EXTENDED TO NOVEMBER 15, 2019

Form **990**

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)

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.

2018
Open to Public Inspection

Form **990** (2018)

For the 2018 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change FRIENDS OF FONDATION DE FRANCE, INC. Name change Doing business as 13-3966503 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 275 MADISON AVENUE 6TH FI 212-812-4362 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 1,813,350. Amended return NEW YORK, NY 10016 H(a) Is this a group return Applica-F Name and address of principal officer: AXELLE DAVEZAC for subordinates? [Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.FRIENDSOFFDF.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1997 M State of legal domicile: NY Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance Check this box
if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Activities & 7 4 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 7 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 38 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 2,227,597 1,813,303. Revenue Program service revenue (Part VIII, line 2g) 0 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 47. 7,176 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 196 0. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,234,969. 1,813,350. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 908,410. 2,561,369. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 59,932 62,315. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 968,342. 2,623,684. 19 Revenue less expenses. Subtract line 18 from line 12 1,266,627 -810,334. Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 1,659,634 853,663. 21 Total liabilities (Part X, line 26) 8,000 12,363. Net assets or fund balances. Subtract line 21 from line 20. 651,634 841,300. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here MILES HANKIN TREASURER Type or print name and title Date Print/Type preparer's name reserer's signature Check Paid LAUREN CRESCI P01268493 self-employed Firm's name LUTZ AND CARR, Preparer CPAS LLP Firm's EIN 13-1655065 Use Only Firm's address 300 EAST 42ND STREET NEW YORK, NY 10017 Phone no. 212 - 697 - 2299 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

	m 990 (2018) FRIENDS	OF FONDATION DE FRAN	ICE, INC.	13-3966503	Page 2
	otatement of Program Serv	nce Accomplishments		 "	
1	Check if Schedule O contains a resp	oonse or note to any line in this Part III			X
1	briefly describe the organization's mission	ļ.			
	FRIENDS OF FONDATION	DE FRANCE IS A PUBLI	C CHARITY I	N THE UNITED	
	SIMIES. IIS PURPOSE	IS TO SUPPORT THE WO	RK OF FRANC	E'S LEADING	
	EKIVATE CHARITABLE IN	STITUTION, FONDATION	DE FRANCE	AND THE HUCKEN	NDS
_	OF GRANTEE ORGANIZATI	ONS. FUNDATION DE F	'RANCE CONTT	NUCLISIA ADDS ME	W
2	Did the organization undertake any signific	ant program services during the year wh	nich were not listed on	the	
	prior Form 990 or 990-EZ?		••••	Yes	X No
	" Lest acacupe mese new services ou 2	chedule O.			
3	Did the organization cease conducting, or	make significant changes in how it cond	ucts, any program ser	vices? Yes	X No
	If "Yes," describe these changes on Sched	dule O.			
4	Describe the organization's program service	e accomplishments for each of its three	largest program service	res as measured by avacance	
	Section 501(c)(3) and 501(c)(4) organizatio	ns are required to report the amount of o	rants and allocations	to others, the total expenses.	
	revenue, if any, for each program service re	eported.	grants and anocations	to others, the total expenses, a	na
4a		61,369. including grants of \$	2 561 360 1	/-	
	FRIENDS OF FONDATION	DE FRANCE INC MADE	<u>2,301,303.</u>)	(Revenue \$	}
	FONDATION DE FRANCE,	INC. IN SUPPORT OF 4	<u>92,301,309</u> 7 DIEEEDEN	IN GRANTS TO	
	INCLUDING A SCHOLARSH	TP PPOCENM AN ECCE TO	/ DIFFERENT	PROJECTS,	
	INCLUDING A SCHOLARSH	T TO CURROR TUR CT	UROPE, A CA	NCER RESEARCH	
	PROJECT, AND A PROJEC	I TO SUPPORT THE GIA	COMETTI INS	TITUTE.	
		<u> </u>			
			•		
			 		
4b	(Code:) (Expenses \$	including grants of \$)	(Revenue \$	
				(Nevende #	'
					
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
			<u> </u>		
					
			· · · · · · · · · · · · · · · · · · ·		
			· .		
4d	Other program services (Describe in Schedu	le O.)			
	<i>I</i>	•	\ (0		
	Total program service expenses ►	2,561,369.) (Revenue \$)	.
<u> </u>	program solvido expenses	<u> </u>			
32002	12-31-18			Form 990	(2018)

Form 990 (2018) FRIENDS OF FONDATION DE FRANCE, INC. Part IV Checklist of Required Schedules

			Yes	No.
1	and a private foundation)?		1	1.00
2	If "Yes," complete Schedule A	1	<u> </u>	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	3. Manual of the state of the state of political campaign activities on behalf of or in opposition to candidates for			
4	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
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			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	+	X_
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		 	 ^
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I	6]	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.		1	- <u></u>
	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	bid 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?		ł]
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X_
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			ł
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			i
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
e	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	X_	 ,. -
f		11e		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			•
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u> </u>
	Schedule D, Parts XI and XII	40-	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	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 for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	Ī		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17		<u>X</u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		ı	
_	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
:ua	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
D 4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
!1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-		
2000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Form	000	<u>X</u>
2003ء	16 V 1- 10	-orm '		71 17 12 12 N

13100528 759420 5842

Part IV Checklist of Required Schedules (continued)

22	Did the experienting was a travel that 05 000 f		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	+	<u> X</u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			Ì
	Schedule J Did the organization have a tax example hand issue with an autota library in the property of the property in the p	00	}	\ v
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	╁	X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			i
	Schedule K. If "No," go to line 25a	240		X
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	┪	+^
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	1	
	any tax-exempt bonds?	24c		
c	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	+	†
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		 	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	ŀ		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			ļ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		Ī	
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	The state of the s	28a		X
b	, and the state of	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	_28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_29	<u> </u>	
30				.,
31	contributions? If "Yes," complete Schedule M	30		X_
•	If "Yes," complete Schedule N, Part I	1		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Ĭ	
	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
832004	12-31-18	Form !	990 (2	2018)

O18) FRIENDS OF FONDATION DE FRANCE, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		Ye	s N	lo
b	of If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_ 0			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2t	-		_
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		.	1,	,
b		3b		- -	ζ_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	<u>'</u>	+-	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	İ	X	7
b	If "Yes," enter the name of the foreign country: ▶		+	- *	<u> </u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		İ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	ζ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_	- -	<u>-</u>
6a	boes the organization have annual gross receipts that are normally greater than \$100,000, and did the 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	i		1	_
	were not tax deductible?	6b		1	
7	Organizations that may receive deductible contributions under section 170(c).				
а	and balling selection in excess of the annual partial for doors and selected to the balling the balling of the partial partial for the partial partial partial for the partial	or? 7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	<u>7</u> c	<u> </u>	X	· •
a	If "Yes," indicate the number of Forms 8282 filed during the year 7d		ŀ		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е	ļ. <u>.</u>	X	_
f	serious and your, pay promiting, directly of indirectly, on a personal benefit contract?	7f	<u> </u>	<u> </u>	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g _	4	_ _	_
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 (Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	??	╁	-	_
•	Sponsoring organization have expense huniness heldings at anything during the	l			
9	Sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8	 	+-	
a	Did the sponsoring organization make any tayable distributions under coeties 40663				•
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9a</u>	-		—
0	Section 501(c)(7) organizations. Enter:	<u>9b</u>	╁-	+	_
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
1	Section 501(c)(12) organizations. Enter:		1		
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against		İ		
	amounts due or received from them.)	Ì	1		
	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				_
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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.				
	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	_			
C	Enter the amount of reserves on hand			<u> </u>	_
	Did the organization receive any payments for indoor tanning services during the tax year?			X	_
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	. 14b			_
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			[
	excess parachute payment(s) during the year? If "Ves " see instructions and file Form 4720. Sebadule N.	. 15		X	_
	If "Yes," see instructions and file Form 4720, Schedule N.	1			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	. 16	-	X	_
	n res, complete rommarzo, scriedule O.			J	_

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction 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	7		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		l	
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	x	l
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b		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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			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, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
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 independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1 1		
	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
р	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
тьа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			**
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation]		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed NY, CA, VA, WA, MA, FL, PA, NJ, DC	רוא י	TT.	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3			
.0	for public inspection. Indicate how you made these available. Check all that apply.	,s orny)	avallal	J10
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d financ	ial	
	statements available to the public during the tax year.	a		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	GHS PHILANTHROPY MANAGEMENT - 212-812-4362			
	275 MADISON AVENUE 6TH FLOOR, NEW YORK, NY 10016			
832006	12-31-18	Form	990 (2018)

Form	990	(2018)	

FRIENDS OF FONDATION DE FRANCE, INC.

13-3966503

Page 7

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

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

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

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

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

X Check this box if neither the organization (A) Name and Title	(B) Average hours per week	e Po:			C) ition more rson	l than is bol	one h an	(D) Reportable	(E) Reportable compensation from related	(F) Estimated amount of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) AXELLE DAVEZAC	2.00									
DIRECTOR AND PRESIDENT	2.00	X		Х	_	 -		0.	0.	0
(2) VICTORIA BJORKLUND, ESQ. DIRECTOR AND SECRETARY	2.00	x		х				0.	0.	0
(3) MILES HANKIN	3.00	1		21					0.	<u> </u>
DIRECTOR AND TREASURER		X		х		L		0.	0.	0
(4) FRANCIS CHARHON	2.00									
DIRECTOR		Х				_		0.	0.	0
(5) CHRISTOPHER HARRIS	2.00	X						0.		^
DIRECTOR (6) DOMINIQUE LEMAISTRE	2.00	^						<u>.</u>	0.	0
DIRECTOR	2100	x						o.	o.	0
(7) SUZANNE SISKEL	2.00									
DIRECTOR		X						0.	0.	0
				-						
•										
										
				\dashv						
							i			
			-	_				•		
				}						
				į						
	-		-							
		. [•
				\dashv	$\neg \neg$					

Form 990 (2018)

(A) Name and title	(B) Average hours per	ployees, and Highest Compensated Employees (continued) (C) Position (do not check more than one box, unless person is both an compensation compensation		(E)	Esti							
·	week (list any hours for related organizations below line) week (list any hours for related organizations below line) week (list any hours for related organizations below line) week (list any hours for related organization (W-2/1099-MISC) from the organization (W-2/1099-MISC)		other compensation from the organization and related organizations									
				_							-	
	-											
											···	
					-							
			\dashv	_				•				-
						-						
1b Sub-total c Total from continuation sheets to Part VI	, Section A $_{\cdot\cdot}$					J	>	0. 0. 0.	0.			0.
d Total (add lines 1b and 1c)							o red		0.000 of reportable			0.
3 Did the organization list any former officer,	director, or true	stee	kev	, em	nlov	/ee	or h	ighest compensated er	nnlovee on		Yes	No
line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su	ich individual		<i>.</i>							3		Х
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a	,000? If "Yes,"	con	nplet	te So	ched	dule	J fo	r such individual		4		X
rendered to the organization? If "Yes," complection B. Independent Contractors										5	ŀ	X
Complete this table for your five highest cor the organization. Report compensation for t										ation fro	m	
(A) Name and business			NE.	<u> </u>				(B) Description of se		(C)		n

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0

Form **990** (2018)

Part VIII Statement of Revenue

		Check if Schedule O contain	is a response	or note to any	line in this Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats ts	1 8	a Federated campaigns	1a					312-314
ir ar	<u>.</u>	b Membership dues			7			
S, G		c Fundraising events		-	7			
Sift	(d Related organizations			7			
S, E	6	e Government grants (contribution						
Contributions, Gifts, Grants and Other Similar Amounts	f	f All other contributions, gifts, grants,			7			
t be		similar amounts not included above	1 1	,813,303				
d dt	و ا	Noncash contributions included in lines 1a-		626,891				
<u>ಬ್ಲ್ ೯</u>	<u> </u>	Total. Add lines 1a-1f			1,813,303.			
	l			Business Cod				
မွ	2 a	a			7			
Program Service Revenue	b					· -		
Sc	c							
ev.	C							
و م	e							
₫	f	All other program service revenue	9					
	9	Total, Add lines 2a-2f						
	3	Investment income (including div						
		other similar amounts)			47.			47.
	4	Income from investment of tax-ex						
	5	Royalties						
			(i) Real	(ii) Personal			-	
	6 a	Gross rents			_			
	b	Less: rental expenses			_			
i	, с	: Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of (i	Securities	(ii) Other				
		asset's other than inventory			_			
	b	Less: cost or other basis						
		and sales expenses	·					
	С	Gain or (loss)			·			
	d	Net gain or (loss)		<u></u>				
e l	8 a	Gross income from fundraising ev	ents (not					
		including \$	of					
Other Reven		contributions reported on line 1c)						
ē		Part IV, line 18	a		[
ə	b]	•		
		Net income or (loss) from fundrais	-				· _	
	9 a	Gross income from gaming activit						
		Part IV, line 19						
Ī]			
		Net income or (loss) from gaming						
ł	10 a	Gross sales of inventory, less retu						
		and allowances			[
ļ		Less: cost of goods sold					I	
}	С	Net income or (loss) from sales of						
-		Miscellaneous Revenue		Business Code		1		
	11 a							
	b							
	С							

	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			1,813,350.	0.	0.	47.

Check If Schedule Contains a response or note to any line in this Part IX. Do not include amounts reported to infines 60, 70, 80, 90, and 100 or Part VIII. Grants and other assistance to domestic organizations and domestic povernments. See Part IV, line 21 Grants and other assistance to domestic mind and office organizations and other assistance to foreign organizations, foreign overnments, and foreign individuals. See Part IV, line 12 20 Grants and other assistance to foreign organizations, foreign organizations, foreign overnments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, diectors, frustees, and sky employees Compensation of current officers, diectors, frustees, and sky employees Compensation on includes above, to disqualified persons (as defined under section 4980c)(3)(8) Provision and the section 4980c)(3)(8) Provision and provision and contributions (such section 4980c) (3)(4)(8) Provision and secretic section 4980c) (3)(4)(8) Provision and secretic secretic secretic secretic 40(6) (4) and 40(3)(6) amplityer contributions (such section 4980c) (3)(4)(8) Provision and secretic secretic secretic secretic secretic 40(6) and 40(3)(6) amplityer contributions (such section 40(7)) and 40(3)(6) amplityer contributions (such section 40(7)) and 40(3)(6) amplityer contributions (such section 40(7)) and 40(3)(6) amplityer contributions (such section 40(7)) and 40(3)(6) amplityer contributions (such section 40(7)) and 40(3)(6) amplityer contributions (such section 40(7)) and 40(3)(6) amplityer contributions (such section 40(7)) and 40(3)(6) amplityer contributions (such section 40(7)) and 40(3)(6) amplityer contributions (such section 40(7)) and 40(3)(6) amplityer contributions (such section 40(7)) and 40(3)(6) amplityer contributions (such section 40(7)) and 40(3)(6) amplityer contributions (such section 40(7)) and 40(3)(6) amplityer contributions (such section 40(7)) and 40(3)(6) amplityer contributions (such section 40(7)) and	Sec	tion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All ot	her organizations must c	complete column (A).	
Do not include amounts reported on lines 69, 70, 89, 89, and 10 of Part VIII. 1 Girst and other assistance to domestic organizations and domestic operantists. See Part VIII. 12 of Charts and other assistance to domestic individuals See Part VIII. 12 of Charts and other assistance to domestic individuals. See Part VIII. 12 of Charts and other assistance to foreign individuals. See Part VIII. 12 of Charts and other assistance to foreign individuals. See Part VIII. 12 of Charts and other assistance to foreign individuals. See Part VIII. 12 of Charts and See Part VIII. 13 of Charts and See Part VIII. 14 of Charts and See Part VIII. 15 of Charts and See Part VIII. 1						
1 Grants and other assistance to domestic organizations and domestic powerhands. See Part IV, line 2 1 2 Grants and other assistance to domestic individuals. See Part IV, line 2 2 3 Grants and other assistance to foreign individuals. See Part IV, line 2 2 4 Benefits paid to er for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation of current officers, directors, trustees, and key employees 8 Compensation of current officers, directors, trustees, and key employees 9 Compensation of current officers, directors, trustees, and key employees 9 Pension plan acrosts and contributions (include section 401(t) and 4030) employer contributions (include section 401(t) and 4		not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
2 Grants and other assistance to domestic individuals. See Part IV, line to 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line to 5 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees of secretary disconsisted persons (as defined under section 4958(f) (1)) and persons described in section 4958(f) (1)) and persons described in section 4958(f) (1) and persons described in section 4958(f) (1)) and persons described in section 4958(f) (1) and persons described in section 4958(f) (1) and persons described in section 4958(f) (1) and persons described in section 4958(f) (1) and persons described in section 4958(f) (1) and persons described in section 4958(f) (1) and persons described in section 4958(f) (1) and persons described in section 4958(f) (1) and persons described in section 4958(f) (1) and persons described in section 4958(f) (1) and persons described in section 4958(f) (1) and persons described in section 4958(f) (1) and persons 4658(f) (1) and fine 4958(f) (1) and	1	Grants and other assistance to domestic organizations				
individuals. Sae Part V, Ine 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, Ines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as offired under section 498(f)(13) and persons described in section 498(f)(13) and persons described in section 498(f)(13) and persons described in section 498(f)(13) and persons described in section 498(f)(13) and persons described in section 498(f)(13) and approximation of the property of the pro						
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation of inclined above, to disqualified persons (section of section 4958(f)(11)) and persons described an exclusion 4958(f)(11) and persons described an exclusion 4958(f)(11) and persons described an exclusion 4958(f)(11) and persons described an exclusion 4958(f)(11) and persons described an exclusion 4958(f) and 4958(f) a	2	Grants and other assistance to domestic				
3 Grants and other assistance to foreign organizations, foreign quemments, and foreign individuals. See Part IV, lines 15 and 16 4 Banetits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Cother salaries and wages 8 Pension plan scrubis and contributions (include section 401(4) and 403(4) employee contributions) 9 Cher employee benefits 10 Payroll taxes 11 Pees for services (non-employees): 12 Accounting 13 Cherc employees 14 Chooping 15 Cherc (fill sell sign amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 16 Cherc (fill sign 1 gramount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 17 Travel 18 Payments of travel or entraliment expenses or any federal, state, or local public officials or any federal, state, or local public officials in line repenses, itember spenses and covered and state. Clinic and contributions, and meetings 19 Conferences, convertions, and meetings 10 Interest 10 Payments of travel or entraliment expenses or Sch 0.) 11 Free Coupancy 12 Travel 13 Payments of travel or entraliment expenses or any federal, state, or local public officials or any federal, state, or local public officials or any federal, state, or local public officials or large and contribution, and amontzation and country in the organization and country in the propagation of t		individuals. See Part IV, line 22				
Individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation in included above, to disqualified persons (as defined under section 4958(I)(1)) and persons of ascribed in section 4958(I)(1)) and persons of ascribed in section 4958(I)(1)) and persons discribed in section 4958(I)(1)) and persons discribed in section 4958(I)(1)) and persons discribed in section 4958(I) employer contributions (include section 401(k) and 405(b) employer contributions) Payrolit taxes Person (ascribed in section 4958(I) employer contributions) Payrolit taxes Person (ascribed in section 4958(I) employer contributions) Legal Amangement 466,000. 466,000. Lobbying Amangement 466,000. 466,000. Lobbying Investment fees John (I) (Investment management fees) John (I) (Investment management fees) John (I) (Investment management fees) John (I) (Investment management fees) John (I) (Investment management fees) John (I) (Investment management fees) John (I) (Investment management fees) John (I) (Investment management fees) John (I) (Investment management fees) John (I) (Investment management fees) John (I) (Investment fees) John (3					
4 Benefits paid to or for members Compensation of current of ficers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958((1))) and persons described in section 4958((1)) and persons described in section 4958((1)) and persons described in section 4958((1))) and (490) persons and contributions (include section 401) and 490) persons (include section 401) and 400) and 490) persons (include section 401) and 490) persons (include section 401) and 490) persons (include section 401) and 490) persons (include section 401) and 490) persons (include section 401) and 490) a		organizations, foreign governments, and foreign				
4 Benefits paid to or for members Compensation of current of ficers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958((1))) and persons described in section 4958((1)) and persons described in section 4958((1)) and persons described in section 4958((1))) and (490) persons and contributions (include section 401) and 490) persons (include section 401) and 400) and 490) persons (include section 401) and 490) persons (include section 401) and 490) persons (include section 401) and 490) persons (include section 401) and 490) persons (include section 401) and 490) a		individuals. See Part IV, lines 15 and 16	2,561,369.	2,561,369.		
trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(I()1) and persons described in section 4958(I()3)(8) Possion plan accrusts and wages Pension plan accrusts and contributions (include section 4014) and 403(b) employer contributions) Other employee benefits Person for services (non-employees): a Management b Legal C Accounting C Accounting C Accounting C Accounting C Professional fundraising services. See Part IV, line 17 Investment management fees Professional fundraising services. See Part IV, line 17 Investment management fees Q Other, (fill in 19 amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Payments of travel or entertainment expenses for any federal, state, or local public officials Cocupancy T Travel Payments to affiliates Depreciation, depletion, and amortization Interest Payments to affiliates Depreciation, depletion, and amortization S Insurance Depreciation, depletion, and amortization S Insurance Depreciation, depletion, and amortization S Insurance Depreciation, depletion, and amortization S Insurance Depreciation, depletion, and amortization S Insurance Depreciation, depletion, and amortization S Insurance Depreciation, depletion, and amortization S Insurance Depreciation, depletion, and amortization S Insurance Depreciation, depletion, and amortization S Insurance Depreciation, depletion, and amortization S Insurance Depreciation, depletion, and amortization S Insurance Depreciation, depletion, and amortization S Insurance Depreciation, depletion, and amortization S Insurance Depreciation, depletion, and amortization S Insurance Depreciation, depletion, and amortization S Insurance Depreciation, depletion, and amortization S Insurance Depreciation, depletion, and amortization S Insurance Depreciation, depletion, and amortization S Insurance Depreciation, depletion of the depletion of the depletion of the depletion of the depletion of the depletion of	4	Benefits paid to or for members				
6 Compensation not included above, to disqualified persons (as defined under section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 1 Pees for services (non-employees): a Management 46,000. 46,000. Legal Accounting 10,002. 10,002. 10,002. 10,002. 10,002. 10,002. 46,000. 291. 9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, its line 11g expenses on School.) Advertising and promotion 7 Travel 10 Royalties Cocupancy 10 Cocupancy 10 Travel 10 Payments to faffiliates 10 Conferences, conventions, and meetings 10 Information the conscipling in the second power of the second power. 10 Payments to affiliates 11 Payments to affiliates 12 Payments to affiliates 13 Payments to affiliates 14 Payments to affiliates 15 Payments to affiliates (Pagesas and owner) 16 Payments to affiliates 17 Payments to affiliates 18 Payments to affiliates 19 Payments to affiliates 20 Payments to affiliates 21 Payments to affiliates 22 Payments to affiliates 23 Payments to affiliates 24 Other expenses Immire expenses not owner to the affiliates 24 O	5					
6 Compensation not included above, to disqualified persons (as defined under section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 1 Pees for services (non-employees): a Management 46,000. 46,000. Legal Accounting 10,002. 10,002. 10,002. 10,002. 10,002. 10,002. 46,000. 291. 9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, its line 11g expenses on School.) Advertising and promotion 7 Travel 10 Royalties Cocupancy 10 Cocupancy 10 Travel 10 Payments to faffiliates 10 Conferences, conventions, and meetings 10 Information the conscipling in the second power of the second power. 10 Payments to affiliates 11 Payments to affiliates 12 Payments to affiliates 13 Payments to affiliates 14 Payments to affiliates 15 Payments to affiliates (Pagesas and owner) 16 Payments to affiliates 17 Payments to affiliates 18 Payments to affiliates 19 Payments to affiliates 20 Payments to affiliates 21 Payments to affiliates 22 Payments to affiliates 23 Payments to affiliates 24 Other expenses Immire expenses not owner to the affiliates 24 O		trustees, and key employees				
Persions described in section 4958(c)(3)(B) Content salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Section 401(k) and 403(b) employer contributions Section 401(k) and 4	6					
7 Other salaries and wages		persons (as defined under section 4958(f)(1)) and				
7 Other salaries and wages		persons described in section 4958(c)(3)(B)				
8 Pension plan accruels and contributions (include section 401(k) and 403(t) employer contributions) 9 Other employee benefits 10 Payroll taxes 1 Fees for services (non-employees): a Management	7					
11 Payroll taxes	8	Pension plan accruals and contributions (include				
10 Payroll taxes 11 Fees for services (non-employees): 2 Management 3 Legal 46,000. 46,000. 46,000. 46,000. 46,000. 46,000. 10,002. 10,002. 10,002. 10,002. 291. 291. 291. 291. 291. 3 Offer (Illine 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 3 Office expenses 9 13. 9 13. 9 13. 10 Information technology 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Interest 15 Total functional expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 3 FILIT of FEES 3, 917. 3, 917. 5 BANK SERVICE FEES 1, 192. 1, 192. 46 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined		section 401(k) and 403(b) employer contributions)				
11 Fees for services (non-employees): a Management	9	Other employee benefits		-		
11 Fees for services (non-employees): a Management	10	Payroll taxes		•		
b Legal	11			-		
b Legal c Accounting d Lobbying 10,002. 10,002	а	Management	46,000.		46,000.	
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses 913. 913. Information technology Royalties Cocupancy Travel Repayments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Repayments to affiliates Depreciation, depletion, and amortization Insurance Diffice expenses itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FILING FEES 3,917. BANK SERVICE FEES 1,192. 1,192. c d d All other expenses. Interost 1,192. Column (A) amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Filling FEES 5 Total functional expenses. Add lines 1 through 24e Column (B) joint costs from a combined	b	Legal				
d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Qother. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses 913. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Conferences, conventions, and meetings Insurance Insur	С	Accounting	10,002.		10,002.	
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 913. 913. 14 Information technology 8 Royalties 90 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Interest 12 Payments to affiliates 12 Depreciation, depletion, and amortization Insurance 13 Insurance 14 Other expenses Itemize expenses not covered above, (List miscellarenous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FILING FEES 3, 917. b BANK SERVICE FEES 1, 192. 1, 192. 2, 623, 684. 2, 561, 369. 62, 315. 0.	d					
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 4 Information technology 5 Royalties 6 Occupancy 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 13 Insurance 14 Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 15 FILING FEES 16 All other expenses. 16 All other expenses. Add lines 1 through 24e 26 Jaint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	е					
column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion Office expenses. Information technology Social line of the control of the	f	Investment management fees	291.		291.	
Advertising and promotion Office expenses. Office expenses. Occupancy. Travel Payments of travel or entertainment expenses for any federal, state, or local public officials. Conferences, conventions, and meetings. Interest Payments to affiliates. Depreciation, depletion, and amortization. Insurance. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule 0.) FILING FEES. All other expenses. All other oxpenses. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	9	Other. (If line 11g amount exceeds 10% of line 25,				
13 Office expenses 913. 913. 1 Information technology 913. 1 Information technology 913. 913. 913. 1 Information technology 913. 913. 913. 1 Information technology 913. 913. 913. 1 Information technology 913. 913. 913. 913. 913. 913. 913. 913.		column (A) amount, list line 11g expenses on Sch O.)				
Information technology Royalties Royalties Cocupancy Travel Repairements of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) a FILING FEES 3,917. b BANK SERVICE FEES 1,192. c d d e All other expenses 5 Total functional expenses. Add lines 1 through 24e Doint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	12	Advertising and promotion				
Royalties Occupancy Travel Repayments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) FILLING FEES 3,917. BANK SERVICE FEES 1,192. 1,192. Column (A) amount, list line 24e expenses on Schedule 0.) All other expenses. Total functional expenses. Add lines 1 through 24e All other expenses. Complete this line only if the organization reported in column (B) joint costs from a combined	13	Office expenses	913.		913.	
Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) FILING FEES 3,917. BANK SERVICE FEES 1,192. 1,192. 2,623,684. 2,561,369. 62,315. 0. Bioth costs. Complete this line only if the organization reported in column (B) joint costs from a combined	14	Information technology		<u> </u>		
Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule 0.) a FILING FEES 3,917. b BANK SERVICE FEES 1,192. c d e All other expenses. Total functional expenses. Add lines 1 through 24e Dint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	15	Royalties				
Payments of travel or entertainment expenses for any federal, state, or local public officials. Conferences, conventions, and meetings	16	Occupancy				
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FILING FEES BANK SERVICE FEES 1,192. 3,917. BANK SERVICE FEES 1,192. c d e All other expenses Total functional expenses. Add lines 1 through 24e 2,623,684. 2,561,369. 62,315. 0.	17	Travel				
Conferences, conventions, and meetings Interest Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FILING FEES BANK SERVICE FEES 1,192. c d e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	18	· · · · · · · · · · · · · · · · · · ·		,		
Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FILING FEES BANK SERVICE FEES 1,192. 1,192. c d e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined						
Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FILING FEES BANK SERVICE FEES 1,192. c d d e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	19	Conferences, conventions, and meetings				
Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FILING FEES BANK SERVICE FEES 1,192. c d e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	20			<u>-</u>		
Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FILING FEES BANK SERVICE FEES 1,192. 1,192. All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	21					
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FILING FEES BANK SERVICE FEES 1,192. c d e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	22	Depreciation, depletion, and amortization				
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FILING FEES BANK SERVICE FEES 1,192. c d e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined						
b BANK SERVICE FEES 1,192. 1,192. c d		above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
e All other expenses Total functional expenses. Add lines 1 through 24e 2,623,684. 2,561,369. 62,315. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	а	FILING FEES	3,917.		3,917.	
e All other expenses Total functional expenses. Add lines 1 through 24e 2,623,684. 2,561,369. 62,315. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	b	BANK SERVICE FEES	1,192.		1,192.	
e All other expenses Total functional expenses. Add lines 1 through 24e 2,623,684. 2,561,369. 62,315. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	c					
Total functional expenses. Add lines 1 through 24e 2,623,684. 2,561,369. 62,315. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	d					
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	е	All other expenses				
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	25	Total functional expenses. Add lines 1 through 24e	2,623,684.	2,561,369.	62,315.	0.
	26	Joint costs. Complete this line only if the organization				
educational campaign and fundraising solicitation.		reported in column (B) joint costs from a combined				
		educational campaign and fundraising solicitation.				

Form 990 (2018)
Part X | Balance Sheet

ra	IT X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,543,723.	1	287,909
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	80,729.	3	6,036
	4	Accounts receivable, net		4	1 3 3
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
	İ	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	Ì	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	•	1	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts	ĺ	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	35,182.	11	10,535
	12	Investments - other securities. See Part IV, line 11	33/102	12	10,333
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	549,183
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,659,634.	16	853,663
	17	Accounts payable and accrued expenses	8,000.	17	12,363
	18	Grants payable	3,000.	18	12,303
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	22	Loans and other payables to current and former officers, directors, trustees,			
<u> </u>		key employees, highest compensated employees, and disqualified persons.		i	
Liabilities		Complete Part II of Schedule L		22	
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		24	· . · · · · · · · · · · · · · · · · · ·
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	8,000.	26	12,363.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	0,000.	20	14,505
20		complete lines 27 through 29, and lines 33 and 34.			
ivet Assets of Fully balances	27	Unrestricted net assets	1,402,470.	27	395,852.
	28	Temporarily restricted net assets	249,164.	28	445,448
3		Permanently restricted net assets	213/1010	29	143/440
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
;		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
		Paid-in or capital surplus, or land, building, or equipment fund		31	
5		Retained earnings, endowment, accumulated income, or other funds		32	
2		Total net assets or fund balances	1,651,634.	33	841,300.
- 1		Total liabilities and net assets/fund balances	1,659,634.	34	853,663

Form **990** (2018)

Forn	n 990 (2018) FRIENDS OF FONDATION DE FRANCE, INC.	13-39	66503	Pa	 nge 12
Pa	rt XI Reconciliation of Net Assets				.90
	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)	1	1,81	3,3	50.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,62		
3	Revenue less expenses. Subtract line 2 from line 1	3	-81		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,65		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	-	_	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	84:	1,3	00.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	• • • • • • • • • • • • • • • • • • • •			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	ĺ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				•
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		Х
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		- 1	

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

_		FRIE	TUDS OF FOR	NDATION DE FI	KANCE	<u>INC.</u>	•	<u>13-3966503</u>
Pa	ırt İ	Reason for Public	Charity Status	(All organizations must o	omplete ti	his part.) S	See instructions.	
Γhe	organ	ization is not a private found	dation because it is:	(For lines 1 through 12,	check only	y one box.)	
1		A church, convention of ch	nurches, or associati	ion of churches describe	d in secti	on 170(b)((1)(A)(i).	
2		A school described in sec	tion 170(b)(1)(A)(ii).	(Attach Schedule E (For	m 990 or 9	990-EZ).)		
3		A hospital or a cooperative	e hospital service org	ganization described in s	ection 17	O(b)(1)(A)(iii).	
4		A medical research organization						r the hospital's name.
		city, and state:	·	,				
5		An organization operated f	for the benefit of a co	ollege or university owne	d or opera	ated by a c	povernmental unit descri	hed in
•		section 170(b)(1)(A)(iv). (onego or armorally omno	a or opore	arou by a s	jovernmentar armi desem	bed III
6		A federal, state, or local go	•	mental unit described in	nantian 1	70/h\/4\/A	V. A	
	$\overline{\mathbf{x}}$	An organization that norma						Landa Carlaba a 20 a 20 c
′	سمت			armai part of its support	nom a go	vernmenta	ii unit or from the genera	i public described in
0		section 170(b)(1)(A)(vi). (C		VAVAV 13 /Olate De-	4 11 3			
8	H	A community trust describ						
9	ш	An agricultural research or						-
		or university or a non-land-	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state of the collec	ge or
		university:				198		,
10		An organization that norma						
		activities related to its exer						
		income and unrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the organization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)					
11	\sqsubseteq	An organization organized	and operated exclus	sively to test for public sa	afety. See	section 5	09(a)(4).	
12		An organization organized	and operated exclus	sively for the benefit of, to	o perform	the function	ons of, or to carry out the	e purposes of one or
		more publicly supported or	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	y giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organization(s), by ha	aving
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus			·			•
С		Type III functionally inte			in connec	tion with.	and functionally integrat	ed with.
		its supported organizatio						•
d		Type III non-functionally			· ·			ization(s)
_	<u> </u>	that is not functionally int					i i	
		requirement (see instruct	-		-		·	
_		Check this box if the orga						
Ū		functionally integrated, or					. 19po I, 19po II, 19po III	
f	Enter	the number of supported of						
ä		de the following information	•	ad organization(s)			••••••	
_=		Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions)				
							;	
			,					
-	<u> </u>							
				:				
_								
ota	<u> </u>							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 FRIENDS OF FONDATION DE FRANCE, INC. 13-3966503 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2311907. 1299750. 2743164. 2227597. 1813303.10395721. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 2311907. 1299750. 2743164. 2227597. 1813303.10395721. 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) 2589380. 6 Public support. Subtract line 5 from line 4 7806341. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 2311907 7 Amounts from line 4 1299750 2743164 2227597 1813303.10395721. 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 7,176. 47. 7,223. 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... 10 Other income. Do not include gain or loss from the sale of capital 8 196 assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) 75.04 14 % 15 Public support percentage from 2017 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018

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

<u>Se</u>	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				1		
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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				1		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b				T		
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	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]		1		
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						>
	tion C. Computation of Publi						
	Public support percentage for 2018 (li			column (f))		15	%
	Public support percentage from 2017					16	<u>%</u>
Sec	tion D. Computation of Inves	tment Income	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2018. If the						7 is not
	more than 33 1/3%, check this box ar		-				
	33 1/3% support tests - 2017. If the	- •					
	line 18 is not more than 33 $1/3\%$, checking						
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	ı, or 19b, check ti	his box and see ins	tructions	<u>▶</u>
83202	3 10-11-18				Sche	dule A (Form 990	or 990-EZ) 2018

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.)

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- c 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.
- 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.
- **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.
- c 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- 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.
- c 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.
- 10a 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.
 - 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.)

	Yes	No
1		
1		
2		
3a		
3b		
3c		
4a		
45		
4b		
4c		
	ļ	
5a	i	
5b		
5c		
6		
,		
7		
8		
9a	-	
9b	}	
9c		
10-	ſ	
10a		
10b_		

13100528 759420 5842

Scn P:	edule A (Form 990 or 990-EZ) 2018 FRIENDS OF FONDATION DE FRANCE, INC. 1 Int IV Supporting Organizations (continued)	<u>3-396650</u>	<u> 13 P</u>	age 5
	art IV Supporting Organizations (continued)			1
11	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>	Yes	No
	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?	110		1
b	A family member of a person described in (a) above?	11a 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	 	
Sec	ction B. Type I Supporting Organizations		Ь	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	-		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	[_	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			ĺ
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			ļ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations	2	L	
<u> </u>	tion of Type it Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	[Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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 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		ŀ	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		ļ	
	significant voice in the organization's investment policies and in directing the use of the organization's	ł I		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
202	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
_				
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction. The organization satisfied the Activities Test. Complete line 2 below.	itions).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	eee instructions	1	
2	Activities Test. Answer (a) and (b) below.	ŕ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		ĺ	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
•	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	\bot	
32025	10-11-18 Schedule A /F	orm 990 or 990	1_Fブ\	2019

Sch	edule A (Form 990 or 990-EZ) 2018 FRIENDS OF FONDATION DI	E FRAN	CE, INC.	13-3966503 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of			,
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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	1 1		
	maintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	1	(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):	,		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Secti	on 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-functional	ly integrate	d Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2018

Sche Pa	edule A (Form 990 or 990-EZ) 2018 FRIENDS OF FO	NDATION DE FRA	ANCE, INC.	13-3966503 Page 7
Sect	ion D - Distributions	· · · · · · · · · · · · · · · · · · ·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	, , , , , , , , , , , , , , , , , , , ,		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatio	ns	
4	Amounts paid to acquire exempt-use assets			·
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		-	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	ve	
	(provide details in Part VI). See instructions.		· .	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.		<u> </u>	İ
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
ď	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j		. ,	
-	and 4c.		, '	
8	Breakdown of line 7:			
	Excess from 2014	· ·		
	Excess from 2015			=
	Excess from 2016			
	Excess from 2017			
	·			

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Part VI	Supplemental Part IV, Section A, line 1; Part IV, Section B, Section B, lines 5	2) 2018 F Informa lines 1, 2, 3 tion D. lines	tion. Prov 3b, 3c, 4b, 3 2 and 3: F	vide the ex 4c, 5a, 6, Part IV, Sei	conDAT1 cplanations re 9a, 9b, 9c, 1 ction F. lines	equired by P 1a, 11b, and 1c, 2a, 2b, 3	FRANCE art II, line 10; I 11c; Part IV: 3a, and 3b; P	, INC. Part II, line 1 Section B, line 1: l	13- 7a or 17b; Panes 1 and 2; Part V. Section	3966503 art III, line 12; Part IV, Section	Page 8
	Section D, lines 5, (See instructions.)	6, and 8; a	nd Part V, S	Section E,	lines 2, 5, ar	nd 6. Also co	mplete this p	art for any a	dditional infor	mation.	art v,
			-								·
-											
									<u>,, , </u>		- 5 4.
								······································			
								.,			
	<u></u>										
						·					

								,		<u></u>	
			, <u></u>								
											<u>.</u>
			*				81 E 81				
				·			<u> </u>				
							.=-				
	<u> </u>			· · · · · · · · · · · · · · · · · · ·							•
`					•						· · ·
. ,			1.2	* · · · · ·	<u>-</u>					<u>. </u>	
	<u> </u>		<u>.</u>	. 1							·

832028 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise		r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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	=	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of		<u> </u>
_	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a historic	ally important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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		2 a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	. 2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pai			er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		·
	the following amounts required to be reported under SFAS 11	_	
а	Revenue included on Form 990, Part VIII, line 1	- ·	▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018

832051 10-29-18

	edule D (Form 990) 2018 FRIENDS	OF FONDAT	I NOI	DE FRA	ANCE,	INC.		13-39	66503	Page 2
Pa	rt III Organizations Maintaining	Collections of A	rt, Hist	orical T	reasures	, or Oth	er Simil	ar Asse	ts(contin	ued)
3	Using the organization's acquisition, access	sion, and other recor	ds, check	any of the	following t	hat are a	significant	use of its	collection	items
	(check all that apply):									
а		•			change prog	-				
b		•	e 🔲 🤈	Other	***					
С	Preservation for future generations									
4	Provide a description of the organization's of							ose in Pai	t XIII.	
5	During the year, did the organization solicit							,	_	
Da	to be sold to raise funds rather than to be m	naintained as part of	the organ	ization's c	ollection?				Yes	No
Га	rt IV Escrow and Custodial Arrar	igements. Compl	ete if the	organizatio	on answered	d "Yes" oı	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa		<u> </u>							
та	Is the organization an agent, trustee, custoo							_	_	
h	on Form 990, Part X?				•••••			∟	_ Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	nowing ta	ible:						
_	Reginning halance						-		Amount	
4	Beginning balance									
	Additions during the year Distributions during the year									
f	Ending balance									
		orm 990 Part X line	21 for e	crow or c	ustodial acc	count liabi	<u> </u>		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII									
	rt V Endowment Funds. Complete	if the organization ar	swered "	Yes" on Fo	orm 990, Pa	rt IV. line	10.			
		(a) Current year	_	or year			(d) Three y	ears back	(e) Four v	ears back
1a	Beginning of year balance				1.57		1-7		(6) (62.)	<u> </u>
b	Contributions							,		
С	Net investment earnings, gains, and losses									,
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs			_						
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g	column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	ession of the organization	ation that	are held a	nd administ	ered for t	he organiz	ation	_	
	by:									es No
	(i) unrelated organizations									
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
Bor	t VI Land, Buildings, and Equipm		wment fu	nds.	<u> </u>					
Гаі) Dart IV	lina 11a C	Form 00	0 Dart V	line 10			
	Complete if the organization answere							. 1	400-1	
	Description of property	(a) Cost or o basis (investre		(b) Cost	or other (other)	1 ''	ccumulate preciation	°	(d) Book v	/alue
	Land	- 		24313	(511101)	1				
	Land Buildings					-				
	Leasehold improvements				•					
	Equipment					 	· · · · ·			
	Other					 				
	, Add lines 1a through 1e. (Column (d) must e		X, column	(B), line 1	0c.)					0.

0 . Schedule D (Form 990) 2018

832053 10-29-18

Schedule D (Form 990) 2018

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With F	Revenue per F	Return	<u>3966503 Page 4</u> 1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	 		т т	
1	Total revenue, gains, and other support per audited financial statements			1_1	<u>1,813,059</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ı i		}	
а	Net unrealized gains (losses) on investments		· · · · · · · · · · · · · · · · · · ·	-	
b	Donated services and use of facilities			4	
С	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)	2d		1	
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,813,059.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		291.		
b	Other (Describe in Part XIII.)	_4b]	
С	Add lines 4a and 4b		•••••	4c	291.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,813,350.
Ра	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per	Retu	r n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			_ 1	2,623,393.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities] [
b	Prior year adjustments	2b]	
С	Other losses	_2c]	
d	Other (Describe in Part XIII.)	2d]	
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,623,393.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a	291.		
b	Other (Describe in Part XIII.)	4b] [
С	Add lines 4a and 4b			4c	291.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>		5	2,623,684.
Pai	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi				,,
					
		_			
·					
					-
	· · · · · · · · · · · · · · · · · · ·				

13100528 759420 5842

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

Employer identification number

FRIENDS OF FON	DATION DE	FRANCE	INC		13-39665	03
		Activities Ou	itside the United States. Comple	te if the organi	zation answered	"Yes" on
Form 990, Part				 .		
1 For grantmakers. Doe	es the organizatio	n maintain recoi	rds to substantiate the amount of its gra	nts and other	assistance,	
the grantees eligibility	for the grants or	assistance, and	the selection criteria used to award the	grants or assis	stance?LX	Yes No
2 For grantmakers. Des United States.	scribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance ou	utside the
3 Activities per Region. (The following Par	t I, line 3 table c	an be duplicated if additional space is no	eeded.)		
(a) Region	(b) Number of offices in the region		(d) Activities conducted in the region	(e) If activ is a prog describe	ity listed in (d) ram service, specific type s) in the region	(f) Total expenditures for and investments in the region
			·]			,
			DELL'IMA HO HOVEL HAVE DE			1
EUROPE		0	GRANTS TO FONDATION DE FRANCE			2 561 360
			FRANCE			2,561,369
			1			1
		<u></u>				
			·			
				•	•	1
	-					
- <u>-</u> -						•
	1	-				
						
•						
						<u> </u>
3 a Subtotal	0	0				2,561,369.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)		0 i			•	2 561 363
LHA For Paperwork Reduct	 		tions for Form 990		Schedule E	2 561 369. (Form 990) 2018

13-3966503

Schedule F (Form 990) 2018

Part II. Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	VARIOUS PROGRAMS AND PROJECTS OF THE FONDATION DE FRANCE	2561369, WIRE	WIRE	0		4 /2
	·							
	·		·					
 2 Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has p 3 Enter total number of other organizations or entities 	recipient organization; the grantee or cou	ns listed above that are in sel has provided a secon entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	foreign country, I	recognized as tax-ex	empt		

Schedule F (Form 990) 2018

Page 3.

13-3966503

FRIENDS OF FONDATION DE FRANCE, INC.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2018

Part III can be duplicated if additional space is needed.

1	1	1	1	1	1	1		ı
appraisal, orner							i	
					·			
				·				
					·			

Schedule F (Form 990) 2018

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)

Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To

Yes X No

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

Yes X No

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)

Yes X No

Schedule F (Form 990) 2018

3

Schedule F (Form 990) 2018 FRIENDS OF FONDATION DE FRANCE, INC Part V Supplemental Information	C. 13-3966503 Page 5
Part V Supplemental Information Provide the information required by Part I; line 2 (monitoring of funds); Part I, line 3, columns	nn (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (acc	ounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any ac	dditional information. See instructions.
PART I, LINE 2:	
EACH GRANT IS MADE PURSUANT TO A GRANT AGREEMENT.	THE GRANTEE AGREES TO
USE THE GRANT FUNDS ONLY FOR THE PROGRAM OR PROJECT	DESCRIBED IN THE
RELATED GRANT REQUEST. THE ORGANIZATION REQUIRES EA	ACH GRANTEE TO PROVIDE
REPORTS REGARDING THE USE OF FUNDS. THE ORGANIZATI	ON ALSO HAS THE RIGHT
TO CONDUCT SITE VISITS, REVIEW FINANCIAL RECORDS AN	ID OTHERWISE MONITOR
THE PROGRESS OF EACH PROGRAM AND PROJECT. THE DIRECT	TORS REVIEW GRANTEE
PROGRESS REPORTS AT EACH BOARD MEETING DURING THE Y	EAR.
·	
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	
	· · · · · · · · · · · · · · · · · · ·

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.

FRIENDS OF FONDATION DE FRANCE, INC. Part I Types of Property

Employer identification number 13-3966503

<u> </u>	Types of Floperty	(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of		
1	Art - Works of art		items contributed	Tom 990, Fait VIII, line 19			-
2	Art - Historical treasures	ļ 					
3	Art - Fractional interests	-	-				
4	Books and publications				<u> </u>		
5	Clothing and household goods						
6	Cars and other vehicles			,	· · · · · · · · · · · · · · · · · · ·		
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	2	77 708	QUOTED MAR	VET I	7 N T TTE
10	Securities - Closely held stock	- 21		77,700.	COULED MAK	VEI A	ALUE
11	Securities - Partnership, LLC, or				***		
• •	trust interests			•			
12	Securities - Miscellaneous						
13	Qualified conservation contribution						
	Historic structures						
14	Qualified conservation contribution - Other						•
15	Real estate - Residential					·- ·-	
16	Real estate - Commercial						
17	Real estate - Other			•			
18	Collectibles					***	
19	Food inventory						
20	Drugs and medical supplies		-				
21	Taxidermy						
22	Historical artifacts					-	
23	Scientific specimens			· · · · · · · · · · · · · · · · · · ·			
24	Archeological artifacts			140.48			
25	Other ► (GIA CERTIFIED)	Х	1	549 183	APPRAISED V		1
26	Other ()			343,103.	MI I IMIDED	VALUE	
27	Other ()						
28	Other ()					•	
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions			
	for which the organization completed Form 828						
	,	-,,-	g			V	res No
30a	During the year, did the organization receive by	contribution	any property rep	orted in Part I. lines 1 throug	ah 28. that it		140
	must hold for at least three years from the date			•	•		
	exempt purposes for the entire holding period?			•		30a	х
b	If "Yes," describe the arrangement in Part II.	***************************************	***************************************		*******************************	300	
31	Does the organization have a gift acceptance p	olicy that re	guires the review o	of any nonstandard contribu	tions?	31	Х
	Does the organization hire or use third parties o			-		31	^_
-Lu						332	v
h	contributions? If "Yes," describe in Part II.	• • • • • • • • • • • • • • • • • • • •				32a	<u> </u>
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is ober	rked		
	describe in Part II.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a type of property	To which column (a) is the	-neu _i		
НΛ	For Paparwark Poduction Act Nation and	do a dia adam at a	(F 000	· · · · · · · · · · · · · · · · · · ·			

Schedule M (Form 990) 2018

Schedule M	(Form 990) 2018	FRIENDS	OF F	ONDATION	DE	FRANCE,	INC.	13-3966503	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information	. Provide e numbe	e the information r of contribution	requir s, the r	ed by Part I, lind number of items	es 30b, 32b, s received, or	and 33, and whether the organiz a combination of both. Also con	ation nplete
			· ·•·		,		: .		
				•					-
							:		
									-
				Market Control of the					
									·
		-							
					4				
		 							 :
VP - X=10		······							
					•				
							<u>.</u>		
									·
									·
									· -
				<u></u> .	,	· · · · · · · · · · · · · · · · · · ·		. <u></u> .	·
		· · · · · · · · · · · · · · · · · · ·							
									.
									
	-							<u> </u>	

Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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.

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

OMB No. 1545-0047
2018
Open to Public

Open to Public Inspection

Name of the organization

FRIENDS OF FONDATION DE FRANCE, INC.

Employer identification number 13-3966503

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FRIENDS OF FONDATION DE FRANCE IS A PUBLIC CHARITY IN THE UNITED STATES. ITS PURPOSE IS TO SUPPORT THE WORK OF FRANCE'S LEADING PRIVATE CHARITABLE INSTITUTION, FONDATION DE FRANCE, AND ITS THOUSANDS OF GRANTEE ORGANIZATIONS. FONDATION DE FRANCE CONTINUOUSLY ADDS NEW GRANTEES THAT OPERATE IN FRANCE AND OTHER COUNTRIES, AND WHICH ARE ACTIVE IN A RANGE OF FIELDS INCLUDING SOCIAL SERVICES, EDUCATION, HEALTH AND MEDICAL RESEARCH, CULTURE, SCIENCES, AND THE ENVIRONMENT. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GRANTEES THAT OPERATE IN FRANCE AND OTHER COUNTRIES, AND WHICH ARE ACTIVE IN A RANGE OF FIELDS INCLUDING SOCIAL SERVICES, EDUCATION, HEALTH AND MEDICAL RESEARCH, CULTURE, SCIENCES, AND THE ENVIRONMENT. FORM 990, PART VI, SECTION A, LINE 2: AXELLE DAVEZAC, BOARD PRESIDENT, AND DOMINIQUE LEMAISTRE, DIRECTOR, ARE BOTH EMPLOYEES OF FONDATION DE FRANCE. FORM 990, PART VI, SECTION A, LINE 7A: FRIENDS OF FONDATION DE FRANCE (FOFDF) HAS TWO CLASSES OF DIRECTORS: EACH CLASS I DIRECTOR MUST BE AN OFFICER OR DIRECTOR OF I AND CLASS II. FONDATION DE FRANCE (FDF) AND IS APPOINTED BY DESIGNATION OF THE BOARD OF

EACH CLASS II DIRECTOR MUST BE A CITIZEN OR

OFFICER OR EMPLOYEE OF

Schedule O (Form 990 or 990-EZ) (2018)

THE CLASS II DIRECTORS ARE ELECTED BY A MAJORITY OF THE

832211 10-10-18

DIRECTORS OF FDF.

BOARD OF DIRECTORS OF FOFDF.

RESIDENT OF THE UNITED STATES WHO IS NOT A DIRECTOR,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)	Page :
Name of the organization FRIENDS OF FONDATION DE FRANCE, INC.	Employer identification number 13-3966503
FDF. AT ALL TIMES, THE NUMBER OF CLASS II DIRECTORS MUST	EXCEED THE NUMBER
OF CLASS I DIRECTORS BY AT LEAST ONE DIRECTOR.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR T	HEIR REVIEW IN
CONNECTION WITH A BOARD MEETING. THE FORM 990 WAS FILED	AFTER THAT
MEETING.	
·	
FORM 990, PART VI, SECTION B, LINE 12C:	
ON AN ANNUAL BASIS EACH DIRECTOR SIGNS A CERTIFICATE CONF	IRMING THAT THEY
HAVE DISCLOSED TO THE BOARD ANY RELEVANT INFORMATION PERT	AINING TO
POTENTIAL CONFLICTS OF INTEREST AS AND TO THE EXTENT REQU	IRED BY THE
POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
PAGE 6, SECTION B, QUESTION 15 -	
THE ORGANIZATION DOES NOT COMPENSATE ITS OFFICERS OR DIRECT	CTORS AND DOES NOT
HAVE ANY EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE	TO THE PUBLIC
THROUGH ITS WEBSITE. OTHER DOCUMENTS ARE AVAILABLE UPON F	REQUEST.
	- 1