SCANNED MAY 2 4 20

Form 990

(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

lacktriangle 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.

2019 Open to Public

OMB No 1545-0047

Inspection

<u>A.</u>	or tn	e 2019	calendar year, or tax year beginning , 2019, and end	aing			, 20
			C Name of organization		D Employer ide	ntificati	on number
В	Check if a	opplicable	FOCUSING PHILANTHROPY, INC.		45-240	5071	
Г	Addre		Doing business as				
-	Chang	e change	Number and street (or P O box if mail is not delivered to street address) Room/su	uite	E Telephone nu	mber	
-	┥	-	1637 16TH STREET		(310) 39	9 – 33	300
-	→	return/	City or town, state or province, country, and ZIP or foreign postal code		(310) 33		
-		inated					21,672,623.
	returi	n	SANTA MONICA, CA 90404		G Gross receipts		
	Appli	ication ling	F Name and address of principal officer LAWRENCE GILSON	_	H(a) is this a ground subordinates		
			1637 16TH STREET, SANTA MONICA, CA 90404	~ 1	H(b) Are all subord	mates incl	uded? Yes No
1		kempt st		527	If "No," at	tach a lis	t (see instructions)
J	Webs	ite. 🕨	WWW.FOCUSINGPHILANTHROPY.ORG	1/	H(c) Group exem	ption nu	mber >
K	Form	of organ	ization X Corporation Trust Association Other ▶ L Y	ear of format	tion 2011 M	State o	f legal domicile CA
Р	art I	Su	mmary	_			
			describe the organization's mission or most significant activities SEE SCHEDUI	LE O			
đ)		Direin					
Activities & Governance							
r.				- Ab OE0/	-f.ttt		
Š	2		this box If the organization discontinued its operations or disposed of mor			1 1	6.
Ō	3		er of voting members of the governing body (Part VI, line 1a)			3	6.
ş	4		er of independent voting members of the governing body (Part VI, line 1b)			4	
ij	5	Total	number of individuals employed in calendar year 2019 (Part V, line 2a)			5	3.
흙	6	Total	number of volunteers (estimate if necessary)			6	
ĕ	7a	Total	unrelated business revenue from Part VIII, column (C), line 12			7a	0.
	Ь	Net u	nrelated business taxable income from Form 990-T, line 39			7b	
					Prior Year		Current Year
	8	Contr	butions and grants (Part VIII, line 1h)		8,086,26	9.	16,549,070.
Ę	9		am service revenue (Part VIII, line 2g)	li .		0.1	0.
Revenue	40				279,24	1	796,526.
æ			ment income (Part VIII, column (A), lines 3, 4, and 7d)		2,5/2	0.	0.
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,365,51		17,345,596.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			-	
	13	Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)	••	7,402,60		12,432,238.
	14	Benef	its paid to or for members (Part IX, column (A), line 4)	••		0.	0.
S	15	Saları	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		250,02		327,784.
J.S.	16 a	Profe	ssional fundraising fees (Part IX, column (A), line 11e) ,		25,00	2.	25,002.
Expenses	Ь	Total	fundraising expenses (Part IX, column (D), line 25) ▶81,768.				
ũ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		293,43	37.	285,449.
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		7,971,07	7.	13,070,473.
	19		nue less expenses Subtract line 18 from line 12		394,43	3.	4,275,123.
2 6		IVEAC	tue less expenses oubtract line to montaine 12		ining of Current	/ear	End of Year
ts or	20	7-4-1			1,472,78		5,072,179.
t Asse	20		assets (Part X, line 16)	••	45,15		30,994.
			habilities (Part X, line 26)	••-	1,427,63		5,041,185.
	22		ssets or fund balances Subtract line 21 from line 20	••-	1,427,03	1.	3,041,103.
	art II		gnature Block				
Un	der pe	enalties of ect and	of perjury, I declare that have examined this return, including accompanying schedules and scomplete. Declaration of preparer (other than officer) is based on all information of which prepare	statements, a rer has anv k	and to the best of nowledge	r my kr	nowledge and belief, it is
		T	1/1/1/		1//	7	
0:-		N 3	1200		V6/	<u> 2</u> /2	<u>υ</u>
Sig		🕶 🥫	Signature of officer		Date	•	
He	re		LAWRENCE GILSON CHAIRMAN				
		▶ ₹	Type or print name and title				
		Print/	Type preparer's name Preparer's signature Date	. , ,	Check	ıf P	ΠN
Pai	d		Helen Wu off	. / 3/12	self-employ	ed	P00288688
Pre	parer	C.com/	name J. ARTHUR GREENFIELD & CO. LLP	1 - 1 -	Firm's EIN ▶ 9	5-21	18809
Use	Only		THEN I P				208-2646
N/-	415-0		saddress >10880 WILSHIRE BLVD STE 800 LOS ANGELES, CA 90024-4124	<u></u>			17.1
_			iscuss this return with the preparer shown above? (see instructions)	5		• • •	
For	Pape	rwork	Reduction Act Notice, see the separate instructions		၂႘		Form 990 (2019)
JSA			<u> </u>	1 5 2020			(20)
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			<u> </u>	<u> 2946-1</u>	<u> </u> <u>@</u> [(<i>y</i> •
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_	m 990 (2019)				Page 2
Pa		ment of Program Service			
<u>. </u>				nis Part III	X
1	ATTACHME	e the organization's missio	n.		
					
2	Did the organi	zation undertake any sigr	ificant program services during	the year which were not listed on the	
	prior Form 990	or 990-EZ?			Yes X No
	If "Yes," descri	be these new services on :	Schedule O.		
3				s in how it conducts, any program	<u> </u>
	services?				Yes X No
4		be these changes on Sche		th of its three largest program services,	as maggired by
•	expenses Sec	ction 501(c)(3) and 501(c		to report the amount of grants and alloc	
4a	(Code) (Expenses \$ 12	,729,832 including grants of \$	12,432,238) (Revenue \$)
				· · · · · · · · · · · · · · · · · · ·	
					
				· · · · · · · · · · · · · · · · · · ·	
					
		<u>. </u>			
				- 	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	ATTACHME				
	<u> </u>				· · · · · · · · · · · · · · · · · · ·
40	(Code	\ /Expenses \$	including grants of \$	\/Pevenue \$	
46	(Code) (Expenses #	micluding grants or \$	/(Intervenide b	 '
					<u></u>
					
		- 			
4d		n services (Describe on Sc			
_	(Expenses \$	including g		evenue \$)	
4e		service expenses >	12,729,832.		5 000

45-2405071

Pa	rt	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	Х	
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		<u> </u>
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		_x_
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		X
6		Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	l	1	
		have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	- 1		
		"Yes," complete Schedule D, Part I	6		_ <u>x</u> _
7		Did the organization receive or hold a conservation easement, including easements to preserve open space,			
		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7		X
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		X
10		Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		ļ	
		or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11		If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
		VII, VIII, IX, or X as applicable			
		Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		v	
		complete Schedule D, Part VI	11a	X	
		Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		1	х
		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
		Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			v
		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
		Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			v
		reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u>x</u>	<u>X</u>
		Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
		Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12	а	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.	х	
		Schedule D, Parts XI and XII.	12a		
	b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	425		х
		"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13		Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		<u>x</u>
		Did the organization maintain an office, employees, or agents outside of the United States?	140		
	D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
		foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15		Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	, 75		
15		for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16		Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
10		assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17		Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	<u> </u>		
17		Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	х	
18	ł.	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	· ·		
10	,	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	1	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
13	,	If "Yes," complete Schedule G, Part III	19		х
20	10	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
		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			
<u> </u>		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
		administration on the strategic and the strategic of the			

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Part	IV 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_ <u>x</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
274	\$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		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			••
	persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
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).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			х
h	"Yes," complete Schedule L, Part IV	28b		<u>x</u>
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	Z0D	_	
·		28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
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,"			
	complete Schedule N, Part II	32		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	_34		_ X _
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	
0	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes	- No
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	110
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 9F 1030			990	(2019)

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Pari	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		j	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	[X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		ĺ	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		_ X
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).			
a	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		X
ь	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
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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 organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	,	- 1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
			ı	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	40-		
	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.	122		_
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		_
	Note: See the instructions for additional information the organization must report on Schedule O			
b	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		ľ	
	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 on Schedule O	14b		_ -
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 45		
15	excess parachute payment(s) during the year?	15		х
	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	ļ	х
. •	If "Yes," complete Form 4720, Schedule O			

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O			tions
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u> </u>	X
Sect	on A. Governing Body and Management			
			Yes	No
1a	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 on Schedule O			1
b	Enter the number of voting members included on line 1a, above, who are independent Lab 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		.,,	
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		<u>x</u>
6	Did the organization have members or stockholders?	-		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
L	one or more members of the governing body?	, a		
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following			ł
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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 on Schedule O	9		X
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		T
		, <u> </u>	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		}
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a		x
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	1		1
	rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		ļ	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	ļ
b	Other officers or key employees of the organization	15b	X	ļ
	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	46-		x
	with a taxable entity during the year?	16a	 	
р	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	[1	
	organization's exempt status with respect to such arrangements?	16b		[
Sect	on C. Disclosure			.1
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion !	01(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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	finte	rest	policy,
	and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record CATHY PEDERSEN 1637 16TH STREET SANTA MONICA, CA 90404	s 🟲		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. See instructions for the order in which to list the persons above

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title ·	(B) Average hours per week (list any hours for related organizations	office or direct	unles	Pos heck ss pe	rson	han by Highest compensated	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
	below dotted line)	ustee	trustee		ř	pensated				
(1) JASON WINDEBANK	20.00									
TREASURER	0.			Х				87,170.	0.	0
(2) CATHERINE PEDERSEN	20.00									
SECRETARY	0.			Х_				25,780.	0.	0
(3) ELLIOTT GILSON	1.00									
DIRECTOR	0.	Х						0.	0.	0
(4) LAWRENCE GILSON	15.00									
CHAIRMAN/DIRECTOR	0.	_ X		Х				0.	0.	0
(5) JOHN WEISSENBACH	1.00									
DIRECTOR	0.	х						0.	0.	0
(6) DIANA LIDOW	1.00									
DIRECTOR	0.	x						0.	0.	(o
(7) KEITH ENNIS	1.00									
VICE CHAIRMAN/DIRECTOR	0.	Х	ļ	Х				0.	0.	0
(8) DEWEY CORLEY	0.									
DIRECTOR	1.00	X		}				0.	0.	0
(9)			ĺ							
(10)				-				-		
(11)			-			-				
(12)										
(13)		-		-						
(14)										

Form 990 (2019)

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and F	ligl	hest Compensat	ed Employees (continu	ed)	
(A) Name and title	Name and title Average hours per week (list any hours for					than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated om amount of other compensation		of tion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the janizati d relate anizatio	on ed
					1							
			-					•				
	+											
			-									
	 		-		-							
	+											
						-						
1b Sub-total	Section A .						> > >	112,950. 0. 112,950.	0 0			0.
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000 of			
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched										3	Yes	No
4 For any individual listed on line 1a, is the organization and related organizations gi individual	sum of representation	oortab \$15	ole (com	per	nsatioi "Yes	n ai	nd other compens	sation from the le J for such	4	·	x
5 Did any person listed on line 1a receive or for services rendered to the organization? If "\"	accrue co	mpen	sati	on	fror	n any	un	related organization	on or individual	5	,	x
Section B. Independent Contractors												
Complete this table for your five highest concompensation from the organization Report year												
(A) Name and business ad	dress							(B) Description of se	ervices	(C) Compen		
1												
						_						
2 Total number of independent contractors (including b	ut no	t lir	nite	d t	thos] Se 1	isted above) who	received			
more than \$100,000 in compensation from the).						

production of

		Check if Schedule O contains a response or no	te to any		<u>/III</u>	. <u></u>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats	1a	Federated campaigns 1a		_			
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b					
Đ, Đ	С	Fundraising events 1c					
ifts ar /	ď	Related organizations					
n H.G	e	Government grants (contributions) 1e			·		
Siz	f	All other contributions, gifts, grants,	j				1
uti.		and similar amounts not included above . 1f16,54	9,070				ì
÷₽	g	Noncash contributions included in					1
E D		lines 1a-1f	6,822	i			
۾ <u>ب</u>	h	Total. Add lines 1a-1f	. ▶	16,549,070			1
		Business	Code				
8	2a						
و چ	ь						
Sun							
Program Service Revenue	ا ا						
PS	٩						
5	f	All other program service revenue					
	g	Total Add lines 2a-2f	▶	0			
	3	Investment income (including dividends, interest,				·	
	•	other similar amounts)		30,487	30,487		
	4	Income from investment of tax-exempt bond proceeds		0			1
	5	Royalties		0			
		(i) Real (ii) Per					
	6a	Gross rents 6a					
	ь	Less rental expenses 6b					1
	C	Rental income or (loss) 6c		İ			
	d	Net rental income or (loss)	•	0			
	7a						
	' -	sales of assets					
	Ì	other than inventory 7a 5,093,066					
a)	۱ ہ	Less cost or other basis					
er Revenue	"	and sales expenses 7b 4,327,027					
× e] _	Gain or (loss) 7c 766,039		ı			
æ	l	Net gain or (loss)		766,039			
	l _						†
ᅙ	8a	Gross income from fundraising					
	l	events (not including \$					ł
		of contributions reported on line	0				
		1c) See Part IV, line 18 8a					
	b	Less direct expenses			_		-
	C	Net income or (loss) from fundraising events	▶				<u> </u>
	9a						
	ł	activities See Part IV, line 19 9a	-				
	b	Less direct expenses 9b		0			
	С	Net income or (loss) from gaming activities	▶				-
	10a						
		returns and allowances	0				
	b	Less cost of goods sold	0	·			
	C	Net income or (loss) from sales of inventory		0			
Sn		Busines	s Code				+
e an	11a						
la e	Ь		.				
scellaneo Revenue	С						-
Miscellaneous Revenue	d	All other revenue					
_		Total Add lines 11a-11d		0			
	12	Total revenue See instructions	▶	17,345,596	30,487	I	1

45-2405071

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b, 7b, Fundraising expenses Program service expenses 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations 12,432,238 12,432,238 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 112,950. 26,151. 69,365. 17,434. trustees, and key employees . . ATCH . 3 . . 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 202,000. 121,054 63,093 17,853. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0. 9 Other employee benefits 12,834. 7,691. 4,009 1,134. 11 Fees for services (nonemployees) Λ 0. 14,373. 14,373. c Accounting 0. d Lobbying 25,002. 25,002. e Professional fundraising services. See Part IV, line 17. 0. f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). 0. 6,602. 21,137. 12,667. 1,868. 13 Office expenses 0 14 Information technology...... 0. 103,039. 61,749. 32,183. 9,107. **16** Occupancy 21,313. 12,772. 6,657. 1,884. 18 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 0. 19 Conferences, conventions, and meetings 0. Λ 21 Payments to affiliates....... 18,138. 1,603. 10,870. 5,665 22 Depreciation, depletion, and amortization 9,286. 9,286. 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 40,011. aBANK CHARGES 40,011. BOOKS, SUBSCRIPTIONS & REF. 2,279. 1,366. 712. 201. MEALS & ENTERTAINMENT 2,518. 1,313 371. 4,202 d POSTAGE 129 67 19. 215. 51,456 40,627. 5,537. 5,292. e All other expenses 258,873 81,768. 13,070,473. 12,729,832. 25 Total functional expenses Add lines 1 through 24e 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)

art X	Balance Sheet			Page 1 ′
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	745,686.	1	2,684,647
2	Savings and temporary cash investments	0.	2	0
3	Pledges and grants receivable, net	0.	3	0
4	Accounts receivable, net	0.	4	0
5	Loans and other receivables from any current or former officer, director,		1 1	
1	trustee, key employee, creator or founder, substantial contributor, or 35%		,	
	controlled entity or family member of any of these persons	0.	5	C
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	C
7	Notes and loans receivable, net	0.	7	C
7 8	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	0.		
1 -	Land, buildings, and equipment cost or other		•	
	basis Complete Part VI of Schedule D 10a 107,044			
Ь	Less accumulated depreciation	39,116.	100	34,728
11	Investments - publicly traded securities ATCH .4	680,503.		2,345,320
12	Investments - other securities See Part IV, line 11	0.		
13	Investments - program-related See Part IV, line 11	0.		
14	Intangible assets	0.	-	
15	Other assets See Part IV, line 11	7,484.	15	7,484
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,472,789.	16	5,072,179
17	Accounts payable and accrued expenses	10,440.	17	8,958
18	Grants payable	0.	18	
19	Deferred revenue.	0.	_	
20	Tax-exempt bond liabilities	0.		
21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%		1	
1	controlled entity or family member of any of these persons	0.	22	(
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	· · · · · · · · · · · · · · · · ·	0.	-	·
25	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
}	parties, and other liabilities not included on lines 17-24) Complete Part X	34,718.	25	22 036
26	of Schedule D	45,158.		30,994
-	Organizations that follow FASB ASC 958, check here ► X	13,130.	26	30,333
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	-12,764.	1 27	88,046
27		1,440,395.	+ +	4,953,139
28	Net assets with donor restrictions	1,440,393.	28	4,953,139
	Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.		l 1	
	,			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	1 405 605	31	F 047 705
32	Total net assets or fund balances	1,427,631.	32	5,041,185
33	Total liabilities and net assets/fund balances	1,472,789.	33	5,072,179

FOCUSING PHILANTHROPY, INC.

Form 99	0 (2019)		Pa	ge 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	17,3		
2	Total expenses (must equal Part IX, column (A), line 25)	13,0		
3	Revenue less expenses Subtract line 2 from line 1		75,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		27,6	
5	Net unrealized gains (losses) on investments	- 6	61,5	
6	Donated services and use of facilities			0.
7	Investment expenses			0.
8	Prior period adjustments		_	0.
9	Other changes in net assets or fund balances (explain on Schedule O)			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	5,0	41,1	.85.
Part				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		ـــــــــــــــــــــــــــــــــــــــ
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other	-		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain it	,		1
	Schedule O , `			v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		-	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled of	r	İ	
	reviewed on a separate basis, consolidated basis, or both		1	
	Separate basis Consolidated basis Both consolidated and separate basis		x	
b	Were the organization's financial statements audited by an independent accountant?			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	a	1	
	separate basis, consolidated basis, or both	-	1	
	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 oversight of		x	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		 ^	
	If the organization changed either its oversight process or selection process during the tax year, explain o	n		
	Schedule O	-		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th			х
	Single Audit Act and OMB Circular A-133?	. 3a	\vdash	 ^
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	. 3b	900	(2019)
		rom	・フラリ	(2018

Para Cara

1 - Company (1)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047
2019
Open to Public Inspection

Mama	of the e	rannizatio-

Employer identification number

FOO	us	ING PHILANTHROPY, II	NC.				45-24050	71
Pa	_	Reason for Public Cha		rganizations must o	omplet	o thio no		
1	Cig	anization is not a private fou						\mathcal{A}
	Н	A church, convention of chi						
2	Н	A school described in secti		•	•		,,	1
3	Н	A hospital or a cooperative						(
4	Ш	A medical research organiz		conjunction with a hos	spital de	scribed ii	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5	لـــا	An organization operated		a college or universit	y owned	d or ope	erated by a governme	intal unit described in
	_	section 170(b)(1)(A)(iv). (C	•					
6		A federal, state, or local go						
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8	Ш	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix) (operated	I in conjunction with a	land-grant college
		or university or a non-land-						
		university			·		•	J
10		An organization that norma	Ily receives (1) me	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross
		receipts from activities rela	ited to its exempt f	unctions - subject to i	certain e	exception	is, and (2) no more tha	n 331/3% of its
		support from gross investmacquired by the organizatio	nent income and ui in after June 30-19	nrelated business tax 975 See section 509	able inco	ome (les: Complete	s section 511 tax) from • Part III \	businesses
11		An organization organized						
12	П	An organization organized						arry out the numoses
		of one or more publicly su						
		Check the box in lines 12a t						
а		Type I. A supporting orga						-
-	_	the supported organization						
		_ supporting organization.				ajority of	the directors of truste	es of the
b	Г							
IJ	_	☐ 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	•				141	
С		Type III functionally integ						ly integrated with,
	Γ	ts supported organization		· ·				
q	_	☐ Type III non-functionally						
		that is not functionally inte						d an attentiveness
	Г	requirement (see instruct	•	•		-		
е	L	Check this box if the orga					• • • • • • • • • • • • • • • • • • • •	I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting c	organizat	tion.	
t		ter the number of supported				• • • •	• • • • • • • • • • • • •	
<u>g</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))		ment?	instructions)	instructions)
					Yes	No		
(A)					ļ			
(B)								
	-							, <u>.</u>
(C)					ĺ			
(D)							·	
						i		
/E\								
(E)								
Tota								
. ()[2			i	ı			•	1

Page 2

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 Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			<u>:-</u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,455,787.	4,405,325	5,498,902.	8,085,062	16,549,070	39,994,146
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	5,455,787	4,405,325	5,498,902	8,085,062	16,549,070.	39,994,146
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						
	shown on line 11, column (f)						11,417,436
6	Public support. Subtract line 5 from line 4				<u>.</u> .		28,576,710
	tion B. Total Support		, 				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4	5,455,787.	4,405,325	5,498,902.	8,085,062.	16,549,070.	39,994,146.
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						39,994,146
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						71 45
14	Public support percentage for 2019 (li						71.45%
15	Public support percentage from 2018					15	
16a	331/3% support test -2019. If the or	=					[••]
	box and stop here. The organization q	-	• • •	-			· · · · —
D	331/3% support test - 2018. If the org this box and stop here. The organizati						
172	10%-facts-and-circumstances test - 2	-		-			
174	10% or more, and if the organization						
	Part VI how the organization meets t					-	•
	organization			-		· · · · ·	
b	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organizati						
	supported organization				-	-	
18	Private foundation. If the organization						
	instructions						
						chedule A (Form 9	

age 3

Part III	Support S	Schedule	for Or	ganizations	Described in	n Section	509(a)(2)

		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•
(Complete only	if you checked the	he box on line 10 of Part I or if the organization failed to qualify under P	'art II
If the organization	on fails to qualify	under the tests listed below, please complete Part II.)	,

Sect	tion A. Public Support						7
Caler	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")		1				
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities		i				
	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			/			
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons			/			
Đ	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		/				
С 8	Add lines 7a and 7b		/				
0	line 6)			٠ ،			
Sec	tion B. Total Support	1.•	' / 	1	1 1	1	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		/				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	/	/				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	/					
	acquired after June 30, 1975	/					
С	Add lines 10a and 10b						
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 /	1					
	loss from the sale of capital assets		1				
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,/11,						
	and 12)	for the consume	<u> </u>		as fifth toy y		F01(a)(3)
14	First five years. If the Form 990 is organization, check this box and stop here						F
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2019 (line 8			ımn (f))		15	%
16	Public support percentage from 2018 Sch					16	%
Sec	Section D. Computation of Investment Income Percentage						
17	Investment income percentage for 2019 (I			13, column (f))		17	%
18	Investment income percentage from 2018					18	%
19 a	331/3% support tests - 2019. If the o	organization did i	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3 %	, and line
	17 is not more than 331/3%, check the						
b	33 1/3 % support tests - 2018. If the org						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b,			
ISA	1					Schedule A (Form	550 or 990-EZ12019

Page 4

Part IV 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 Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part	V.)		
Section	on A. All Supporting Organizations	- 1	Vee	N ₂
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	res	No
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		ļ
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 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	88		
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		

Schear	ne A (Form 990 of 990-E2) 2019		,	age J
Part	IV Supporting Organizations (continued)		Tv.	
			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		
b	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	<u> </u>	
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 of 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			İ
Cast	· · · · · · · · · · · · · · · · · · ·	2	L	<u> </u>
Sect	ion C. Type II Supporting Organizations		1./	.
			res	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		ļ	
	the supported organization(s)	1	<u> </u>	
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
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			1
	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		
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			ł
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	İ	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		1	
•	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		
Sect	ion E. Type III Functionally Integrated Supporting Organizations	<u></u>		<u>. </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	ctruct	ione)	
	The organization satisfied the Activities Test. Complete line 2 below.)	ions	
a				
b	The organization is the parent of each of its supported organizations. Complete line 3 below	4	4	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		No
2	Activities Test. Answer (a) and (b) below.	$\overline{}$	res	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			ļ
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	İ		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	ļ	
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
J	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	1	1	
	activities but for the organization's involvement	2b		
•	•			
3	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			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
1-	···	Ja	1	
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	3 b		
	or its supported organizations: if res, describe in Fart vi the role played by the organization in this regard	1 3 D		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	<u> </u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
1 Net short-term capital gain	1	···	
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	ited Type III supporting	g organization (see
instructions).	_		- - '

Schedule A (Form 990 or 990-EZ) 2019

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	ile A (Form 990 or 990-EZ) 2019	0	(4 d)	Page 7
Part		Supporting Organizat	ions (continuea)	
	ion D - Distributions		 	Current Year
$\frac{1}{2}$	Amounts paid to supported organizations to accomplish ex Amounts paid to perform activity that directly furthers exer			
4	organizations, in excess of income from activity	interposes of support	ea	
	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	ses or supported organia	Zations	
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.			
	Distributions to attentive supported organizations to which	the organization is resp	onsive	
_	(provide details in Part VI). See instructions.	and organization to roop	0110110	
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI) See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
е	From 2018		· · · · · · · · · · · · · · · · · · ·	
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4		·	
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7.	· - · · - · · · · · · · · · · · · · · ·		
a	Excess from 2015			
<u>b</u>	Excess from 2016		 	
	Excess from 2017			
d	Excess from 2018		-	
<u>e</u>	Excess from 2019	<u> </u>	L	A /Form 000 or 000 E7) 2040

Schedule A (Form 990 or 990-EZ) 2019

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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)

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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

FOO	CUSING PHILANTHROPY, INC.	45-2405071				
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
	(a) Donor advised funds	(b) Funds 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	in donor advised				
	funds are the organization's property, subject to the organization's exclusive legal control?	1 1 1				
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu					
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for all					
	conferring impermissible private benefit?					
Pa	rt II 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)					
	Preservation of land for public use (for example, recreation or education)	of a historically important land area				
	Protection of natural habitat Preservation of	of a certified historic structure				
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation				
	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 termi	nated 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, inspecti	ion, handling of				
	violations, and enforcement of the conservation easements it holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year				
	>					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year				
	▶ \$					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(ı)				
	and section 170(h)(4)(B)(II)?	Yes No				
9	In Part XIII, describe how the organization reports conservation easements in its revenue and					
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	ial statements that describes the				
	organization's accounting for conservation easements.					
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8					
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education,	e statement and balance sheet works				
	of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public				
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue s					
	art, historical treasures, or other similar assets held for public exhibition, education, or resi	earch in furtherance of 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	assets for financial gain, provide the				
	following amounts required to be reported under FASB ASC 958 relating to these items					
а	Revenue included on Form 990, Part VIII, line 1					
_ <u>b</u>	Assets included in Form 990, Part X					

t to the second

Sched	ule D (Form 990) 2019									P	age 2
Pai	t III Organizations Maintaini	ng Collections of	Art, Histo	rical Trea	asures,	or Other	Similar A	ssets (c	ontinue	d)	
3	Using the organization's acquisition	n, accession, and	other recor	ds, check	any of t	he follow	ring that m	ake sigr	iificant u	se o	f its
	collection items (check all that appl	ly)			•		-	_			
а	Public exhibition	• •	d 🗆	Loan or	r exchan	ge progra	m				
b	Scholarly research		e –	Other							
c	Preservation for future gener	rations									
4	Provide a description of the organ		s and expla	ain how th	nev furth	er the or	ganization's	s exempl	nurnos	e in	Part
•	XIII	mzation o concolion	o and expic	2111 11011 11	icy icitii	01 1110 01	gumzanom	o chomp	parpoo	·	· u··
5	During the year, did the organization	in solicit or receive	donations o	fart histo	rical trea	euroe or	other simil	ar			
	assets to be sold to raise funds rath							_	Yes		No
Dai	t IV Escrow and Custodial A		tairied as pa	it of the of	i gariizati	OTTS CORE	Ction:		163	Ь.	INO
ı a	Complete if the organiza		es" on For	m 990 P:	art IV lir	ne 9 or r	enorted a	n amour	nt on Fo	rm	
	990, Part X, line 21.	ition answered T	es officia	111 330, 1 6	arriv, iii	16 3, 01 1	eported a	ii aiiioui	it on i o		
4-	Is the organization an agent, truste	o austadian ar ath	or intermed	liony for oo	ntributio	no or otho					
ıa								, 	¬ v		1
	included on Form 990, Part X?							· · · · L	Yes	L	No
D	If "Yes," explain the arrangement in	n Part XIII and com	piete the foi	lowing tabl	e _			A			
								Amount			
С	Beginning balance				_						
d	Additions during the year					_					
e	Distributions during the year				_						
f	Ending balance				1						1
	Did the organization include an am							_	Yes	-	No
	If "Yes," explain the arrangement in	n Part XIII Check I	nere if the ex	xplanation	has been	provided	on Part XIII		<u>.</u>		<u>. </u>
Pa	t V Endowment Funds.										
	Complete if the organiza	ition answered "Y	es" on For	m 990, P							
		(a) Current year	(b) Prio	r year	(c) Two y	ears back	(d) Three y	ears back	(e) Four	years I	back
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses		1						_		
ď	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g g	End of year balance							_			
2	Provide the estimated percentage		end balanc	e /line 1a /	column (a	all held as					
a	Board designated or quasi-endown		%	o (iii lo 1g, 1	ooiamii (e	a)) 11014 40	,				
b	Permanent endowment ▶	%									
C	Term endowment ▶	%									
	The percentages on lines 2a, 2b, a	and 2c should equal	100%								
3a	Are there endowment funds not in			ation that a	are held :	and admi	nistered for	the			
	organization by.	poodoono o.							Į.	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the relate								3b		
4	Describe in Part XIII the intended to	-	=						[02]		
	rt VI Land, Buildings, and Equ		ation's endo	winent iun	us						
Га	Complete if the organize	ation answered "	es" on Fo	rm 990, P	art IV, I	ne 11a.	See Form	990, Pa	ırt X, lin	e 10	
	Description of property	(a) Cost	or other basis	(b) Cost or	r other basi	s (c) Ac	cumulated) Book va		
			estment)	(ot	her)	dep	reciation	<u> </u>			
1a	Land			-		+					
b	Buildings			-	EO 010	.	30 505			1 4	102
C	Leasehold improvements				50,910		39,507.				103.
d	Equipment				35,117		19,218.		-		399.
	Other			<u> </u>	21,016		13,590.				126.
Tota	I. Add lines 1a through 1e (Column	i (d) must equal Foi	rm 990, Part	X, column	(B), lıne	10c)	<u> ▶</u>			34,7	728.

Page 3

(a) Des	cription of security or category	(b) Book value	Part IV, line 11b See Form 990, Part (c) Method of valuation	
	cluding name of security)	(5, 250	Cost or end-of-year market valu	ie
	atives			_
) Closely held e	quity interests			
3) Other		ļ		
(A)		-		
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
_ ` '	at equal Form 990, Part X, col (B) line 12) .			
	stments - Program Related.	1.		
		d "Yes" on Form 990,	Part IV, line 11c. See Form 990, Part	X, line 13.
	Description of investment	(b) Book value	(c) Method of valuation	
(-)		(=, = = = = = = = = = = = = = = = = = =	Cost or end-of-year market value	ıe
1)				
2)				
3)				
4)				
5)				
6)				
(7)	•			
(8)		·		
(9)				
	st equal Form 990, Part X, col (B) line 13) . >			
	er Assets.		D 1011 1110 E 000 D	
Com	·		Part IV, line 11d. See Form 990, Part	
	(a) De	escription		b) Book value
(1)		 		
2)				
(3)	·			
(4)	·····			
			I	
(6)				
(6) (7)				
(6) (7) (8)				
(6) (7) (8) (9)	must equal Form 900 Part X col. (B)	line 15)		
(6) (7) (8) (9) otal. (Column (b)) must equal Form 990, Part X, col (B)	line 15)		
Part X Othe	er Liabilities. Applete if the organization answere	_	Part IV, line 11e or 11f. See Form 99	0, Part X,
(6) (7) (8) (9) Fotal. (Column (b) Part X Othe Com	er Liabilities. Oplete if the organization answere 25.	_	Part IV, line 11e or 11f. See Form 99	00, Part X,
(6) (7) (8) (9) Fotal. (Column (b) Part X Othe Com line:	er Liabilities. Applete if the organization answere 25. (a) Descri	d "Yes" on Form 990,	Part IV, line 11e or 11f. See Form 99	
(6) (7) (8) (9) otal. (Column (b) Part X Othe Com line: (1) Federal inco	er Liabilities. aplete if the organization answere: 25. (a) Descri	d "Yes" on Form 990,	Part IV, line 11e or 11f. See Form 99	(b) Book value
6) 7) 8) 9) otal. (Column (b) Part X Othe Com line: (1) Federal inco (2) CREDIT CA	er Liabilities. Applete if the organization answere 25. (a) Descri	d "Yes" on Form 990,	Part IV, line 11e or 11f. See Form 99	(b) Book value
6) 7) 8) 9) otal. (Column (b) Part X Othe Com line: (1) Federal inco (2) CREDIT CA (3) PAYROLL I	er Liabilities. aplete if the organization answered 25. (a) Description taxes ARD PAYABLE LIABILITIES	d "Yes" on Form 990,	Part IV, line 11e or 11f. See Form 99	(b) Book value 6 , 42 2 , 90
6) 7) 8) 9) otal. (Column (b) Part X Othe Com line: (1) Federal inco (2) CREDIT CA (3) PAYROLL I (4) RENT PAYA	er Liabilities. aplete if the organization answered 25. (a) Description taxes ARD PAYABLE LIABILITIES	d "Yes" on Form 990,	Part IV, line 11e or 11f. See Form 99	(b) Book value 6 , 42 2 , 90
66) 77) 88) 99) otal. (Column (b) Part X Othe Com line: . (1) Federal inco (2) CREDIT CA (3) PAYROLL I (4) RENT PAYA (5)	er Liabilities. aplete if the organization answered 25. (a) Description taxes ARD PAYABLE LIABILITIES	d "Yes" on Form 990,	Part IV, line 11e or 11f. See Form 99	(b) Book value 6 , 42 2 , 90
66) 77) 88) 99) otal. (Column (b) Part X Othe Com line: (1) Federal inco (2) CREDIT CA (3) PAYROLL I (4) RENT PAYA (5) (6)	er Liabilities. aplete if the organization answered 25. (a) Description taxes ARD PAYABLE LIABILITIES	d "Yes" on Form 990,	Part IV, line 11e or 11f. See Form 99	(b) Book value 6 , 42 2 , 90
6) 7) 8) 9) otal. (Column (b) Part X Othe Com line: (1) Federal inco (2) CREDIT CA (3) PAYROLL II (4) RENT PAYA (5) (6) (7)	er Liabilities. aplete if the organization answered 25. (a) Description taxes ARD PAYABLE LIABILITIES	d "Yes" on Form 990,	Part IV, line 11e or 11f. See Form 99	(b) Book value 6 , 42 2 , 90
(6) (7) (8) (9) otal. (Column (b) Part X Othe Com line: (1) Federal Inco (2) CREDIT CA (3) PAYROLL I	er Liabilities. aplete if the organization answered 25. (a) Description taxes ARD PAYABLE LIABILITIES	d "Yes" on Form 990,	Part IV, line 11e or 11f. See Form 99	

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

OMB No 1545-0047

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

► Go to www irs.gov/Form990 for instructions and the latest information Internal Revenue Service Name of the organization FOCUSING PHILANTHROPY, INC. 45-2405071

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17

Open to Public Inspection Employer identification number

	Form 990-EZ filers are not req	uired to complet	te this pa	rt.			
1	Indicate whether the organization raise	ed funds through a	any of the	following	activities Check a	Ill that apply	
а	X Mail solicitations	е	X Solic	itation of i	non-government g	rants	
b	X Internet and email solicitations	f			government grants		
С	v =	g			ising events		
d	T.	J			3		
	Did the organization have a written or or key employees listed in Form 990, If "Yes," list the 10 highest paid indivi- compensated at least \$5,000 by the or	Part VII) or entity duals or entities	ın connec	tion with p	professional fundra	ising services?	X Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
			Yes	No.		col (i)	
1	·		res	No			
'	ATTACHMENT 1						
2	ATTACAMENT I						
-							
3	-						
4							
5						_	
6							
7			-	-			
8							
9							
10							
						05.000	15 100 050
ota					15,402,279.	·	15,402,279.
3	List all states in which the organization or licensing	on is registered o	or licensed	to solicit	contributions or	nas been notified	it is exempt from
							
				_		. <u></u>	
							· · · · · · · · · · · · · · · · · · ·
		<u> </u>					
					····		
						 -	
					-		

Page	2

Pa	rt I	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts green	aising event contribut			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts		(com type)	(low residence)	
æ	2	Less: Contributions				
_		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses		<u> </u>		
Pa	11	Direct expense summary. Add lin. Net income summary. Subtract lin Gaming. Complete if the org	ne 10 from line 3, colu	umn (d)	<u></u> ▶	reported more than
		\$15,000 on Form 990-EZ, lin	e 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue				, , <u>, , , , , , , , , , , , , , , , , </u>
ses		Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes %	% Yes% No	Yes% No	
	7	Direct expense summary Add lin	es 2 through 5 in colu	ımn (d)		
	8	Net gaming income summary Su	ubtract line 7 from line	e 1, column (d)	>	
	a b	Enter the state(s) in which the org Is the organization licensed to con If "No," explain.		s in each of these stat	es?	. Yes No
10	a b	Were any of the organization's gamin If "Yes," explain	•		• •	. Yes No
					Schedule	G (Form 990 or 990-EZ) 2019

FOCUSING PHILANTHROPY, INC.

12 Is for for for for formal state of the st	oes the organization conduct gaming activities with nonmembers?
for 13 Ind a Th b Ar 14 Er rec Na Ac 15 a Do rec b If '	rmed to administer charitable gaming?
13 India a The b Art 14 Errect Na Acc 15 a Do rect b If and c If Na Acc	dicate the percentage of gaming activity conducted in the organization's facility
a Th b Ar 14 Er rec Na Ac 15 a Do rec b If ' an c If ' Na	ne organization's facility
a Th b Ar 14 Er rec Na Ac 15 a Do rec b If ' an c If ' Na	ne organization's facility
b Ar 14 Er rec Na Ac 15 a Do rec b If' an c If'	n outside facility
14 Errect Na Acc 15 a Do rect and c If 'Na	nter the name and address of the person who prepares the organization's gaming/special events books and ecords ame ▶
According to the second	
15 a Do re b If an c If Na	ddress ▶
re b If ' an c If '	
b If ' an c If ' Na	oes the organization have a contract with a third party from whom the organization receives gaming
an c If ' Na	evenue?Yes No
c If '	"Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
Na	mount of gaming revenue retained by the third party ▶ \$
	"Yes," enter name and address of the third party
Ac	ame ▶
	ddress ▶
16 G	aming manager information
Na	ame ▶
G	saming manager compensation ► \$
De	escription of services provided
	Director/officer Employee Independent contractor
17 M	landatory distributions
	the organization required under state law to make charitable distributions from the gaming proceeds to
	etain the state gaming license?
	nter the amount of distributions required under state law to be distributed to other exempt organizations
	r spent in the organization's own exempt activities during the tax year > \$
Part IV	

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULEI

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Publi

Employer identification number 45-2405071

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

Seneral Information on Grants and Assistance	
formation on	
General Inf	:
Partl	•

FOCUSING PHILANTHROPY, INC.

Name of the organization

ž × 1 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

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

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) CHARITY WATER							П
200 VARICK STREET, STE 201 NY, NY 10014	22-3936753	501 (C) (3)	862,378				WATER PROJECTS
(2) FARESTART & CATALYST KITCHENS							
700 VIRGINIA ST SEATTLE, WA 98101	91-1546757	501 (C) (3)	290,000.				CULINARY TRAINING
(3) ONE ACRE FUND							AGRICIII TURE PROGRAM
1742 TATUM STREET FALCON HEIGHT, MN 55113	20-3668110	501 (C) (3)	3, 331, 130.				EXPANSION
(4) PEER HEALTH EXCHANGE							
70 GOLD STREET SAN FRANCISCO, CA 94133	56-2374305	501 (C) (3)	380,164				HEALTH EDUCATION
(5) READING PARTNERS							
180 GRAND AVENUE, STE 800 OAKLAND, CA 94612	77-0568469	501 (C) (3)	893, 163				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)	786,943				VISION RESTORATION
(8) SPARK							
223 W JACKSON, SUITE 520 CHICAGO, IL 60606	20-1836547	501 (C) (3)	706,826				STUDENT ENGAGEMENT
(9) CASA OF LOS ANGELES							
201 CENTRE PLAZA DR #1100 MP, CA 91754-2142	95-3890446	501 (C) (3)	498,000				FOSTER CARE
(10) CASA OF SAN DIEGO							
2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	95-3786047	501 (C) (3)	463, 395				FOSTER CARE
(11) HEALING CALIFORNIA							
21031 VENTURA BLVD,#1000 WOODLAND HILLS, CA 91364	82-2805752	501 (C) (3)	550,000				HEALTH CLINICS
(12) REFUGEPOINT						4	
689 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02139 20-2061482	20-2061482	501 (C) (3)	551,600				REFUGEE AFFAIRS
2 Enter total number of section 501(c)(3) and government	government	organizations lis	nt organizations listed in the line 1 table.	ole		•	
2 Enter total number of other programme listed in the		ne 1 table				4	

3 Enter total number of other organizations listed in the line 1 table... For Paperwork Reduction Act Notice, see the Instructions for Form 990

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Schedule I (Form 990) (2019)

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SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service

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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90	

OMB No 1545-0047

Open to Public

Employer Identification number

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

Name of	Vame of the organization	Employer identification number	
FOCUE	FOCUSING PHILANTHROPY, INC.	45-2405071	
Part 1	Part I General Information on Grants and Assistance		
1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ir assistance, and	
ŧ	the selection criteria used to award the grants or assistance?		2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

			,	,		series of the first of all a	V" borowood coit	000
Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete in the organization allowered lies of Form 330,	omestic Org	janizations an	d Domestic Gov	ernments. Com	piete ii trie organiza	alloli alisweleu Te	
,	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	at received	more than \$5,	000 Part II can b	e duplicated if a	idditional space is n	pened	
	1 (a) Name and address of organization or government	(p) 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) TIMMY	(1) TIMMY GLOBAL HEALTH							
22 E	22ND STREET INDIANAPOLIS, IN 46202	35-2012757	501(C)(3)	202,316				MEDICAL BRIGADES
(2) EDNA	(2) EDNA ADAN HOSPITAL FOUNDATION							
1660 1	1660 L STREET NW SUITE 501, WASHINGTON, DC 20036	41-1964357	501(C)(3)	482,236				CHILDREN & WOMEN HEA
(3) PER SCHOLAS	CHOLAS							
804 E	804 E 138TH STREET, 2ND FLOOR BRONX, NY 10454	04-3252955	501(C)(3)	1,235,700				JOB TRAINING
(4) REACH	(4) REACH OUT AND READ							
0S 68	89 SOUTH STREET, SUITE 201, BOSTON, MA 02111	04-3481253	501(C)(3)	237,269				READING PROFICIENCY
(2) тне в	THE END FUND					-		
2 PAR	2 PARK AVENUE, 18TH FLOOR NEW YORK, NY 10016	27-3941186	501(C)(3)	309,641				HEALTH TREATMENT
(6) VOICE	(6) VOICES FOR CHILDREN RIVERSIDE							
РО	BOX 7219 RIVERSIDE, CA 92513	95-3786047	501(C)(3)	280,069				FOSTER CARE
(7) WUQU'	(7) WUQU' KAWOQ DBA MAYA HEALTH ALLIANCE							
POB	O BOX 91 BETHEL, VT 05032	20-8741625	501(C)(3)	316,259				HEALTHCARE
(8)								
(6)								
(10)								
(11)								
(12)								
2 Epte	Enter total number of section 503(c)(3) and governmen		lan sucretions lies	organizations listed in the line 1 table	9			
	Enter total number of other organizations listed in the lin		ne 1 table					
ı								

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

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Schedule I (Form 990) (2019)

Page 2

chedule I (Form 990) (2019)

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.

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance ß ဖ က

information SCHEDULE I, PART I, LINE 2 SUPPLEMENTAL INFORMATION DETAIL

. :

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional

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

CONTINUED EFFECTIVENESS OF OUR IMPLEMENTING PARTNERS. OUR ONGOING

MONITORING INCLUDES:

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

7

- REVIEW OF INDEPENDENT RESEARCH
- REVIEW OF REPORTS PREPARED BY NONPROFIT MANAGEMENT FOR ITS BOARD
- 5. PUBLIC FILINGS

Schedule I (Form 990) (2019)

Page 2

Schedule | (Form 990) (2019)

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 Part III

	מינים מינים	3000			ļ	
	(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
-						
7						
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4			•			
ro						
မွ						
~						
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	column (b); and any c	other additional

information.

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

REGULAR VISITS BY FOCUSING PHILANTHROPY TEAM MEMBERS TO PROGRAM

THE FOUNDATION IS COMMITTED TO VISITING A PROGRAM SITE FOR EACH DOMESTIC

NONPROFIT AT LEAST ANNUALLY, AND A PROGRAM SITE FOR EACH OF 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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► 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.

FOCUSING PHILANTHROPY, INC.

Employer identification number 45-2405071

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
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	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		9.	2,686,822.	MARKET QU	OTE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,				}			
	or trust interests							
12	Securities - Miscellaneous]			
13	Qualified conservation							
	contribution - Historic				4			
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles		·		ļ <u> </u>			
19	Food inventory							
20	Drugs and medical supplies						_	
21	Taxidermy							
22	Historical artifacts				ļ 			
23	Scientific specimens				-			
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()	 	-					
28_	Other ►(<u></u>			 			
29	Number of Forms 8283 received							
	which the organization completed	Form 8283,	Part IV, Donee Acknowledg	gement	29		Yes	No
20-	Divine the year did the assessment	··	h.,	stransported in Dort I line	- 1 through		162	NO
Sua	During the year, did the organization						į	
	28, that it must hold for at least to be used for exempt purposes for	-			•	30a		x
h	If "Yes," describe the arrangement		olding period?			304		
31	Does the organization have a		tance noticy that require	as the review of any	nonetandard	[
Ş i	contributions?					31		x
32~	Does the organization hire or us					 		
JZd	contributions?	•	-			32a	х	
L	If "Yes," describe in Part II					JEA		
33		amount in o	column (c) for a type of pro	nerty for which column (a) is checked			
	describe in Part II	amount in C			, is checked,			

Page 2

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

2019
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

FOCUSING PHILANTHROPY, INC.

Employer identification number 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

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.

TREASURER PRIOR TO FILING THE TAX RETURN AND IS AVAILABLE UPON REQUEST TO

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

FORM 990, PART VI, SECTION B, LINE 15B

THE FOCUSING PHILANTHROPY COMPENSATION IS DETERMINED BY THE APPROVED BUDGET, PRESENTED BY THE TREASURER, AND APPROVED BY THE FOCUSING PHILANTHROPY BOARD MEMBERS

FORM 990, PART VI, SECTION A, LINE 2

ELLIOTT GILSON, DIRECTOR, IS THE SON OF LAWRENCE GILSON, CHAIRMAN.

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

Name of the organization
FOCUSING PHILANTHROPY, INC.

Employer Identification number 45-2405071

ATTACHMENT 2 (CONT'D)

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

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.

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 KENYA AND RWANDA DURING
THE YEAR TO OBSERVE PROGRAM ACTIVITY AND MEET WITH NON-PROFIT
LEADERS. THIS EXTENSIVE AND CONTINUOUS MONITORING ENABLES US TO
EXERCISE JUDGEMENT REGARDING WHAT PROGRAMS TO SUPPORT.

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EXERCISE JUDGEMENT REGARDING WHAT PROGRAMS TO SUPPORT.

ATTACHMENT 3

FORM 990, PART IX - COMPENSATION OF OFFICERS, DIRECTORS, ETC.

NAME	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CATHERINE PEDERSEN COMPENSATION:		25,780.	
JASON WINDEBANK COMPENSATION:	26,151.	43,585.	17,434.
TOTALS	26,151.	69,365.	17,434.

Name of the organization

FOCUSING PHILANTHROPY, INC.

Employer identification number

45-2405071

ATTACHMENT 4

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION

ENDING BOOK VALUE COST OR FMV

PUBLICLY TRADED STOCKS & ETFS

2,345,320.

FMV

TOTALS

2,345,320.