990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u> F	or the	e 2018	calendar year, or tax year beginning , 2018,	and ending		, 20	
			C Name of organization		D Employer ide	ntification numb	ber
B	heck if a	pplicable	FOCUSING PHILANTHROPY, INC.		45-240	5071	
	Addre		Doing business as				
	- T	change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone nu	mber	
	Initial	return	1637 16TH STREET		(310) 39	9-3300	
-		return/	City or town, state or province, country, and ZIP or foreign postal code				
-	termii Amen	beb	SANTA MONICA, CA 90404		G Gross receipts	s 10	,964,518.
	Applic	cation	F Name and address of pnncipal officer LAWRENCE GILSON		H(a) Is this a grou		Yes X No
<u> </u>	pendi	ing	1637 16TH STREET, SANTA MONICA, CA 90404	~/	Subordinates H(b) Are all subord	2 X	-
_	Tay ov	empt st	·			tach a list (see insti	
			atus X 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) o WWW.FOCUSINGPHILANTHROPY.ORG	or 527	/		ractions
				11 14 16	rmation 2011 M		omicile CA
	art I	of organ	ization X Corporation Trust Association Other ►	L Year of to	rmation ZOII W	State of regal do	micile CA
				חוות שני			
41	1	Briefly	describe the organization's mission or most significant activities SEE SC	CHEDOLE O			
Governance							
Ē	_			 			
Š	2		this box If the organization discontinued its operations or dispose			1 1	6
<u>ن</u> مح			er of voting members of the governing body (Part VI, line 1a)			3	6.
Activities &			er of independent voting members of the governing body (Part VI, line 1b).			4	
<u>Vi</u>			number of individuals employed in calendar year 2018 (Part V, line 2a)			5	4.
ĊĖ			number of volunteers (estimate if necessary)			6	
•			unrelated business revenue from Part VIII, column (C), line 12			7a	
	b	Net ur	nrelated business taxable income from Form 990-T, line 38	 		7b	
	_			-	Prior Year		rent Year
ě			butions and grants (Part VIII, line 1h)	_	5,498,90		086,269.
ē			am service revenue (Part VIII, line 2g)			0.	0.
Revenue			ment income (Part VIII, column (A), lines 3, 4, and 7d)	_	104,28		279,241.
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		5,603,18		365,510.
			s and similar amounts paid (Part IX, column (A), lines 1-3)		4,446,70		402,609.
			its paid to or for members (Part IX, column (A), line 4)		0.	0.	
S			es, other compensation, employee benefits (Part IX, column (A), lines 5-10).	287,62		250,029.	
Expenses			ssional fundraising fees (Part IX, column (A), line 11e)		196,00	12.	25,002.
×	b	Total f	fundraising expenses (Part IX, column (D), line 25) ▶	·			
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	California California	300,60	- 1	293,437.
	18	Total e	expenses Add lines 13-17 (must equal Part IX, column (A), line ESCE IVE	5D L	5,230,93		971,077.
	19	Reven	iue less expenses Subtract line 18 from line 12	(3!	372,25	1.	394,433.
Net Assets or Fund Balances			assets (Part X, line 16)	10 3	eginning of Current \	'ear End	of Year
set	20	Total a	assets (Part X, line 16)	13 L	1,345,07	0. 1,	472,789.
A A	21	Total I	liabilities (Part X, line 26)	_ ا≌اــــ	43,80		45,158.
<u>8</u> E	22	Net as	ssets or fund balances Subtract line 21 from line 20 OGDEN, I	<u>.JT.</u> <u> .</u> _	1,301,26	6. 1,	427,631.
Pa			gnature Block				
Cund	der per	nalties o	of perjury, I declare that I have examined this return, including accompanying schedu complete Declaration of preparer (other than officer) is based on all information of whice	iles and statemer	nts, and to the best of	my knowledge	and belief, it is
>	., COITE	ct, and	Complete Declaration of preparer (other than officer) is based on an information of white	un preparer nas a	Try knowledge /	- 10 10	
Z 7:	_	N			V 5	>-16-19	
Sig	n	1	Signature of officer		Date		
.пе	е		LAWRENCE GILSON CHAIRM	AN			
<u>></u>	_		Type or print name and title				
Paid	1	Print/	Type preparer's name Preparer's signalure	Date	Check	ıf PTIN	
	oarer	<u></u> :	Haen Wh	DIMI	self-employ		88688
, ,	Only	Firm's	name ▶J. ARTHUR GREENFIELD & Co. LLP	7-11		5-211880	
			address ▶10880 WILSHIRE BLVD STE 800 LOS ANGELES, CA 90024-4124		Phone no 3	10-208-2	
May	/ the	IRS d	iscuss this return with the preparer shown above? (see instructions)		<u> </u>	Х ү	es No
For	Paper	rwork	Reduction Act Notice, see the separate instructions.			For	m 990 (2018)

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ABDGT (M)

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			_
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	•	_		Х
-	"Yes," complete Schedule D, Part I	6	-+	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			.,
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9]	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		Ì	
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			_
•	reported in Part X, line 16° If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		x	
		116		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		Х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		x	
	Schedule D, Parts XI and XII	12a	_^	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If			v
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		<u> X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	j		
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
	domestic government on Fartis, column (A), line 1. II. 169, complete schedule i, Farts I and II			

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
20	organization's current and former officers, directors, trustees, key employees, and highest compensated		i	
	employees? If "Yes," complete Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			-
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		
b	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		İ	37
••	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
J -	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	20	х	ĺ
Part		38		
للتنهم	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?		000	
JSA		Form	990	(2018)

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Ì	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note . If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	_ }		3.7
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	_3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	أيا		х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country. ▶			
e -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	5a	Ì	Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	-		
Va	solicit any contributions that were not tax deductible as charitable contributions?	6a	ł	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		[
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		_x
	If "Yes," indicate the number of Forms 8282 filed during the year			v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization have excess business nothings at any time during the year?			-
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		ŀ	
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O		1	
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
^	Enter the amount of reserves on hand		1	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization 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?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O]		
		_	~~~	

FOCUSING PHILANTHROPY, 'INC. Form 990'(2018) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, x 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х The governing body?...... 8a Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c 13 13 Did the organization have a written document retention and destruction policy?............. 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15a Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed $\triangleright \frac{CA_{,}}{CA_{,}}$

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

X Own website Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ► CATHY PEDERSEN 1637 16TH STREET SANTA MONICA, CA 90404

. 0,,,,, 000 (==											9-
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

•	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	1

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unle: er and	Pos heck ss pe	rson	than of the state	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)ELLIOTT GILSON	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(2)LAWRENCE GILSON	15.00									
CHAIRMAN/DIRECTOR	0.	X		Х				0.	0.	0.
(3)JOHN WEISSENBACH	1.00									
DIRECTOR	0.	Х					1	0.	0.	0.
(4)DIANA LIDOW	1.00									
DIRECTOR	0.	X						0.	0.	0.
(5)KEITH ENNIS	1.00									
VICE CHAIRMAN/DIRECTOR	0.	Х		Х				0.	0.	0.
(6) DEWEY CORLEY	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7)CATHERINE PEDERSEN	20.00									-
SECRETARY	0.	<u></u>		Х	<u> </u>	<u>_</u>		26,714.	0.	
(8)JASON WINDEBANK	20.00									
TREASURER	0.			Х				54,569.	0.	0.
(10)					-					-
(11)		 								
(12)										
(13)										
(14)					_					

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employe	ees (c	ontinue	− Page c •d)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	box, office	Pos heck ss pe	Position eck more than on s person is both a a director/truste and officer of the street of the stre			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC		com fro orga	(F) timated count of other pensation om the anization if related	
	line)	trustee	Institutional trustee		руее	Highest compensated employee					orga	nizations
											-	
	•											
												-
1b Sub-total c Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c)	ection A .						* * *	81,283. 0. 81,283.		0. 0.		0. 0.
Total number of individuals (including but not I reportable compensation from the organization.)		hosel 0.		d at	oove	e) who	re	ceived more than	\$100,000 of			
3 Did the organization list any former office	er directo	r or	tru	ste	e 1	CEV E	mn	lovee or highest	compensat	·ed		Yes No
employee on line 1a? If "Yes," complete Schedu 4 For any individual listed on line 1a, is the s	ile J for suc	ch indi	vidu	ıal							3	X
organization and related organizations gre	ater than	\$15	0,00	ე0?	lf	"Yes	," (complete Schedu	le J for su	ıch	4	x
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	mpen	satio	on f	rom	any	uni	related organization	n or individu	Jal	5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest components of compensation from the organization. Report of year	pensated in ompensation	ndepe on for	nde the	nt c	cont	racto lar ye:	rs ti ar e	hat received more ending with or with	than \$100,0 iin the organ	000 of ization	f n's tax	
(A) Name and business addi	ress							(B) Description of se	rvices	С	(C) ompens	ation
1												
2. Total number of independent annual contraction (aludine t		1	.4 -	1 4 -	Ala.	Ļ					
2 Total number of independent contractors (in more than \$100,000 in compensation from the	ciuding bu e organizat	ιι not ion ▶	ıım	пес	to 0		e II	sted above) who	received			

Form 990'(2018) FOC Part VIII Statement of Revenue

•		Check if Schedule O contains a respon	se or note to an	y line in this Part VI	14	<u></u>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र र	1a	Federated campaigns 1a					
E E	t	4.			ļ		
عَ ق	b						1
Z Z	C	Fundraising events 1c					
હું ≅	d	Related organizations 1d	·				
Sign	е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,			i		
들		and similar amounts not included above . 1f	8,086,269.		Į.		1
E P	g	Noncash contributions included in lines 1a-1f \$	1,461,399.				
	<u>h</u>	Total. Add lines 1a-1f	<u></u> ▶ │	8,086,269.			<u> </u>
			Business Code				
Ven	2a	i					
چ	Za					,	
9							
2	C					· · · · · · · · · · · · · · · · · · ·	
Š	d						
ran	e						
Program Service Revenue	f	All other program service revenue					
<u> </u>	<u>g</u>	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividen	ds, interest,				
		and other similar amounts)	▶ ↓	16,400.	16,400.		
	4	Income from investment of tax-exempt bond	proceeds . ►	0.			
	5	Royalties		0.			
		(ı) Real	(ii) Personal				
	6a	Gross rents					
	b	Less rental expenses			İ		
	1	Rental income or (loss)					
	d	Net rental income or (loss)	▶	0.			
	7a	Gross amount from sales of (i) Secunties	(II) Other				
	'"	Cross amount nom sales of					
		assets other than inventory 2,861,849.					
	Ь	Less cost or other basis					
		and sales expenses 2,599,008.					
	С	Gain or (loss)	_				
	d	Net gain or (loss)	<u> ▶</u>	262,841.			
<u>o</u>	8a	Gross income from fundraising					1
nua		events (not including \$					
ě		of contributions reported on line 1c)					
7	l	See Part IV, line 18 a	0.				
Other Revenue	ь	Less direct expenses b	0.				
O	_	Net income or (loss) from fundraising events		0.		<u> </u>	
	1	Gross income from gaming activities					
	3a	See Part IV, line 19 a	0.				
	١.						
	b	Less direct expenses b		0.			
	ŀ	Net income or (loss) from gaming activities.					
	10a	Gross sales of inventory, less	_		į		1
		returns and allowances a	0.				
	b	Less cost of goods sold b					
	<u>c</u>	Net income or (loss) from sales of inventory		0.		···.	
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
	c						
	d	All other revenue				"	
	ŀ	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions		8,365,510.	16,400.		
				2,303,010.			

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must		s All other organization	as must complete colur	nn (A)
Check if Schedule O contains a respi				
Do not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	7,402,609.	7,402,609.		
2 Grants and other assistance to domestic				
ındıvıduals See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	0.			
ındıvıduals See Part IV, lines 15 and 16 4 Benefits paid to or for members	0.1			
5 Compensation of current officers, directors,				
trustees, and key employees ATCH. 3.	81,283.	32,513.	48,770.	
6 Compensation not included above, to disqualified		-		
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	157,739.	120,297.	19,067.	18,375.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	11 007	9,709.		1 200
10 Payroll taxes	11,007.	9,709.		1,298.
11 Fees for services (non-employees)	0.			
a Management	- 0.			
b Legal	39,030.		39,030.	
c Accounting	0.			
e Professional fundraising services See Part IV, line 17.	25,002.			25,002.
f Investment management fees	0.			
9 Other (If line 11g amount exceeds 10% of line 25, column	_		-5	
(A) amount, list line 11g expenses on Schedule O)	0.			·
12 Advertising and promotion	0.			
13 Office expenses	20,795.	18,343.		2,452.
14 Information technology	0.			
15 Royalties	104,815.	92,456.		12,359.
16 Occupancy	30,319.	26,743.		3,576.
17 Travel	00,013.	20,7131		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	. 0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	16,597.	14,640.		1,957.
23 Insurance	7,789.		7,789.	
24 Other expenses Itemize expenses not covered				
above (List miscellaneous expenses in line 24e If				
line 24e amount exceeds 10% of line 25, column		ì		
(A) amount, list line 24e expenses on Schedule O) aBANK CHARGES	18,859.		18,859.	
bBOOKS, SUBSCRIPTIONS & REF.	2,401.	2,118.	10,039.	283.
MEALS & ENTERTAINMENT	3,741.	3,300.		441.
dPOSTAGE	1,052.	928.		124.
e All other expenses	48,039.	41,329.		6,710.
25 Total functional expenses. Add lines 1 through 24e	7,971,077.	7,764,985.	133,515.	72,577.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				
following SOP 98-2 (ASC 958-720)	0.		<u></u>	5 000 (2048)

Par	tΛ						
		Balance Sheet		de establica de Aleia De		_	
		Check if Schedule O contains a response of	or note	to any line in this Pa	(A) Beginning of year		(B) End of year
\Box	1	Cash - non-interest-bearing			704,887.	1	745,686.
- 1		Savings and temporary cash investments			0.	2	0.
Ì	2 Savings and temporary cash investments				0.	3	0.
	4	Accounts receivable, net	• • • •		1,081.	4	0.
l	5	Loans and other receivables from current and	former	officers, directors.		_	
1		trustees, key employees, and highest co					
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volumes	sons (as), and c	defined under section ontributing employers employees' beneficiary	0.	5	0.
S		organizations (see instructions) Complete Part II of Scho			0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
As	8	Inventories for sale or use			0.	8	0.
	9	Prepaid expenses and deferred charges	;	<i></i> . <u> </u>	0.	9	0.
1		Land, buildings, and equipment cost or		22 222			
		other basis Complete Part VI of Schedule D	10a	93,293.	F0 060		20.116
1	b	Less, accumulated depreciation	10b	54,1//.	52,363.	10c	39,116.
1	11	Investments - publicly traded securities		ATCH 4	5/9,255.		680,503.
	12	Investments - other securities. See Part IV, line 11				12	0.
	13	Investments - program-related See Part IV, line 1		13	0.		
- 1	14	Intangible assets	7.404	14	0.		
ſ	15	Other assets See Part IV, line 11			7,484.		7,484.
$\overline{}$		Total assets. Add lines 1 through 15 (must equal			1,345,070.		1,472,789.
		Accounts payable and accrued expenses			5,156.		10,440.
		Grants payable			28,044.	18	21,658.
		Deferred revenue			28,044.		21,636.
	20	Tax-exempt bond liabilities	- 4 5 4 .	(0)	0.		0.
		Escrow or custodial account liability Complete P				21	0.
Liabilities	22	Loans and other payables to current and for		· 1			
ē		trustees, key employees, highest comper			0	22	0.
Lial .	23	disqualified persons. Complete Part II of Schedule Secured mortgages and notes payable to unrelate	cod there	d nortice	0.	23	0.
	23 24	Unsecured notes and loans payable to unrelated	third o	parties	0.		0.
		Other liabilities (including federal income tax,				24	
'		parties, and other liabilities not included on lines					
		of Schedule D		•	10,604.	25	13,060.
<u> </u>	26	Total liabilities. Add lines 17 through 25			43,804.		45,158.
		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check				<u>-</u>
2	27	Unrestricted net assets			-51,879.	27	-12,764.
38	28	Temporarily restricted net assets			1,353,146.	28	1,440,395.
<u> </u>						29	0.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958 complete lines 30 through 34.					
ts :	30	Capital stock or trust principal, or current funds .		30			
SSe	31	Paid-in or capital surplus, or land, building, or equ		31			
Ž.	32	Retained earnings, endowment, accumulated inc	ome, c	or other funds		32	
ē	33	Total net assets or fund balances			1,301,267.	33	1,427,631.
		Total liabilities and net assets/fund balances		· · · · · · · · · · · · · · · · · · ·	1,345,071.	34	1,472,789.

Page 12

Part.	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			65,5		
2	Total expenses (must equal Part IX, column (A), line 25)	2			71,0		
3	Revenue less expenses Subtract line 2 from line 1	3			94,4		
4					1,301,267.		
5					68,0		
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		1,4	27,6	31.	
Part	XII Financial Statements and Reporting					_	
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			-	\perp	
					Yes	No	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaır	ın				
	Schedule O			_		.,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or				
	reviewed on a separate basis, consolidated basis, or both.						
	Separate basis Consolidated basis Both consolidated and separate basis			١	x		
b	Were the organization's financial statements audited by an independent accountant?			2b	^		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a				
	separate basis, consolidated basis, or both						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for			2-	x		
	of the audit, review, or compilation of its financial statements and selection of an independent acc			_2c			
	If the organization changed either its oversight process or selection process during the tax year, e	xplaii	חוח				
_	Schedule O						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se			20		х	
	the Single Audit Act and OMB Circular A-133?			3a			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		tne	3ь			
	required addit of addits, explain why in Schedule O and describe any steps taken to undergo such ad	uito	_		990	(2018)	
				COUL	330	(4010)	

5"

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Open to Public

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

FO	<i>:</i> 08	ING PHILANTHROPY,					45-24050	
Pa	rt I	Reason for Public Cha	arity Status (All o	organizations must o	complet	e this pa	art.) See instructions	S.
The	org	anization is not a private fou	indation because it	t is (For lines 1 throu	gh 12, ch	neck only	one box)	,
1		A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 9	90 or 990)-EZ))	
3		A hospital or a cooperative		•	•			
4		A medical research organi						(iii). Enter the
		hospital's name, city, and s		•	•			,,,,.
5		An organization operated		a college or universi	tv owne	d or ope	erated by a governme	ental unit described i
		section 170(b)(1)(A)(iv). (0		O			, a garanna	
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170	b)(1)(A)(v).	
7	х	An organization that norm						om the general nubli
		described in section 170(b				5-		om me general pasi
8		A community trust describe		· ·	e Part II.)			
9		An agricultural research or					In conjunction with a	land-grant college
-	ш	or university or a non-land-						
		university	g. u coogo o. u.s	, round o (oco mon do			name, ony, and state o	i the conege of
10	\Box	An organization that norma	illy receives (1) m	ore than 331/3 % of its	support	from co	ntributions members	nin fees, and gross
		receipts from activities rela	ited to its exempt f	unctions - subject to	certaın e	exception	s, and (2) no more tha	n 331/3 % of its
		support from gross investing	nent income and u	nrelated business tax	able inco	ome (les:	s section 511 tax) from	businesses
11		acquired by the organization An organization organized	and operated evolu-	ervaly to test for publ	(a)(z). (t	ompiete	etion 500/aV/AV	
12	\vdash	An organization organized						orne out the numero
-	ш	of one or more publicly su						
		Check the box in lines 12a to						
_	Г						·	
а	L.	Type I. A supporting org						
		the supported organization				ajority of	the directors or truste	es of the
L		_ supporting organization `	-					
b		Type II. A supporting org						
		control or management of			tne sam	e persor	is that control or man	age the supported
		organization(s) You must						
С		_ Type III functionally inte						lly integrated with,
_	Г	its supported organization						
d		☐ Type III non-functionally						• ,
		that is not functionally into		-	-		•	d an attentiveness
	Г	requirement (see instruct	•	•		•		
е	L_	☐ Check this box if the orga						I, Type III
		functionally integrated, or		ionally integrated sup	porting o	organizat	ion	
' ~		ter the number of supported	•			• • • •	• • • • • • • • • • • •	
<u> </u>		ovide the following information			T			
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
A)								
B)								
•								
C)					[
		 			ļ	ļ		
D)					[
							-	
(E)					1]		

Total

Jonea ale 71 (- OHT 555 G 555-EE/ 2010	P
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under	эг
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)	
Section A	Public Support	_

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,030,695.	5,455,787.	4,405,325.	5,498,902.	8,085,062.	26,475,771.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	3,030,695.	5,455,787.	4,405,325.	5,498,902.	8,085,062.	26,475,771.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4	· · · · · · · · · · · · · · · · · · ·					7,487,652.
Sec	tion B. Total Support					i	18,988,119.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	3,030,695.	5,455,787.	4,405,325.	5,498,902.	8,085,062.	26,475,771.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				0,130,302.	0,003,002.	0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.
11	Total support. Add lines 7 through 10						26,475,771.
12	Gross receipts from related activities, etc. (se					12	
13	First five years. If the Form 990 is for organization, check this box and stop here.		<u> </u>	d, third, fourth,	or fifth tax yea	r as a section	501(c)(3) ▶
	tion C. Computation of Public Supp						
14	Public support percentage for 2018 (lin					14	71.72%
15	Public support percentage from 2017 S					15	64.90%
16a	331/3% support test - 2018. If the org						
_	box and stop here. The organization qu						
D	331/3% support test - 2017. If the org this box and stop here. The organization						
17a							
	7a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
b	organization						
18	Private foundation. If the organization instructions	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check t	this box and see	
						bodulo A /Form 90	NA 000 ET) 0040

_	dule A (Form 990 or 990-EZ) 2018						Page 3
Pa	rt III Support Schedule for Organ (Complete only if you check					d to qualify und	er Part II
	If the organization fails to qua						or Jure II.
Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·			/
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018/	(f) Total
1	Gifts, grants, contributions, and membership fees		(-,	(4) = 5 5	(.,,,,	(7)	(1) 10101
•	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise				 		
	sold or services performed, or facilities					/	
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				-		
•	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				/		
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		-	/			
	Amounts included on lines 1, 2, and 3		-	/			
	received from disqualified persons						
b	Amounts included on lines 2 and 3			/		 	
	received from other than disqualified		/				
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6)						
Sec	tion B. Total Support		1				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6				,,		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
ь	Unrelated business taxable income (less		·				
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	•			<u> </u>		
11	Net income from unrelated business			_	 		
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include/gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)		<u>L</u> .				
13	Total support. (Add lines 9, 10c, 11,	•					
	and 12)						
14	First five years. If the Form 990 is for	or the organiza	ition's first, seco	nd, third, fourth	i, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.		<u> </u>	<u></u>		<u> </u>	▶ 🗍
Sec	tion C. Computátion of Public Supp						
15	Public support pércentage for 2018 (line 8,	column (f), divid	led by line 13, colu	mn (f))		. 15	%
16	Public support percentage from 2017 Sched	dule A, Part III, lir	ne 15	<u></u>		16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment/income percentage for 2018 (lin	ne 10c, column ((f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2017 S					18	%
19 a	331/3%/support tests - 2018. If the org					e than 331/3%, a	nd line
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2017. If the organ	nization did not	check a box on	line 14 or line 1	9a, and line 16 is	more than 331/3	%, and
	line 18 is not more than 331/3%, check						

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

Section A. Al	Supporting	Organizations
---------------	------------	----------------------

Secti	ion A. All Supporting Organizations	· v.,		
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		·
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	_3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Part	IV Supporting Organizations (continued)			-3-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	•	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	ınstru		
2	Activities Test. Answer (a) and (b) below.		Yes	INO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	<u> </u>	<u></u>
Check here if the organization satisfied the Integral Part Test as a qualifying	_		•
instructions. All other Type III non-functionally integrated supporting organization	zations i	nust complete Section	(B) Current Year
Section A - Adjusted Net Income	Section A - Adjusted Net Income		
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	"	
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			-
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III supporting	organization (see
instructions)			·

Schedule A (Form 990 or 990-EZ) 2018

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Page	- 1

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	
4	Amounts paid to acquire exempt-use assets	· · · -		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		- · · · · · · · · · · · · · · · · · · ·	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI) See			
	instructions			
_3	Excess distributions carryover, if any, to 2018			
a	From 2013			
<u>b</u>	From 2014			
c	From 2015			
<u>d</u>	From 2016			
e	From 2017			
f	Total of lines 3a through e		 	
<u>g</u>	Applied to underdistributions of prior years			
_ <u>h</u>	Applied to 2018 distributable amount			
_ <u>i</u>	Carryover from 2013 not applied (see instructions)			
1	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from			
	Section D, line 7 \$			
_ <u>a</u>	Applied to underdistributions of prior years			
_ <u>b</u>	Applied to 2018 distributable amount Remainder, Subtract lines 4a and 4b from 4	 .		
c				 -
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
	Remaining underdistributions for 2018 Subtract lines 3h			
6	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
	Excess distributions carryover to 2019. Add lines 3			
7	and 4c.			
	Breakdown of line 7			
<u>8</u>	Excess from 2014			
$-\frac{a}{b}$	Excess from 2015			
— <u>c</u>	Excess from 2016			
$-\frac{d}{d}$	Excess from 2017			<u></u>
<u>u</u>	Excess from 2018			
	LAUGOS HUIII ZUTU, , , ,	l		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Nam	e of the organization	Employer identification number
FO	CUSING PHILANTHROPY, INC.	45-2405071
_	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	,1000 a.n.o.
	(a) Donor advised funds	(b) Funds and other accounts
_		(b) t chief and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held i	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant ful	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	
_	conferring impermissible private benefit?	Yes No
Pa	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
		of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	al statements that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educing public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the contr	evenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educ public service provide in Part XIII the text of the footnote to its financial statements that desc	cation, or research in furtherance of cribes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re	
	works of art, historical treasures, or other similar assets held for public exhibition, educ	
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	
h	Assets included in Form 990 Part X	

Page	2

Pa	rt III Organizations Maintaini	na Colle	ections of	Art. Histo	rical Tro	easures	s. or	Other	Similar A	ssets (c	ontinue		age =
3	Using the organization's acquisition												fits
-	collection items (check all that app			•									
а	Public exhibition	.,,		d [Loan	or excha	ange	progran	ns				
b	Scholarly research			e	Other		90	p. 0 g. c.					
c	Preservation for future gene	rations		· _						-			—
4	Provide a description of the organ		collections	e and evols	an how	they fur	thar	the or	anization'	s evemn	hournos	e in	Dart
-	XIII	iizalions	CONECTIONS	s and expid	1117 11044	tiley ful	(IIICI	the org	garnzation	3 exemp	r puipos	C III	ait
5	During the year, did the organization	n solicit	or receive	donations o	fart hiet	orical tri	o a cur	es or a	other cimil	ar			
3	assets to be sold to raise funds rath									_	Yes		No
Da	rt IV Escrow and Custodial A			airieu as pa	it of the	organiza	ations	S CONEC		· · · · <u> </u>	165		140
Га	Complete if the organiza 990, Part X, line 21.			es" on For	m 990, i	Part IV,	line !	9, or re	eported a	n amour	nt on Fo	rm	
1 a	Is the organization an agent, truste	e, custo	dian or oth	er intermed	lary for o	contribut	ions	or other	assets no	t			
	included on Form 990, Part X?									Г	Yes		No
b	If "Yes," explain the arrangement i	n Part XI	II and com	plete the fol	lowing ta	ble				_			•
						ĺ				Amount			
С	Beginning balance		<i>.</i>			[1c						
d	Additions during the year												
e	Distributions during the year												
f	Ending balance												
2a	Did the organization include an am							stodial	account lia	bility?	Yes		No
b	If "Yes," explain the arrangement i	n Part XI	II Check h	ere if the ex	xplanation	n has be	en pro	ovided o	on Part XII	١			
	rt V Endowment Funds.										·		
	Complete if the organiza	ation ans	swered "Ye	es" on For	m 990, I	Part IV,	line	10.					
		(a) Cu	rrent year	(b) Prio	r year	(c) Two	o years	back	(d) Three y	ears back	(e) Four	years t	ack
1a	Beginning of year balance												
, L	Contributions					1			_				
	Net investment earnings, gains,										-		
C	and losses					1							
						· -		-					
	Grants or scholarships			<u> </u>	···	 							
е	Other expenditures for facilities												
	and programs				•								
f	Administrative expenses	_											
g	End of year balance				- // 4		/=\\ I						
2 a	Provide the estimated percentage Board designated or quasi-endown		irrent year	end balance	e (line 1g	, column	i (a)) i	neid as					
	Permanent endowment	%		⁷⁰									
	Temporarily restricted endowment		%										
·	The percentages on lines 2a, 2b, a			100%									
32	Are there endowment funds not in		•		tion that	are hel	d and	l admin	istored for	the			
Va	organization by	inc poss	C331011 01 1	ne organize	ition that	are ner	u and	a dannin	iistorea ioi	110	Į.	res	No
	(i) unrelated organizations										3a(i)		
	(ii) related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate										3b		
											35	1	
4	Describe in Part XIII the intended in the Inte			ation's endo	wmentiu	nus							
Pa	rt VI Land, Buildings, and Equ Complete if the organize	ation ans	swered "Y	es" on For	m 990,	Part IV,	, line	11a. S	See Form	990, Pa	rt X, line	e 10.	
	Description of property		(a) Cost o	r other basis stment)	(b) Cost	or other ba other)		(c) Acc	umulated eciation) Book val		
1 a	Land				-						_		
b	Buildings					50.5			00.055				
C	Leasehold improvements					50,33			29,960		2	20,3	
d	Equipment		ļ			21,94			14,028				14.
	Other					21,01			10,189			0,8	
Tota	II. Add lines 1a through 1e (Column	(d) mus	t equal Fori	m 990, Part	X, colum	n (B), lın	ne 10d	s)	▶		3	9,1	16.
										Sched	ule D (For	m 990	2018

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Page	

(a) Description of security or (including name of security or	category rity)	(b) Book value	(c) Metho	orm 990, Part X, line 12. od of valuation f-year market value
(2) Closely-held equity interests (3) Other				
(2) Closely-held equity interests (3) Other				
(3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, Part VIII Investments - Program Complete if the organ (a) Description of investments (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)				
(B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, Part VIII Investments - Program Complete if the organ (a) Description of investments (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)				
(C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X. Part VIII Investments - Program Complete if the organ (a) Description of investments (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)				
(D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, Part VIII Investments - Program Complete if the organ (a) Description of investments (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)				
(E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, Part VIII Investments - Prograt Complete if the organ (a) Description of investi (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)				
(F) (G) (H) Total. (Column (b) must equal Form 990, Part X. Part VIII Investments - Prograt Complete if the organ (a) Description of investi (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)			····	
(G) (H) Total. (Column (b) must equal Form 990, Part X, Part VIII Investments - Program Complete if the organ (a) Description of investments (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)				
(H) Total. (Column (b) must equal Form 990, Part X, Part VIII Investments - Program Complete if the organ (a) Description of investments (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)				
Total. (Column (b) must equal Form 990, Part X, Part VIII Investments - Prograi Complete if the organ (a) Description of investi (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)				
Part VIII Investments - Program Complete if the organ (a) Description of investments (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)				
Complete if the organ (a) Description of investion (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)				
(a) Description of investing (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organical (1) (2) (3)				
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)	ilzation answered "Y	<u>es" on Form 990, </u>	, Part IV, line 11c. See F	orm 990, Part X, line 13.
(2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)	nent	(b) Book value	(c) Metho Cost or end-o	od of valuation f-year market value
(3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)				
(4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)				
(5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)				
(6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)				
(7) (8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)				
(8) (9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)				
(9) Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)				
Total (Column (b) must equal Form 990, Part X, Part IX Other Assets. Complete if the organ (1) (2) (3)				
Other Assets. Complete if the organ (1) (2) (3)				-
Complete if the organ (1) (2) (3)	col (B) line 13)			
(1) (2) (3)	nization answered "Y	es" on Form 990	Part IV. line 11d. See F	orm 990. Part X. line 15
(2) (3)	(a) Descri			(b) Book value
(2) (3)		,	·	(1)
(3)			<u> </u>	-
				
(5)				-
(6)				
(7)				
(8)			<u>-</u>	
(9)				
Total. (Column (b) must equal Form 9	90. Part X. col (B) line	15)		•
Part X Other Liabilities.		_:/:		••••
	iization answered "Y	es" on Form 990	Part IV, line 11e or 11f.	See Form 990, Part X,
1. (a) Description of la	ability	(b) Book value		
(1) Federal income taxes		7 (002	
(2) CREDIT CARD PAYABLE		7,9		
(3) PAYROLL LIABILITIES		5,1	13/.	
(4)				
(5)				
(6)				
(7)				
(8)		1		
(9)		 	ŀ	
Total. (Column (b) must equal Form 990, P.		13,0		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

JSA 8E1271 1 000 Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

20**18**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs gov/Form990 for instructions and the latest instructions.

temai Revenue Service						Inspection
ame of the organization					Employer identification	on number
OCUSING PHILANTHROPY, INC.					45-2405071	
Part I Fundraising Activities. Con	nplete if the orga	nization a	answered	"Yes" on Form	990, Part IV, line	17.
Form 990-EZ filers are not	required to comp	lete this p	oart.			
1 Indicate whether the organization rai	sed funds through	any of the	following	activities. Check a	all that apply.	
a X Mail solicitations	e	X Solic	atation of r	non-government g	rants	
b X Internet and email solicitations	f			government grant		
c X Phone solicitations	g g		-	sing events	•	
d X In-person solicitations	9	opc.	Jiai Tanara	ong evente		
a iii porcon comencatione				-1 -1 ((
 2a Did the organization have a written of or key employees listed in Form 990 b If "Yes," list the 10 highest paid indicate the paid indic	i, Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	X Yes No fundraiser is to be
compensated at least \$5,000 by the	organization					
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
ATTACHMENT 1		1				
2						
	}	1	, ,			
3						
4	-					
					İ	
5		† · · ·				
6		+				
7	 	 -	1	 _		·
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8		-				
9	-					
3						
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		<u> </u>	L			
				6 510 674	05 000	6 510 674
<u>otal</u>			<u></u> ▶	6,518,674		6,518,674
3 List all states in which the organiza	tion is registered of	or licensed	to solicit	contributions or	has been notified	it is exempt from
registration or licensing						
				· · · · · · · · · · · · · · · · · · ·		

Page	2
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Pa	rt I	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts gre	aising event contributi	answered "Yes" on ions and gross incom	Form 990, Part IV, ne on Form 990-EZ	line 18, or reported, lines 1 and 6b. List
-			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
Ō			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
ď	2	Less: Contributions				
		Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	_			
Exp	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses				
Pa	11	Direct expense summary. Add line Net income summary. Subtract lin Gaming. Complete if the orga \$15,000 on Form 990-EZ, line	ne 10 from line 3, colu anization answered "`	<u>ımn (d)</u>	<u></u>	reported more than
Revenue		\$10,000 011 0111 000 EE, III	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
xper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)		
9 a		Enter the state(s) in which the organization licensed to condition	anization conducts gai	ming activities: in each of these state		Yes No
10 a		Were any of the organization's gaming If "Yes," explain	g licenses revoked, susp		• • • • •	Yes No

	FOCUSING PHILANTHROPY, INC.	45-24050	71	. '
Sched	ule G (Form 990 or 990-EZ) 2018			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entities			_
	formed to administer charitable gaming?	L_	Yes	No
13	Indicate the percentage of gaming activity conducted in			
a	The organization's facility			%
14	An outside facility			
14	records·			
	Name ►			
	Address ►		- -	-
15 a	Does the organization have a contract with a third party from whom the organization receives revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$	and the		
С	If "Yes," enter name and address of the third party			
	Name ▶			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	9		_	_
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization to accomplish the association to the distributions of the distributions of the distribution of the d	anızatıons		
Part	or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns	(iii) and (v)	and	
r ai	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).			
		-		
	Caba	dule G (Form 990	0.000	E7) 2040
	Sche	7016 O (1.01111 920	. OI 220.	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

90, Part IV, line 21 or 22.

2018

OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

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45-2405071

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FOCUSING PHILANTHROPY, INC

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Department of the Treasury Internal Revenue Service Name of the organization

- ž X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
 - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. Part II

1 (a) Name and address of organization (b) EIN (c)	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) De	(a) Description of	(h) Purpose of grant
or government	(-)	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) CHARITY: WATER							
200 VARICK STREET, STE 201 NY, NY 10014	22-3936753	501(C)(3)	375,369.				WATER PROJECTS
(2) FARESTART & CATALYST KITCHENS							
700 VIRGINIA ST SEATTLE, WA 98101	91-1546757	501(C)(3)	202,000.				CULINARY TRAINING
(3) ONE ACRE FUND							
1742 TATUM STREET FALCON HEIGHT, MN 55113	20-3668110	501(C)(3)	1,891,446.				MYANMAR
(4) PEER HEALTH EXCHANGE							
70 GOLD STREET SAN FRANCISCO, CA 94133	56-2374305	501(C)(3)	505, 332.				HEALTH EDUCATION
(5) READING PARTNERS							
180 GRAND AVENUE, STE 800 OAKLAND, CA 94612	77-0568469	501(C)(3)	676, 636.				READING PROFICIENCY
(6) SCRIPPS COLLEGE ACADEMY							
1030 COLUMBIA AVE #1235 CLAREMONT, CA 91711	95-1664123	501(C)(3)	50,000.				COLLEGE READINESS
(7) SEVA FOUNDATION							
1786 FIFTH STREET BERKELEY, CA 94710	38-2231279	501(C)(3)	605, 635.				VISION RESTORATION
(8) SPARK							
223 W. JACKSON, SUITE 520 CHICAGO, IL 60606	20-1836547	501(C)(3)	402,810.				STUDENT ENGAGEMENT
(9) CASA OF LOS ANGELES							
201 CENTRE PLAZA DR #1100 MP, CA 91754-2142	95-3890446	501(C)(3)	162,500.				FOSTER CARE
(10) CASA OF SAN DIEGO							
2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	95-3786047	501(C)(3)	464,999.				FOSTER CARE
(11) HEALING CALIFORNIA							
21031 VENTURA BLVD #1000 WH, CA 91364	82-2805752	501 (C) (3)	555,000.				HEALTH CLINICS
(12) REFUGEPOINT							
689 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139 20-2061482	20-2061482	501 (C) (3)	1,002,978.				REFUGEE AFFAIRS

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

JSA 8E1288 1 000

2946-1

SCHEDULEI (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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Employer identification number 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes 45-2405071 **▼** Go to w Part I General Information on Grants and Assistance FOCUSING PHILANTHROPY, INC. Department of the Treasury Internal Revenue Service Name of the organization

the selection criteria used to award the grants or assistance?	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
	7	g	

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) тімму сьовал неалтн							
22 E. 22ND STREET INDIANAPOLIS, IN 46202	35-2012757	501 (C) (3)	457,904.				MEDICAL BRIGADES
(2) AMERICAN FRIENDS OF COOPI							
10 ROCKEFELLER PLAZA NEW YORK, NY 10020	58-2277856	501 (C) (3)	.000,000				WATER AND SANITATION
(3)							
(4)							
(5)							
(9)							
(7)							
	1						
(8)							
	1						
(6)							
	1						
(10)							
(11)							
(12)							
	government o	rganizations lis	ted in the line 1 tab	le		•	
3 Enter total number of other organizations listed in the line 1	od in the tine	1 table				4	

Schedule I (Form 990) (2018)

Page 2

FOCUSING PHILANTHROPY, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2018) Part III

		.5050000050				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
က						
4						
5						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information information	nformation rec	quired in Part I, I	ine 2, Part III, c	tion required in Part I, line 2, Part III, column (b); and any other additional	ther additional

SCHEDULE I, PART I, LINE 2 SUPPLEMENTAL INFORMATION DETAIL

WE MONITOR AND REPORT ON THE IMPACT OF OUR INITIATIVES AND ON THE

CONTINUED EFFECTIVENESS OF OUR IMPLEMENTING PARTNERS. OUR ONGOING

MONITORING INCLUDES:

- QUARTERLY CHECK-IN CALLS OR VISITS WITH NONPROFIT LEADERSHIP
- OFF THE RECORD INFORMATION SHARING WITH FUNDERS

2

- REVIEW OF INDEPENDENT RESEARCH т М
- REVIEW OF REPORTS PREPARED BY NONPROFIT MANAGEMENT FOR ITS BOARD 4.
- PUBLIC FILINGS ъ.

Schedule I (Form 990) (2018)

FOCUSING PHILANTHROPY, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2018) Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-		1				
. ~						
, e						
4						
ıo						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	nformation re	quired in Part I, I	line 2, Part III, c	olumn (b); and any o	ther additional

REGULAR VISITS BY FOCUSING PHILANTHROPY TEAM MEMBERS TO PROGRAM information.

SITES, WHETHER THEY ARE LOCATED IN THE UNITED STATES OR INTERNATIONALLY.

THE FOUNDATION IS COMMITTED TO VISITING THE PROGRAM SITE FOR EACH

DOMESTIC NONPROFIT AT LEAST ANNUALLY, AND OUR INTERNATIONAL NONPROFIT

PROGRAM SITES AT LEAST EVERY OTHER YEAR; IN MOST CASES VISITS ARE MORE

FREQUENT AS WE VISIT DIFFERENT CITIES AND COUNTRIES TO CONFIRM PROGRAM

CONSISTENCY AND EFFICIENCY.

2946-1

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

FOCUSING PHILANTHROPY, INC.

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

45-2405071

Par	Types of Property	<u> </u>	<u>,</u>	· · · · · · · · · · · · · · · · · · ·			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of do noncash contrib	eterminin	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles			_			
7	Posts and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	9.	1,461,399.	MARKET QUO	ΤE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,			-			
	or trust interests	ļ					
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic	! 					
	structures						
14	Qualified conservation						
	contribution - Other			,			
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory					•	
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ▶()					_	
26	Other ▶()						
27	Other ►()						
28	Other ▶()						
	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for			
	which the organization completed f				29		
				,		Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through		
	28, that it must hold for at least ti		•	-	1		
	to be used for exempt purposes for	-			I .	0a	Х
b	If "Yes," describe the arrangement					<u> </u>	
31	Does the organization have a		tance policy that require	es the review of any	nonstandard		
٠.	contributions?					1	х
32=	Does the organization hire or use						
~~ U	contributions?	•	_		l l	2a X	
h	If "Yes," describe in Part II				· · · · · · ·	_	
	If the organization didn't report an	amount in o	column (c) for a type of pro	nerty for which column (a) is checked		
55	describe in Part II	a.nount ni t	on the state of the state of the	porty for willon column (a	, is officially		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2018

Page 2

Part II Supple

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32A SUPPLEMENTAL INFORMATION

THE ORGANIZATION RECEIVES DONATIONS OF PUBLICLY TRADED SECURITIES INTO

ITS BROKERAGE ACCOUNT AT WELLS FARGO. WELLS FARGO PROCESSES THE SALE OF

THESE SECURITIES.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection **Employer identification number**

Department of the Treasury Internal Revenue Service

FOCUSING PHILANTHROPY, INC.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990

Name of the organization

45-2405071

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WE IDENTIFY, EVALUATE AND PRESENT OPPORTUNITIES FOR PERSONAL, CORPORATE, AND SMALL FOUNDATION PHILANTHROPY, ALL FROM THE PERSPECTIVE OF DONORS WHO WISH TO BE CONFIDENT THAT FUNDS CONTRIBUTED ARE ACHIEVING THE GREATEST POSSIBLE IMPACT. WE SUPPORT ORGANIZATIONS AND PROGRAMS WHICH ADDRESS ONE OR MORE OF OUR THREE AREAS OF FOCUS: (I) RAISING INDIVIDUAL AND COMMUNITY INCOME, (II) BUILDING COMMUNITY INFRASTRUCTURE AND RESOURCES, AND (III) INCREASING SELF-SUFFICIENCY.

FORM 990, PART VI, SECTION B, LINE 11:

A COPY OF THE FORM 990 IS REVIEWED BY OUR CHAIRMAN AND SECRETARY AND TREASURER PRIOR TO FILING THE TAX RETURN AND IS AVAILABLE UPON REQUEST TO OUR OTHER DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12 FOCUSING PHILANTHROPY REQUIRES ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO DISCLOSE ANY CONFLICT OF INTEREST TO THE CHAIRMAN OR AN INDEPENDENT MEMBER OF THE BOARD OF DIRECTORS AS SOON AS SUCH A NEXUS IS IDENTIFIED. THE INTERESTED PERSON MAY BE ASKED BY THE CHAIRMAN OR THE BOARD TO REFRAIN FROM INVOLVEMENT IN SOME OR ALL MATTERS RELATED TO THE RELATIONSHIP BETWEEN FOCUSING PHILANTHROPY AND SUCH OTHER ENTITY. FURTHERMORE, THE CHAIRMAN OR THE BOARD MAY CONCLUDE THAT THE POTENITAL FOR CONFLICT IS SUFFICIENTLY GREAT THAT FOCUSING PHILANTHROPY WILL NOT ESTABLISH OR MAINTAIN A RELATIONSHIP WITH SUCH NONPROFIT OR VENDOR.

Name of the organization

FOCUSING PHILANTHROPY, INC.

Employer identification number 45-2405071

FORM 990, PART VI, SECTION C, LINE 19:

WE DO NOT MAKE OUR GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY

AVAILABLE. AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE.

FORM 990, SCH G, PT 1, LINE 1

PARNIA BANKI MANAGES INTERACTIONS REGARDING FOUNDATION INITIATIVES,

MANAGES AND FOSTERS RELATIONSHIPS WITH CERTAIN DONORS AND

NON-GOVERNMENTAL ORGANIZATION PARTNERS, AND PARTICIPATES IN DEVELOPING

AND IMPLEMENTING OVERALL STRATEGIC GOALS

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

WE IDENTIFY, EVALUATE AND PRESENT OPPORTUNITIES FOR PERSONAL,

CORPORATE AND SMALL FOUNDATIONS' PHILANTHROPHY, ALL FROM THE

PERSPECTIVE OF DONORS WHO WISH TO BE CONFIDENT THAT FUNDS CONTRIBUTED

ARE ACHIEVING THE GREATEST POSSIBLE IMPACT. WE SUPPORT ORGANIZATIONS

AND PROGRAMS WHICH ADDRESS ONE OR MORE OF OUR THREE AREAS OF FOCUS:

- 1. RAISING INVIDIDUAL AND COMMUNITY INCOME
- 2. BUILDING COMMUNITY INFRASTRUCTURE AND RESOURCES
- 3. INCREASING SELF SUFFICIENCY

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

WE WORKED WITH VARIOUS NONPROFITS TO REFINE INITIATIVES (AND ASSOCIATED BUDGETS, TIMETABLES AND INTENDED OUTCOMES).

WE DEVELOPED AND PRESENTED GIVING OPPORTUNITIES, OFTEN THROUGH COLLABORATIVE FUNDRAISING APPEALS.

Name of the organization
FOCUSING PHILANTHROPY, INC.

Employer identification number 45-2405071

ATTACHMENT 2 (CONT'D)

WE MONITORED OUR BENEFICIARY ORGANIZATIONS AND PROGRAMS ON A CONTINUOUS BASIS. AMONG A RANGE OF OTHER INTERACTIONS AND ANALYSES, OUR MONITORING INVOLVED FIELD VISITS TO PROGRAM SITES OF EACH DOMESTICALLY-ORIENTED NONPROFIT WE SUPPORT, AS WELL AS EXTENDED INTERNATIONAL TRIPS TO NIGER, INDIA, AND NIGERIA DURING THE YEAR TO OBSERVE PROGRAM ACTIVITY AND MEET WITH NON-PROFIT LEADERS. THIS EXTENSIVE AND CONTINUOUS MONITORING ENABLES US TO EXCERCISE JUDGEMENT REGARDING WHAT PROGRAMS TO SUPPORT.

ATTACHMENT 3 PART IX - COMPENSATION OF OFFICERS, DIRECTORS, ETC **PROGRAM** MANAGEMENT NAME SERVICES AND GENERAL ELLIOTT GILSON CATHERINE PEDERSEN COMPENSATION: 26,714. JASON WINDEBANK COMPENSATION: 32,513. 22,056. TOTALS 32,513. 48,770. ATTACHMENT 4

COST

OR FMV

FMV

Employer identification number Name of the organization FOCUSING PHILANTHROPY, INC. 45-2405071 ATTACHMENT 4 (CONT'D) FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES **ENDING** DESCRIPTION BOOK VALUE PUBLICLY TRADED STOCKS & ETFS 680,503. TOTALS 680,503.

ATTACHMENT 5 FORM 990, PART X - DEFERRED REVENUE

ENDING DESCRIPTION BOOK VALUE

DEFERRED RENT 21,658.

TOTALS 21,658.