# EXTENDED TO NOVEMBER 16, 2020

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

Open to Public Inspection

Form **990** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) (Rev. January 2020) ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

<u>A</u>	For the	e 2019 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization	<b>3</b>	D Employer identific	cation number
X	Addre	FRIENDS OF FONDATION DE FRANCE, INC.			
	Name chang	THE THE PARTY OF T		13-39665	<b>0.3</b>
	]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	31 WEST 34TH STREET	7010	212-812-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,256,734.
Ļ	Amen	NEW YORK, NY 10001		H(a) Is this a group re	
L	Application pendir	· · · · · · · · · · · · · · · · · · ·			? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3)	or 527	If "No," attach a	list. (see instructions)
		te: > WWW.FRIENDSOFFDF.ORG		H(c) Group exemption	
		organization: X Corporation	L Year	of formation: 1997 N	State of legal domicile: NY
			CHERT	7 7 0	
Governance		Briefly describe the organization's mission or most significant activities: SEE S			
ern		Check this box   if the organization discontinued its operations or dispos			sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	<u>7</u>
ø	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	0
ţ	6	Total number of volunteers (estimate if necessary)		6	7
Ac	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	D	Net unrelated business taxable income from Form 990-T, line 39	······		0.
	8	Contributions and grants /Part \/III_ling 1b\		Prior Year	Current Year
Revenue	ı	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		1,813,303.	4,165,846.
Š	I	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0. 47.	0.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-22,279. 0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,813,350.	4,143,567.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,561,369.	3,501,294.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ş	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
çbe		Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		62,315.	86,620.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,623,684.	3,587,914.
	19	Revenue less expenses. Subtract line 18 from line 12		-810,334.	<u>555,653.</u>
Fund Balances			Beg	ginning of Current Year	End of Year
Baga	20	Total assets (Part X, line 16)		853,663.	1,404,953.
달	21	Total liabilities (Part X, line 26)		12,363.	8,000.
	ırt II	Net assets or fund balances. Subtract line 21 from line 20		841,300.	1,396,953.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the heet of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			, knowledge and belief, it is
шо,	, 001100		ю. р. ора. о.	8/1/28	20
Sigi	n	Signature of officer		Date 1	
ler		MILES HANKIN, TREASURER			
		Type or print name and title			
		Print/Type preparer's name	, ,	ate Check	PTIN
aid	l	Distriction of the second of t	oce	7 300 "self-employe	
rep	arer	Firm's name LUTZ AND CARR, CPAS LLP		Firm's EIN	13-1655065
Jse	Only	Firm's address 551 FIFTH AVENUE, SUITE 400			
		NEW YORK, NY 10176		Phone no. 21	2-697-2299
Иач	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

May the IRS discuss this return with the preparer shown above? (see instructions)

Pa	rt III Statement of Program Service Accomplishments	v
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	шD
	FRIENDS OF FONDATION DE FRANCE IS A PUBLIC CHARITY IN THE UNIT	
	STATES. ITS PURPOSE IS TO SUPPORT THE WORK OF FRANCE'S LEADIN	
	PRIVATE CHARITABLE INSTITUTION, FONDATION DE FRANCE, AND ITS T	
	OF GRANTEE ORGANIZATIONS. FONDATION DE FRANCE CONTINUOUSLY AD	DS NEW
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	xpenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$3,501,294 • including grants of \$3,501,294 • ) (Revenue \$	)
	FRIENDS OF FONDATION DE FRANCE, INC. MADE \$3,501,294 IN GRANTS	ТО
	FONDATION DE FRANCE, INC. IN SUPPORT OF 38 DIFFERENT PROJECTS,	
	INCLUDING EDUCATION, RESEARCH AND INNOVATION AT INSTITUT MINES	
	A CANCER RESEARCH PROJECT, AND THE RECONSTRUCTION OF CATHEDRAL	
	NOTRE-DAME DE PARIS	
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ▶ 3,501,294.	
		Form <b>990</b> (2019)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<b>.</b>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.44	11a		X
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		3.7	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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		v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X
19	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		_ <u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<del>  _,</del>
19	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Part IV	Ch	ecklist	of Re	auired	Sched	lules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			77
0.4	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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		<u> </u>
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			v
00	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<del></del>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	28c		х
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<del></del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	Part V, line 1  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	334		
	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?	00	Х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
- 4	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	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		ı

# Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X				
b	If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b 5c		Х				
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				3,7				
	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 contributi	ons or gifts							
_	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).		_		Х				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a		Α.				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wat to file Form 8282?		7c		х				
٨		7d	70						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7 <del>f</del>		Х				
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
			8						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	1							
	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
40		11b	46						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	,	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		120						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
		13b							
c	Enter the amount of reserves on hand	13c							
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
	excess parachute payment(s) during the year?		15		х				
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.								
			Farm	000	(2010				

orm **990** (2019

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2	X								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	6 Did the organization have members or stockholders?										
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	Х								
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		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	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	Х								
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
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?										
	The organization's CEO, Executive Director, or top management official	15a		X							
b	Other officers or key employees of the organization	15b		X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
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										
_	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
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										
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	)s only	/) avail	lable							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	ıd finaı	ncial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	GHS PHILANTHROPY MANAGEMENT - 212-812-4362										
	31 WEST 34TH STREET, NO. 7010, NEW YORK, NY 10001										

932006 01-20-20

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

X Check this box if neither the organization		orga T	anıza			mpe	nsat			(F)
(A)	(B)			() Pos	C) ition	,		(D)	(E)	(F)
Name and title	Average		Position (do not check more than one box, unless person is both an			than		Reportable	Reportable	Estimated
	hours per week	offi	, unle cer ar	ess pe nd a d	rson Iirecto	ıs bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	to						the	organizations	compensation
	hours for	direc				9		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	,	organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	ie.	Key employee	nest c loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Forr			
(1) AXELLE DAVEZAC	2.00									
DIRECTOR AND PRESIDENT		Х		Х				0.	0.	0.
(2) VICTORIA BJORKLUND, ESQ.	2.00									
DIRECTOR AND SECRETARY		Х		X				0.	0.	0.
(3) MILES HANKIN	3.00									
DIRECTOR AND TREASURER		Х		Х				0.	0.	0.
(4) FRANCIS CHARHON	2.00									
DIRECTOR		Х						0.	0.	0.
(5) CHRISTOPHER HARRIS	2.00									
DIRECTOR		X						0.	0.	0.
(6) DOMINIQUE LEMAISTRE	2.00									
DIRECTOR		x						0.	0.	0.
(7) SUZANNE SISKEL	2.00									
DIRECTOR		x						0.	0.	0.
		i								
		Ī								
			L	L	L		L_			
			L_	L	L					
		1	l	I		1	l			

Form **990** (2019)

Part VIII Se	ection A. Officers, Directors, Trus	stees, Key Em (B)	ploy	/ees			ighe	st C					/E\	
	(A) Name and title	Average		<b>(C)</b> Position					<b>(D)</b> Reportable	<b>(E)</b> Reportable		Ec	(F) timate	٦d
	Name and the	hours per week	box	not c , unle	heck ss pe	more rson	than is bot or/trus	h an	compensation from	compensation from related	on d	an	nount other	
		(list any hours for	Individual trustee or director				,		the organization	organization (W-2/1099-MIS			pensa om the	
		related	stee or	rustee			ensate		(W-2/1099-MISC)	(VV 2/ 1000 IVIII		org	anizati	ion
		organizations below	ual trus	Institutional trustee		Key employee	t comp						d relati anizatio	
		line)	Indivic	Institu	Officer	Key en	Highest compensated employee	Forme				o, g.		5110
			-											
	l								0.		0.			0.
	om continuation sheets to Part V								0.		0.			0.
2 Total nui	mber of individuals (including but restion from the organization								eceived more than \$100	0,000 of reportab				0
Compens	Sation from the organization												Yes	No
	organization list any <b>former</b> officer			•		•		_		•		)		Х
	If "Yes," complete Schedule J for s ndividual listed on line 1a, is the s											3		Λ
•	ed organizations greater than \$15	-		-					•			4		Х
	person listed on line 1a receive or					-					i	_		X
	d to the organization? If "Yes," condependent Contractors	npiete Scheaui	e J i	or s	ucn	pers	son .					5		
	e this table for your five highest co										npens	ation 1	rom	
the orga	nization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	rithir T	n the organization's tax ( <b>B)</b>	year.		(0	•\	
	Name and business	address	N	ІИС	Ξ				Description of s	services	C		nsatio	n
	mber of independent contractors (		ot li	mite	d to		se li:	stec	d above) who received n	nore than				
\$100,000	0 of compensation from the organ	ization >										Form	990 (2	2019)

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 4,165,846. similar amounts not included above 1f 628,129 1g \$ g Noncash contributions included in lines 1a-1f 4,165,846. h Total. Add lines 1a-1f .... **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 90,888. assets other than inventory 7a **b** Less: cost or other basis Other Revenue 113,167 and sales expenses ..... 7b -22,279. c Gain or (loss) -22,279. -22,279. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses \_\_\_\_\_ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... 10b **c** Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue

12 932009 01-20-20

-22,279Form **990** (2019)

4,143,567.

e Total. Add lines 11a-11d .....

Total revenue. See instructions

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	2 524 224			
	individuals. See Part IV, lines 15 and 16	3,501,294.	3,501,294.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):	46 000		46 000	
	Management	46,000.		46,000.	
b	Legal	10,423.		10,423.	
	Accounting	10,443.		10,443.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	226.		226.	
f	Investment management fees	220.		220.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	983.		983.	
13	Office expenses	903.		903.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	19,071.		19,071.	
19 20	Conferences, conventions, and meetings	10,0110		10,0110	
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
23	F				
23 24	Insurance Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BANK SERVICE FEES	5,052.		5,052.	
a b	FILING FEES	4,865.		4,865.	
C		-,		=,	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,587,914.	3,501,294.	86,620.	0
26	Joint costs. Complete this line only if the organization	. ,		,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2019)

#### 13-3966503 Page **11** FRIENDS OF FONDATION DE FRANCE, INC. Form 990 (2019) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 427,856. 287,909. Cash - non-interest-bearing 1 10,535. 2 Savings and temporary cash investments 6,036. 3,564. Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation \_\_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 11 10,535. Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 962,998. 549,183. Other assets. See Part IV, line 11 15 15 853,663. 1,404,953. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 12,363. 8,000. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21

Loans and other payables to any current or former officer, director,

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D

Organizations that follow FASB ASC 958, check here ▶ X

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here 🕨

**Total liabilities.** Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances ...

trustee, key employee, creator or founder, substantial contributor, or 35%

controlled entity or family member of any of these persons

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Net assets without donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund .....

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

1,404,953. Form **990** (2019)

1,396,953.

8,000.

558,505.

838,448.

22

23

24

26

27

28

29

30

31

32

33

12,363.

395,852.

445,448.

841,300.

853,663.

\_iabilities

Net Assets or Fund Balances

23

24

26

27

29

30 31

32

Form 990 (2019)

	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
				1 4	, <sub>-</sub>	<b>C</b> 17		
	otal revenue (must equal Part VIII, column (A), line 12)	1		,14				
<b>2</b> To								
	Revenue less expenses. Subtract line 2 from line 1							
	3							
	et unrealized gains (losses) on investments	5						
<b>6</b> Do	onated services and use of facilities	6						
<b>7</b> In	vestment expenses	7						
	ior period adjustments	8						
9 Ot	ther changes in net assets or fund balances (explain on Schedule O)	9				0.		
<b>10</b> Ne	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
CC	column (B)) 10 1							
Part >	Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					Ш		
					Yes	No		
<b>1</b> Ad	ccounting method used to prepare the Form 990:   Cash X Accrual   Other							
lf t	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
<b>2</b> a W	ere 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	d on a						
se	parate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b W	ere the organization's financial statements audited by an independent accountant?			2b	X			
If	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,					
CC	onsolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
c If	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	t,					
re	view, or compilation of its financial statements and selection of an independent accountant?			2c	X			
If t	the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
Act and OMB Circular A-133?								
	<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
or	audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# 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

Employer identification number

Open to Public Inspection

FRIENDS OF FONDATION DE FRANCE, 13-3966503 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2019 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1299750.	2743164.	2227597.	1813303.	4165846.	12249660.
2	Tax revenues levied for the organ-						
	ization'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	1299750.	2743164.	2227597.	1813303.	4165846.	12249660.
	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)						4398900.
6	Public support. Subtract line 5 from line 4.						7850760.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	1299750.	2743164.	2227597.	1813303.	4165846.	12249660.
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						
	assets (Explain in Part VI.)			196.			196.
11	<b>Total support.</b> Add lines 7 through 10						12257079.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
~	organization, check this box and stor	here					<u></u>
	ction C. Computation of Publ					г т	<u> </u>
14	Public support percentage for 2019 (					14	64.05 %
15	Public support percentage from 2018					15	75.04 %
16a	33 1/3% support test - 2019. If the c						
	stop here. The organization qualifies						
D	33 1/3% support test - 2018. If the condition have						
47-	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	ū					·
	and if the organization meets the "fac		•	-	•	•	
<b>L</b>	meets the "facts-and-circumstances"						
O	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the		•		•		
10	organization meets the "facts-and-circ						
18	Private foundation. If the organization	in did not check a	DUX UITIIITIE 13, 16	a, 100, 17a, 0f 1/k	, GIRCK IIIS DOX 8	ina see mstruction	ıs ▶ <u> </u>

Schedule A (Form 990 or 990-EZ) 2019

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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						
J	furnished by a governmental unit to						
	the organization without charge						
6	Takal Asial Basa d Massacale F						
	Total. Add lines 1 through 5				1		<u> </u>
/ 6	' '						
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received				1		
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						<del> </del>
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	•••	(-) 001E	(h) 0010	(=) 0017	(4) 0040	(=) 0010	(f) Total
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest,						
104	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or 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, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orga	nization,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi						
	Public support percentage for 2019 (li					15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	<b>19</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2019. If the					33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box ar						<b>▶</b> □
k	33 1/3% support tests - 2018. If the						6, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

# 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **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		
2		
3a		
3b		
3с		
4a		
4b		
4c		
F-		
5a		
5b		
5c		
33		
6		
7		
8		
00		
9a		
9b		
00		
9c		
10a		
iva		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below,	the governing body of a supported organization?	11a		
b	A famil	y member of a person described in (a) above?	11b		
		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	tion B	. Type I Supporting Organizations			
		,		Yes	No
1		e directors, trustees, or membership of one or more supported organizations have the power to			
	-	ly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		lled the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_		rations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	U	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800		ised, or controlled the supporting organization.	2		
Sec	lion C	. Type II Supporting Organizations		V	Na
4	Mara	majority of the expeniention's divertors by twistons during the toy year also a majority of the divertors		Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control agement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
Sec		. All Type III Supporting Organizations			
		· / · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			110
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (i	) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organiz	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	iny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiz	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	anization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described in (2), did the organization's supported organizations have a			
	signific	ant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		ted organizations played in this regard.	3		
-		. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	•		
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.		-1	
с 2		Γhe organization supported a governmental entity. <i>Describe in <b>Part VI</b> how you supported a government entity (see inst</i> es Test. <b>Answer (a) and (b) below.</b>	ructions	Yes	No
a		ostantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а		opported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		e organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		s for the organization's position that its supported organization(s) would have engaged in these			
		es but for the organization's involvement.	2b		
3		of Supported Organizations. Answer (a) and (b) below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	s of each of the supported organizations? Provide details in Part VI.	За		
b	Did the	organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its s	upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion 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			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 <b>Part VI</b> ):			
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		
Sect	ion 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 integra	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

	t III Organizations Maintaining C	collections of A					er Sim	ilar Ass	ets/conti		aye Z		
3	Using the organization's acquisition, accessing				-				•	raca)			
Ü	collection items (check all that apply):	on, and other record	, crico	it arry or the	Tollowing the	at manc	Sigriffica	art asc or it	,				
_													
b	Scholarly research	е		Other									
C	Preservation for future generations												
4	Provide a description of the organization's co								rt XIII.				
5													
_	to be sold to raise funds rather than to be ma								Yes		<u></u> No		
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par	- :	ete if the	organizatio	on answered	"Yes" oı	n Form 9	990, Part IV	, line 9, o	١			
	Is the organization an agent, trustee, custodi	· · · · · · · · · · · · · · · · · · ·	diary for	contribution	ns or other as	ssets no	t include	ed.					
	on Form 990, Part X?								Yes		No		
h	If "Yes," explain the arrangement in Part XIII								_ 103		_ 140		
b	ii res, explain the arrangement in Fait Alli	and complete the ic	nowing	labie.					Amoun	+			
_	De alicado a la clara e						-		Amoun	ı			
	Beginning balance							_					
	Additions during the year												
е	Distributions during the year							_					
f	Ending balance										_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liab	ility?	L	Yes	늗	∐ No		
	If "Yes," explain the arrangement in Part XIII.												
Pai	t V Endowment Funds. Complete in	f the organization ar	swered	"Yes" on Fo	orm 990, Par	t IV, line	10.						
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Thre	e years back	<b>(e)</b> Fou	r years	back		
1a	Beginning of year balance												
b	Contributions												
	Net investment earnings, gains, and losses												
	Grants or scholarships												
	Other expenditures for facilities												
·	·												
_	and programs												
	Administrative expenses												
_	End of year balance		<u></u>		<u> </u>								
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (	a)) held as:								
	Board designated or quasi-endowment		_%										
b	Permanent endowment >	%											
С	Term endowment	%											
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.											
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for	the orga	nization					
	by:									Yes	No		
	(i) Unrelated organizations								3a(i)				
	(ii) Related organizations												
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?	)				3b				
4	Describe in Part XIII the intended uses of the												
Pai	t VI Land, Buildings, and Equipm		JWITICITE	iulius.									
			0 Part I\	/ lino 11a 9	Soo Form 900	n Dart V	lino 10						
	Complete if the organization answered	1				<u> </u>			(a) D -	la ve-t			
	Description of property	(a) Cost or o		` '	t or other		Accumul		(d) Boo	k valu	е		
		basis (investr	nent)	pasis	(other)	ae	preciation	JI1					
	Land												
	Buildings												
	Leasehold improvements												
d	Equipment												
	Other												
	. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line	10c.)			▶			0.		

<u>0 ⋅</u> Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 FRIENDS OF	FONDATION DE	FRANCE,	INC.	13-3966503 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method	d of valuation: 0	Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		11c. See Form	990, Part X, line	e 13.
(a) Description of investment	(b) Book value	(c) Method	of valuation: C	Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (Col. (b) must equal Form 000 Port V col. (D) line 12.)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 900 Part IV line	11d See Form	000 Part Y lin	o 15
	Description	i i iu. Gee i Oilli	330, Fait A, IIII	(b) Book value
(1) GIA CERTIFIED DIAMONDS				962,998.
(2)				302,330
(4)				

(a) Description	(b) Book value
(1) GIA CERTIFIED DIAMONDS	962,998.
(2)	
(3)	
(4)	
(5)	
(6)	
<b>(7)</b>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	962,998.

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

•	(a) Description of liability	(b) Book value
(1) Federa	I income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>

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

Schedule D (Form 990) 2019

	dule D (Form 990) 2019 FRIENDS OF FONDATION DE				3966503 <sub>Page</sub> 4
Par	·		evenue per R	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				4 1 4 2 2 4 1
1	Total revenue, gains, and other support per audited financial statements			1	4,143,341.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	4,143,341
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	226.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	226
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	4,143,567
	t XII Reconciliation of Expenses per Audited Financial Sta			Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	3,587,688
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,587,688
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				.,,
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	226.		
b	Other (Describe in Part XIII.)				
				4c	226
	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	3,587,914
	t XIII Supplemental Information.	)		3	3,301,311
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	·		4; Part	X, line 2; Part XI,

Schedule D (Form 990) 2019

#### 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.

2019
Open to Public Inspection

Name of the organization

Employer identification number

RI	ENDS OF FOND	ATION DE	FRANCE,	INC.		13-396650	03
Par				tside the United States. Comple	ete if the organ		
	Form 990, Part IV						
1				ds to substantiate the amount of its gra			1 37
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assi	istance? L	Yes X No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and of	ther assistance out	tside the
3	Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
	(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
			in the region				+
EURO	D.F.		0	GRANTS TO FONDATION DE			3 501 204
iuko	PE	0	U	FRANCE			3,501,294.
3 2	Subtotal	0	0				3,501,294.
	Total from continuation						5,331,234.
b	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3b)	0	0				3,501,294.

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

Schedule F (Form 990) 2019

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)
			VARIOUS PROGRAMS AND PROJECTS OF THE	2524004				
		EUROPE	FONDATION DE FRANCE	3501294.	WIRE	0.		N/A
			recognized as charities by the		I , recognized as tax-e	xempt		1

2	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
3	Enter total number of other organizations or entities

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. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

# Schedule F (Form 990) 2019 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	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 Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	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)	Yes	X No
5	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
6	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) 2019

#### Schedule F (Form 990) 2019 Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional 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 EACH GRANTEE TO PROVIDE
REPORTS REGARDING THE USE OF FUNDS. THE ORGANIZATION ALSO HAS THE RIGHT
TO CONDUCT SITE VISITS, REVIEW FINANCIAL RECORDS AND OTHERWISE MONITOR
THE PROGRESS OF EACH PROGRAM AND PROJECT. THE DIRECTORS REVIEW GRANTEE
PROGRESS REPORTS AT EACH BOARD MEETING DURING THE YEAR.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public

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.

INC.

Attach to Form 990.

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

FRIENDS OF FONDATION DE FRANCE,

Inspection **Employer identification number** 13-3966503

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		-	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition a	mount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8								
	Intellectual property	X	4	101 147	QUOTED MARK	E.T	<b>77ΔT.</b>	HE.
9	Securities - Publicly traded			101,147.	QUOTED MAKK		VAL	011
10	Securities - Closely held stock							
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							
25	Other (GIA CERTIFIED)	X	1	526,982.	APPRAISED V	ALU	E	
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organi	zation durin	a the tax vear for c	contributions	•			
	for which the organization completed Form 82		• ,					
		,,		9			Yes	No
30a	During the year, did the organization receive b	v contributio	on any property re	ported in Part I. lines 1 throu	igh 28, that it		- 50	
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period		•	•		30a		Х
h	If "Yes," describe the arrangement in Part II.	·				004		
31	,							х
								<del></del>
o∠d	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?							x
	If "Yes," describe in Part II.			or formulately and the first	l d			
33	If the organization didn't report an amount in o	column (c) fo	or a type of propert	y tor which column (a) is che	ecked,			
	describe in Part II.				<u> </u>			
LHA	For Paperwork Reduction Act Notice, see	tne Instruc	tions for Form 99	U.	Schedule N	ı (Fori	n 990)	2019 (

Schedule M (Form 990) 2019

Schedule M			OF FONDAT				13-39665	
Part II	Supplemental	<b>Information.</b> I. column (b), the	Provide the information	mation requir	ed by Part I, line	es 30b, 32b, received, or	and 33, and whether the o	organization
	this part for any ad	ditional informati	on.					· 

932142 09-27-19

Schedule M (Form 990) 2019

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# 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.

2019 Open to Public

OMB No. 1545-0047

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.

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: CLASS

I AND CLASS II. EACH CLASS I DIRECTOR MUST BE AN OFFICER OR DIRECTOR OF

FONDATION DE FRANCE (FDF) AND IS APPOINTED BY DESIGNATION OF THE BOARD OF

DIRECTORS OF FDF. THE CLASS II DIRECTORS ARE ELECTED BY A MAJORITY OF THE

BOARD OF DIRECTORS OF FOFDF. EACH CLASS II DIRECTOR MUST BE A CITIZEN OR

RESIDENT OF THE UNITED STATES WHO IS NOT A DIRECTOR, OFFICER OR EMPLOYEE OF

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization FRIENDS OF FONDATION DE FRANCE, INC.	Employer ider 13-39		
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 REV	IEW	IN
CONNECTION WITH A BOARD MEETING. THE FORM 990 WAS FILED	AFTER TH	AT	
MEETING.			
FORM 990, PART VI, SECTION B, LINE 12C:			
ON AN ANNUAL BASIS EACH DIRECTOR SIGNS A CERTIFICATE CONF	IRMING T	НАТ	THEY
HAVE DISCLOSED TO THE BOARD ANY RELEVANT INFORMATION PERT	AINING T	0	
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 DIRE	CTORS AN	D DC	DES NOT
HAVE ANY EMPLOYEES.			
FORM 990, PART VI, SECTION C, LINE 19:			
THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE	TO THE	PUBI	LIC
THROUGH ITS WEBSITE. OTHER DOCUMENTS ARE AVAILABLE UPON	REQUEST.		

## Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

filing of t	his form, visit www.irs.gov/e-file-providers/e-file-for-chari	ities-and-r	non-profits.			
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).			
All corpo	orations required to file an income tax return other than Fore Form 7004 to request an extension of time to file income	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts	
Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	identification numb	er (TIN)
print	FRIENDS OF FONDATION DE FRA		13-396650	3		
File by the due date fo filing your return. See instructions	31 WEST 34TH STREET, NO. 70	010				
	NEW YORK, NY 10001					
Enter the	e Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1
Applicat	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 99		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)  GHS PHILANTHROI	06   <b>DV M</b> 7	Form 8870			12
• The b	oooks are in the care of  31 WEST 34TH S			ODK	NV 10001	
	hone No. $\triangleright$ 212-812-4362		Fax No. <b>F</b>	OILIL,	NI IOOOI	
-	organization does not have an office or place of business	o io tho Lle	-			
	is for a Group Return, enter the organization's four digit (					hack this
box ►			ach a list with the names and TINs of			
the	NOVEMBER 16 2020					
•		, an	nd ending		<u> </u>	
2 If t	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period					
3a If t	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less			
<u>an</u>	y nonrefundable credits. See instructions.	3a	\$	0.		
<b>b</b> If t	his application is for Forms 990-PF, 990-T, 4720, or 6069					
es	timated tax payments made. Include any prior year overp	3b	\$	0.		
с Ва	lance due. Subtract line 3b from line 3a. Include your pa			_		
us	ing EFTPS (Electronic Federal Tax Payment System). See	e instruction	ons.	3c	\$	0.
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct de	ebit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879-EO fo	r payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)