONS	30
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
CENTRO NUEVA CREACION 185 W TIOGA ST PHILADELPHIA, PA 19140	NONE	PC	NO RESTRICTIONS	500
CONCORDIA CHAMBER PLAYERS P O BOX 95 NEW HOPE, PA 18938	NONE	PC	NO RESTRICTIONS	200
DOCTORS WITHOUT BORDERS P O BOX 5022 HAGERSTOWN, MD 217415022	NONE	PC	NO RESTRICTIONS	200
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a Paid during the year				
EARTH SCHOOL INCP O BOX 31 POINT PLEASANT, PA 18950	NONE	PC	NO RESTRICTIONS	250
EARTHJUSTICEP O BOX 96346 WASHINGTON, DC 200777953	NONE	PC	NO RESTRICTIONS	250
FEMINISTS FOR LIFE OF AMERICA P O BOX 151567 ALEXANDRIA, VA 22315	NONE	PC	NO RESTRICTIONS	100
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a Paid during the year				
FIARIA PROJECT INC C/O A RIDGE-SIMEK 68 HILLSIDE AVE DOYLESTOWN, PA 18901	NONE	PC	NO RESTRICTIONS	200
FISHERMAN'S MARK37 S MAIN ST LAMBERTVILLE, NJ 08530	NONE	PC	NO RESTRICTIONS	500
FOUR CHAPLAINS MEMORIAL FOUNDATION 1201 CONSTITUTION AVE CONSTITUTION AVE, PA 191129901	NONE	PC	NO RESTRICTIONS	200
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
FREE LIBRARY OF NEW HOPE & SOLEBURY 93 W FERRY ST NEW HOPE, PA 18938	NONE	PC	NO RESTRICTIONS	200
FRIENDS COUNCIL ON EDUCATION 1507 CHERRY ST PHILADELPHIA, PA 19102	NONE	PC	NO RESTRICTIONS	300
FRIENDS GENERAL CONFERENCE 1216 ARCH ST 2B PHILADELPHIA, PA 19107	NONE	PC	NO RESTRICTIONS	250
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
FRIENDS HOME & VILLAGE 50 S CONGRESS ST NEWTOWN, PA 18940	NONE	PC	NO RESTRICTIONS	300
HABITAT FOR HUMANITY BUCKS COUNTY STE 100 31 OAK AVE CHALFONT, PA 18914	NONE	PC	NO RESTRICTIONS	300
HAVERFORD COLLEGE 370 LANCASTER AVE HAVERFORD, PA 19041	NONE	PC	NO RESTRICTIONS	500
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
HAVERFORD COLLEGE - QUAKER AFFAIRS OFFICE 370 LANCASTER AVE HAVERFORD, PA 19041	NONE	PC	NO RESTRICTIONS	200
HERITAGE CONSERVANCY 85 OLD DUBLIN PIKE DOYLESTOWN, PA 18901	NONE	PC	NO RESTRICTIONS	200
HOLY CROSS MONASTERY (CAPITAL CAMPAIGN) P O BOX 99 WEST PARK, NY 124930099	NONE	PC	NO RESTRICTIONS	200
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
INTERNATIONAL RESCUE COMMITTEE P O BOX 6068 ALBERT LEA, MN 560076668	NONE	PC	NO RESTRICTIONS	200
ISLESATTN RESDEV 10 WOOD STREET TRENTON, NJ 08618	NONE	PC	NO RESTRICTIONS	250
LAMBERTVILLE & NH AMBULANCE & RESCUE SQUAD P O BOX 237 LAMBERTVILLE, NJ 08530	NONE	PC	NO RESTRICTIONS	300
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
LENAPE CHAMBER ENSEMBLE C/O MRS LAREN PITCAIRN 61 E DARK HOLLOW RD PIPERSVILLE, PA 18947	NONE	PC	NO RESTRICTIONS	250
MERCER ST FRIENDS FOOD BANK 824 SILVIA ST EWING TOWNSHIP, NJ 08628	NONE	PC	NO RESTRICTIONS	750
MERCY CORPSP O BOX 80020 PRESCOTT, AZ 863049801	NONE	PC	NO RESTRICTIONS	250
Total ► 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
MICHNER ART MUSEUMP O BOX 64585 SOUDERTON, PA 18964	NONE	PC	NO RESTRICTIONS	200
NATURAL RESOURCES DEFENSE COUNCIL P O BOX 1830 MERRIFIELD, VA 221169729	NONE	PC	NO RESTRICTIONS	250
PEACE CENTER102 W MAPLE AVE LANGHORNE, PA 19047	NONE	PC	NO RESTRICTIONS	300
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
PHILABUNDANCEP O BOX 25822 LEHIGH VALLEY, PA 180025822	NONE	PC	NO RESTRICTIONS	300
PHILADELPHIA EDUCATION FUND STE 700N 718 ARCH STREET PHILADELPHIA, PA 19106	NONE	PC	NO RESTRICTIONS	250
PHILADELPHIA ORCHESTRA ONE SOUTH BROAD STREET PHILADELPHIA, PA 19107	NONE	PC	NO RESTRICTIONS	250
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
PREVENTION POINT 2913 KENSINGTON AVE PHILADELPHIA, PA 19134	NONE	PC	NO RESTRICTIONS	250
PROJECT HOME1515 FAIRMOUNT AVE PHILADELPHIA, PA 19130	NONE	PC	NO RESTRICTIONS	500
PUBLIC CITIZENP O BOX 1851 MERRIFIELD, VA 221168051	NONE	PC	NO RESTRICTIONS	200
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
SCHOOLS OF ST MARY 1300 NORTHERN BLVD MANHASSET, NY 110303020	NONE	PC	NO RESTRICTIONS	50
SHALEM INSTITUTE FOR SPRITUAL FOUNDATION 3025 FOURTH ST NE WASHINGTON, DC 200171103	NONE	PC	NO RESTRICTIONS	200
SOUTHERN POVERTY LAW CENTER P O BOX 5604 MONTGOMERY, AL 361777455	NONE	PC	NO RESTRICTIONS	250
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
ST JAMES SCHOOL ATTN ADVANCEMENT 3217 W CLEARFIELD ST PHILADELPHIA, PA 19132	NONE	PC	NO RESTRICTIONS	500
TRENTON AREA SOUP KITCHEN 72-1/2 ESCHER ST PO BOX 872 TRENTON, NJ 086050872	NONE	PC	NO RESTRICTIONS	250
UNITED WAY OF BUCKS COUNTY (FOR FRESH CONNECT) 413 HOOD BLVD FAIRLESS HILLS, PA 19030	NONE	PC	NO RESTRICTIONS	250
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
WWFM1200 OLD TRENTON RD WEST WINDSOR, NJ 085503407	NONE	PC	NO RESTRICTIONS	100
MERCER STREET FRIENDS 151 MERCER STREET TRENTON, NJ 086111799	NONE	PC	NO RESTRICTIONS	2,000
NATIONAL FRIENDS EDUCATION FUND 1507 CHERRY STREET PHILADELPHIA, PA 19102	NONE	PC	NO RESTRICTIONS	500
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
PHILADELPHIA YEARLY MEETING 1515 CHERRY STREET PHILADELPHIA, PA 19102	NONE	PC	NO RESTRICTIONS	400
RIGHT SHARING OF WORLD RESOURCES 101 QUAKER HILL DRIVE RICHMOND, IN 47374	NONE	PC	NO RESTRICTIONS	250
UJIMA FRIENDS PEACE CENTER 1701 W LEHIGH AVENUE PHILADELPHIA, PA 19132	NONE	PC	NO RESTRICTIONS	500
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICARES88 HAMILTON AVENUE STAMFORD, CT 06902	NONE	PC	NO RESTRICTIONS	300
BUCKS COUNTY CHORAL SOCIETY 252 WEST SWAMP ROAD STE 5 DOYLESTOWN, PA 18902	NONE	PC	NO RESTRICTIONS	200
BUCKS COUNTY INTERFAITH COALITION FOR REFUGEE RESETTLEMENT P O BOX 219 RICHBORO, PA 18954	NONE	PC	NO RESTRICTIONS	250
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a Paid during the year				
CENTRAL BUCKS EMERGENCY MEDICAL SERVICES 455 EAST STREET DOYLESTOWN, PA 18901	NONE	PC	NO RESTRICTIONS	200
CHANDLER HALL HEALTH SERVICES 99 BARCLAY STREET NEWTOWN, PA 18940	NONE	PC	NO RESTRICTIONS	200
CHURCH OF THE HOLY SPIRIT P O BOX 575 HARLEYSVILLE, PA 19438	NONE	PC	NO RESTRICTIONS	5,000
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
COALITION AGAINST HUNGER 123 CHESTNUT STREET SUITE 401 PHILADELPHIA, PA 19106	NONE	PC	NO RESTRICTIONS	250
CODED BY KIDS 3675 MARKET STREET SUITE 200 PHILADELPHIA, PA 19104	NONE	PC	NO RESTRICTIONS	3,694
EAGLE FIRE COMPANY PO BOX 314 NEW HOPE, PA 18938	NONE	PC	NO RESTRICTIONS	1,000
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
THE EPISCOPAL CHURCH 815 SECOND AVENUE NEW YORK, NY 10017	NONE	PC	NO RESTRICTIONS	250
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	NONE	PC	NO RESTRICTIONS	250
FRACTURED ATLAS (FOR LIGHTNING ROD SPECIAL) 248 WEST 35TH STREET 10TH FLOOR NEW YORK, NY 10001	NONE	PC	NO RESTRICTIONS	200
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
FRIENDS OF THE DELAWARE CANAL 145 S MAIN STREET NEW HOPE, PA 18938	NONE	PC	NO RESTRICTIONS	200
THE FRIENDS OF FOUNDATION ACADEMY 363 WEST STATE STREET TRENTON, NJ 08618	NONE	PC	NO RESTRICTIONS	300
FRIENDS OF THE FREE LIBRARY OF NH & S 93 W FERRY STREET NEW HOPE, PA 18938	NONE	PC	NO RESTRICTIONS	50
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
GRID ALTERNATIVES 1171 OCEAN AVENUE SUITE 200 OAKLAND, CA 94608	NONE	PC	NO RESTRICTIONS	1,000
HOMEBOY INDUSTRIES 130 WEST BRUNO STREET LOS ANGELES, CA 90012	NONE	PC	NO RESTRICTIONS	250
DELAWARE VALLEY FOOD PANTRY P O BOX 705 LAMBERTVILLE, NJ 08530	NONE	PC	NO RESTRICTIONS	200
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
THOMAS JEFFERSON UNIVERSITY CHOIR 219 N BROAD STREET 10TH FLOOR PHILADELPHIA, PA 19107	NONE	PC	NO RESTRICTIONS	50
PLAYWORKS EDUCATION ENERGIZED 100 WEST OXFORD STREET SUITE E-3000 PHILADELPHIA, PA 19122	NONE	PC	NO RESTRICTIONS	500
RIVERSIDE SYMPHONIAPO BOX 650 LAMBERTVILLE, PA 08530	NONE	PC	NO RESTRICTIONS	3,500
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
ROOT & REBOUND 1730 FRANKLIN STREET SUITE 300 OAKLAND, CA 94612	NONE	PC	NO RESTRICTIONS	250
ST PHILIP'S CHURCH10 CHAPEL ROAD NEW HOPE, PA 18938	NONE	PC	NO RESTRICTIONS	500
SANKOFA FREEDOM ACADEMY CHARTER SCHOOL 2501 KENSINGTON AVENUE PHILADELPHIA, PA 19125	NONE	PC	NO RESTRICTIONS	200
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
THE SENTENCING PROJECT 1705 DESALES STREET NW EIGHTH FLOOR WASHINGTON, DC 20036	NONE	PC	NO RESTRICTIONS	250
SOLEBURY FRIENDS MEETING PO BOX 263 SOLEBURY, PA 18963	NONE	PC	NO RESTRICTIONS	2,000
WESTCARE FOUNDATION 1711 WHITNEY MESA DRIVE HENDERSON, NV 89014	NONE	PC	NO RESTRICTIONS	250
Total ▶ 3a				39,374

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
WHYY INC150 N 6TH STREET PHILADELPHIA, PA 19106	NONE	PC	NO RESTRICTIONS	200
Total ► 3a				39,374

TY 2019 Accounting Fees Schedule**Name:** BBLA FOUNDATION INC**EIN:** 46-1634830

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,833	0		1,833

TY 2019 Investments - Other Schedule**Name:** BBLA FOUNDATION INC**EIN:** 46-1634830**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
PUBLICLY TRADED SECURITIES	FMV	485,730	571,379

TY 2019 Other Decreases Schedule

Name: BBLA FOUNDATION INC
EIN: 46-1634830

Description	Amount
STOCK DONATION FMV ADJUSTMENT	62,794

TY 2019 Other Increases Schedule

Name: BBLA FOUNDATION INC
EIN: 46-1634830

Description	Amount
OTHER ADJUSTMENT	1,629

TY 2019 Taxes Schedule**Name:** BBLA FOUNDATION INC**EIN:** 46-1634830

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PENNSYLVANIA BUREAU OF CHARITABLE ORGANIZATIONS	15	0		0
2018 FEDERAL BALANCE DUE	2,290	0		0
2019 ESTIMATES	2,280	0		0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491311002040	
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.			OMB No. 1545-0047 2019
Name of the organization BBLA FOUNDATION INC				Employer identification number 46-1634830	

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
BBLA FOUNDATION INC

Employer identification number
46-1634830

Part I**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CATHERINE KERR 123 N MAIN STREET NEW HOPE, PA 18938	\$ 149,920	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	CATHERINE KERR 123 N MAIN STREET NEW HOPE, PA 18938	\$ 320	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization BBLA FOUNDATION INC	Employer identification number 46-1634830
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
1	VARIOUS PUBLICLY TRADED SHARES	\$ 149,920	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

46-1634830

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)