EXTENDED TO NOVEMBER 15, 2021

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	2020 calendar year, or tax year beginning	and	lending		
B	Check if applicable	C Name of organization			D Employer identif	ication number
	Addres change	FRIENDS OF FONDATION DE	FRANCE, INC.			
	Name change	Doing business as			13-39665	503
	Initial return	Number and street (or P.O. box if mail is not deliv	ered to street address)	Room/suite	E Telephone numbe	er
	Final return/	31 WEST 34TH STREET	,	7010	212-812-	
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$	2,904,367.
	Amend	MEW TORK, INT TOOUT			H(a) Is this a group	
	Applica tion pendin	~	LE DAVEZAC		for subordinate	
		SAME AS C ABOVE	4		H(b) Are all subordinates	
<u> </u>	Tax-exe		(insert no.) 4947(a)(1)	or 527	⊣ ′	a list. See instructions
		e: WWW.FRIENDSOFFDF.ORG	ociation Other	I Veer	H(c) Group exemption	
K t		organization: X Corporation Trust Asso	ociation other	L Year	of formation: 1997	M State of legal domicile; NY
		Briefly describe the organization's mission or most s	ignificant activities: SEE	SCHEDI	ILE O	
Governance	1 1	Briefly describe the organization's mission or most s	agrillicant activities. DDD	БСППВС	<u> </u>	
nar	2	Check this box if the organization discont	inued its operations or dispo	sed of mor	e than 25% of its net a	ssets
Ş.	1	Number of voting members of the governing body (F	-			7
Ğ		Number of independent voting members of the gove				7
8		Total number of individuals employed in calendar ye				0
Ϋ́		Total number of volunteers (estimate if necessary)				7
Activities &		Total unrelated business revenue from Part VIII, colu				
		Net unrelated business taxable income from Form 9				0.
					Prior Year	Current Year
ē	8 (Contributions and grants (Part VIII, line 1h)			4,165,846.	
enc					0.	
Revenue		investment income (Part VIII, column (A), lines 3, 4, a			-22,279.	
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		0.	• •
	1	Total revenue - add lines 8 through 11 (must equal F			4,143,567.	
		Grants and similar amounts paid (Part IX, column (A			3,501,294.	<u> </u>
	1	Benefits paid to or for members (Part IX, column (A),				0.
ses		Salaries, other compensation, employee benefits (Pa			0.	0.
Expenses	1	Professional fundraising fees (Part IX, column (A), lin	_		0.	0.
Ä	1	Total fundraising expenses (Part IX, column (D), line		<u> </u>	86,620.	76,303.
	1	Other expenses (Part IX, column (A), lines 11a-11d,			3,587,914.	
		Total expenses. Add lines 13-17 (must equal Part IX Revenue less expenses. Subtract line 18 from line 1			555,653.	
or es		nevenue less expenses. Subtract line to nom line t	<u> </u>	R	eginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)			1,404,953.	
Ass J Ba	21	Total liabilities (Part X, line 26)			8,000.	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from li	ne 20		1,396,953.	
	art II	Signature Block				
Und	er penal	lties of perjury, I declare that I have examined this return, ir	ncluding accompanying schedul	es and staten	nents, and to the best of n	ny knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer (other than officer)	is based on all information of w	hich prepare	r has any knowledge.	
Sig	n	Signature of officer			Date	
Her	e	MILES HANKIN, TREASURER	-			
		Type or print name and title			Data	II DTIN
.	,	71 1 1	Preparer's signature		Date Check [PTIN
Paid		LAUREN CRESCI	30 IID		self-emplo	P01268493
		Firm's name LUTZ AND CARR, CP			Firm's EIN	13-1655065
use	Only	Firm's address 551 FIFTH AVENUE, NEW YORK, NY 1017			D 21	.2-697-2299
Mar	, the IT	NEW YORK, NY TOTA			Prione no. 41	X Ves No

Pai	Obselvit Oakselvia Oasselvia a vastava avasta ta avallia in this Dati III	X
1	Check if Schedule O contains a response or note to any line in this Part III	
'	Briefly describe the organization's mission: FRIENDS OF FONDATION DE FRANCE IS A PUBLIC CHARITY IN THE UN	ſͲĘŊ
	STATES. ITS PURPOSE IS TO SUPPORT THE WORK OF FRANCE'S LEAD	
	PRIVATE CHARITABLE INSTITUTION, FONDATION DE FRANCE, AND ITS	
	OF GRANTEE ORGANIZATIONS. FONDATION DE FRANCE CONTINUOUSLY	
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 tot	• •
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 2,419,987. including grants of \$ 2,419,987.) (Revenue \$)
	FRIENDS OF FONDATION DE FRANCE, INC. MADE \$2,419,987 IN GRANT	
	FONDATION DE FRANCE, INC. IN SUPPORT OF 51 DIFFERENT PROJECTS	3,
	INCLUDING A SCHOLARSHIP PROGRAM AT ESCP EUROPE, COVID 19 RELI	IEF
	EFFORTS, AND A PROJECT TO SUPPORT THE GIACOMETTI INSTITUTE.	
4b	(Code:) (Expenses \$)
_		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2, 419, 987.	
		Form 990 (2020)

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		Х
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		Х
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		Х
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		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		Α.
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?	_		х
40	If "Yes," complete Schedule D, Part IV	9		22
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		х
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		Х
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	X	
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		Х
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				
	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	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		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		Х
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		х
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		- 22
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	complete Schedule G, Part III	19		х
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

			1,,	L
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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	04-		Х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		Х
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%			X
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			37
	"Yes," complete Schedule L, Part IV	28c	X	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	Estable work was static Barro of Estable 200 E 1		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1b			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
U	(gambling) winnings to prize winners?	1c		
	10 U/ U I			

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

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	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 was required to file Form 8282?	70		Х
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7c		21
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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			
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:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	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.			
a	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 They the amount of recovers an head			
	Enter the amount of reserves on hand Did the expanization receive any payments for indeer tenning convices during the tay year?	1/1-		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Vos " has it filed a Form 720 to report those payments? If "No " provide an explanation on Schedule O.	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		-
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	13		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
.5	If "Yes," complete Form 4720, Schedule O.	10		
	ii 100, complete i oitii 1 120, conedule o.	Гогра	990	(0000)

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 1a			
	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	Х	
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		Х
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		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
, .	more members of the governing body?	7a	Х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15		
		8a	Х	
b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Director (This seeding Brequests information about politics not required by the internal revenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	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	-17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
9	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iua		16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		25
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
<u>Sac</u>	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		, 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			
10	for public inspection. Indicate how you made these available. Check all that apply.	, o or ny	, avall	aDIC
	Own website Another's website X Upon request Other (explain on Schedule O)			
10		d fine	noic!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	u iinai	icial	
00	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			
	OT HEST STILL SIMEDI, 140. LOTO, 14EM TOWN, 1MI TOOUT			

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (E) (F) Position Name and title Reportable Reportable Estimated Average (do not check more than one hours per box, unless person is both an compensation compensation amount of officer and a director/trustee) week from from related other organizations (list any the compensation (W-2/1099-MISC) hours for organization from the related (W-2/1099-MISC) organization ndividual trustee organizations and related Institutional 1 below organizations line) 2.00(1) AXELLE DAVEZAC X 0. 0. DIRECTOR AND PRESIDENT X 0. (2) VICTORIA BJORKLUND, ESQ. 2.00 DIRECTOR AND SECRETARY X X 0 0. 0. 3.00 (3) MILES HANKIN DIRECTOR AND TREASURER X 0. X 0. 0. 2.00 (4) FRANCIS CHARHON X 0 0 0. DIRECTOR (5) CHRISTOPHER HARRIS 2.00 X 0 0. 0. DIRECTOR 2.00 (6) DOMINIQUE LEMAISTRE X 0 0. 0. DIRECTOR 2.00 (7) SUZANNE SISKEL 0. X 0. 0. DIRECTOR

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per	(do box	not c	Pos heck ss pe	ition more rson	than is bot	one h an	(D) Reportable compensation	(E) Reportable compensatio			(F) stimate nount	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer p		Highest compensated sn.4/xr.		from the organization (W-2/1099-MISC)	from relater organizatior (W-2/1099-MI	ited ot ions compe MISC) fron organ		om the anizat d relat	e ion ed
1b Subtotal							▶	0.		0.			0.
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
 Total number of individuals (including but compensation from the organization 	not limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportab	ile			0
										ı		Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for								hest compensated emp			3		X
4 For any individual listed on line 1a, is the and related organizations greater than \$1											4		X
5 Did any person listed on line 1a receive o	accrue compe	nsat	ion f	rom	any	unr unr					-		Х
rendered to the organization? If "Yes," co	mpiete Scriedui	e J i	Or St	JCH	pers	SON .					5		
1 Complete this table for your five highest of										npens	ation 1	from	
the organization. Report compensation for (A)	r the calendar y	ear	endi	ng v	vith	or w	ithir	the organization's tax (B)	year.		(0	<u>.,</u>	
Name and busines	s address	N	ONE	3				Description of s	ervices	С		nsatio	n
Total number of independent contractors \$100,000 of compensation from the orga		ot li	mite	d to		se lis)	sted	d above) who received n	nore than				

			Check if Schedule O contains a response or	r note to any lin	ne in this Part VIII			
			Check if Schedule O contains a response or	note to arry in		(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function revenue	Unrelated business revenue	
								sections 512 - 514
nts	1		Federated campaigns 1a					
Gra			Membership dues 1b					
ts, An		С	Fundraising events 1c					
Gif			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
utio		f	All other contributions, gifts, grants, and	101 571				
rib Oth			similar amounts not included above $1f 2, 7$	784,574. 738,983.				
on					2,784,574.			
0 8		n	Total. Add lines 1a-1f	Business Code	2,704,374.			
•	_		 '	Susiness Code				
vice	2	a						
Ser		b						
ın (c d						
Program Service Revenue		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f	>				
	3		Investment income (including dividends, interes					
			other similar amounts)					
	4		Income from investment of tax-exempt bond pro					
	5		Royalties	>				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			·	87,253.				
Ð		b	Less: cost or other basis	24 984				
nue			and sales expenses 7b 54,919.1 Gain or (loss) 7c -22,379	37 731				
Revenue		q	Mot gain or (1000)	37,731.	-60,110.			-60,110.
erF	0		Net gain or (loss)		00,110.			00,110.
о th	0	а	including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
sno	44	_	 '	Business Code				
nec	11	a b						
Miscellaneous Revenue		C						
lsc R			All other revenue					
2			Total. Add lines 11a-11d	>				
	12		Total revenue. See instructions		2,724,464.	0.	0.	-60,110.

032009 12-23-20

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				
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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				
	individuals. See Part IV, lines 15 and 16	2,419,987.	2,419,987.		
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):	17 010		47 040	
	Management	47,840.		47,840.	
b	Legal	13,373.		13,373.	
	Accounting	13,3/3.		13,3/3.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	228.		228.	
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	993.		993.	
13	Office expenses	993•		993.	
14	Information technology				
15	Royalties				
16 47	Occupancy				
17 18	Travel Payments of travel or entertainment expenses				
10					
10	for any federal, state, or local public officials Conferences, conventions, and meetings	765.		765.	
19 20		, , , ,		, , , ,	
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
23 24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BANK SERVICE FEES	8,027.		8,027.	
b	FILING FEES	5,077.		5,077.	
C		-,		-,	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,496,290.	2,419,987.	76,303.	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 (2020) Part X | Balance Sheet

Par	τX	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		427,856.	1	316,622
	2	Savings and temporary cash investments		10,535.	2	10,535
	3	Pledges and grants receivable, net		3,564.	3	1,981
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any curren				
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of t	hese persons		5	
	6	Loans and other receivables from other disqu	ualified persons (as defined			
		under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
ıts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	4,000
	10a	Land, buildings, and equipment: cost or other	r			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin	ne 11		12	
	13	Investments - program-related. See Part IV, li	ne 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		962,998.	15	1,320,106
	16	Total assets. Add lines 1 through 15 (must e		1,404,953.	16	1,653,244
	17	Accounts payable and accrued expenses		8,000.	17	28,117
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple	te Part IV of Schedule D		21	
es	22	Loans and other payables to any current or f	ormer officer, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
ab		controlled entity or family member of any of t	hese persons		22	
-	23	Secured mortgages and notes payable to un	related third parties		23	
	24	Unsecured notes and loans payable to unrela	ated third parties		24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
					25	
	26	Total liabilities. Add lines 17 through 25		8,000.	26	28,117
s		Organizations that follow FASB ASC 958,	check here 🕨 🔀			
<u>၁</u> င		and complete lines 27, 28, 32, and 33.				500 001
aa	27	Net assets without donor restrictions		558,505.	27	698,224
Ď	28	Net assets with donor restrictions		838,448.	28	926,903
ב ב		Organizations that do not follow FASB AS	C 958, check here ▶ 📖			
Net Assets or Fund Balances		and complete lines 29 through 33.				
12	29	Capital stock or trust principal, or current fun			29	
200	30	Paid-in or capital surplus, or land, building, or	F		30	
۲ <u>۱</u>	31	Retained earnings, endowment, accumulated		1 000 0=0	31	4 605 105
S	32	Total net assets or fund balances		1,396,953.	32	1,625,127
	33	Total liabilities and net assets/fund balances		1,404,953.	33	1,653,244

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	<u>,72</u>	4,4	64.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	, 49	6,2	64. 90.
3	Revenue less expenses. Subtract line 2 from line 1	3				74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	, 39	6,9	53.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	,62	5,1	27.
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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	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	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule (D.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

Open to Public Inspection

Employer identification number

FRIENDS OF FONDATION DE FRANCE, 13-3966503 TNC 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 No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Total

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	, noted Bolow, plea	•	•			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(-,/	(-,	(-, : :	(-7 = - : -	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	2743164.	2227597.	1813303.	4165846.	2784574.	13734484.
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	2743164.	2227597.	1813303.	4165846.	2784574.	13734484.
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)						4772671.
	Public support. Subtract line 5 from line 4.						8961813.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total 13734484.
7	Amounts from line 4	2743164.	2227597.	1813303.	4165846.	2784574.	13734484.
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	Total support. Add lines 7 through 10						13741903.
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	. \square
	organization, check this box and stop						>
	ction C. Computation of Publ			. (0)			65.22 %
	Public support percentage for 2020 (I					14	
	Public support percentage from 2019					15	
168	33 1/3% support test - 2020. If the c						
	stop here. The organization qualifies						
r.	33 1/3% support test - 2019. If the c	•		,		,	
17.	and stop here. The organization qual						
1/2	10% -facts-and-circumstances test	_					
	and if the organization meets the fact				•	_	
L	meets the facts-and-circumstances te	-		*	-	17a, and line 15 is	
C	10% -facts-and-circumstances test	•				•	1U70 UI
	more, and if the organization meets the				-		ightharpoonup
18	organization meets the facts-and-circle Private foundation. If the organization						
	Thrate roundation. If the organization	TI GIG FIOT OFFICIA	55X 511 III 16 15, 100	م, ۱۵۵, ۱۲۵, ۱۲۵ ۱۲۱			or 990-EZ) 2020

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	siow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		` ,	` '	` ′	<u> </u>	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
1	Tax revenues levied for the organ-						
4	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						
	Total. Add lines 1 through 5						
78	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					11	
	Investment income percentage for 20						%
	Investment income percentage from 2					18	%
19a	a 33 1/3% support tests - 2020. If the						17 is not
ŀ	more than 33 1/3%, check this box as 33 1/3% support tests - 2019. If the						▶Ш and
	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation. If the organizatio						\

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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		
40		
4a		
Alb		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
46		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described in line 11a above?	11b		
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
		,		Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mar	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
		,		Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	U	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	son of the relationship described in line 2, above, did the organization's supported organizations have a			
	•	cant 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			
200		rted organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .	•		
a b		The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see in</i>	structio	ne)	
2		ies Test. Answer lines 2a and 2b below.	Struction	Yes	No
		bstantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
u		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive: in rest, alternative art in terms of supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the	e 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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	te 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 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 0.015 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 0.035.	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 0.85 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-function	ally integra	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions	Current Year						
1 Amounts paid to supported organizations to ac	complish exempt purposes	1					
2 Amounts paid to perform activity that directly for	rthers exempt purposes of supported						
organizations, in excess of income from activity		2					
3 Administrative expenses paid to accomplish ex	empt purposes of supported organizations	3					
4 Amounts paid to acquire exempt-use assets		4					
5 Qualified set-aside amounts (prior IRS approval	required - <i>provide details in</i> Part VI)	5					
6 Other distributions (describe in Part VI). See ins	tructions.	6					
7 Total annual distributions. Add lines 1 through	ı 6.	7					
8 Distributions to attentive supported organization	ns to which the organization is responsive						
(provide details in Part VI). See instructions.		8					
9 Distributable amount for 2020 from Section C,	ne 6	9					
10 Line 8 amount divided by line 9 amount		10					
	(i)	(ii)	(iii)				

Sect	ion E - Distribution Allocations (see instructions)	(I) Excess Distributions	(II) Underdistributions Pre-2020	(III) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

FRIENDS OF FONDATION DE FRANCE, INC.

Employer identification number 13-3966503

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Simila	ar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir			·
		(a) Donor advised fund:	s (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in d	onor advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant fun	ids can be used	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any othe	er purpose confe	ring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on F	orm 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recreated	ation or education) Prese	ervation of a histo	orically important land area
	Protection of natural habitat	Prese	ervation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in	n the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic st			2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or termina	ated by the orgar	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ea		 _	
5	Does the organization have a written policy regarding the pe			
•	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting.	, nandling of violations, and enfo	orcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing	a conconvotion of	ecoments during the year
7	** ** ** ** ** ** ** **	uling of violations, and emorcing	g conservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) abo	ve esticity the requirements of a	ootion 170/b)/4)/E	D)(i)
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
•	balance sheet, and include, if applicable, the text of the foot		-	
	organization's accounting for conservation easements.	note to the organization o linare	olar otatomonto ti	iat decembes the
Par	t III Organizations Maintaining Collections of	f Art. Historical Treasur	es. or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn	<u>-</u>	•	
1a	If the organization elected, as permitted under FASB ASC 99	58. not to report in its revenue s	tatement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	•		
	service, provide in Part XIII the text of the footnote to its fina	· · · · · · · · · · · · · · · · · · ·		·
b	If the organization elected, as permitted under FASB ASC 98			e sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		•
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			. • \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2020

032051 12-01-20

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Oth	er Sir	nilar Asse	ts (contir	nued)	<u> </u>
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following th	at make	signific	ant use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progr	ram					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how tl	ney further t	he organizat	tion's exe	empt pı	urpose in Par	t XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, h	storical trea	sures, or oth	ner simila	ar asset	:s	_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's c	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" or	n Form	990, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other a	ssets no	t includ	led	_		,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						<u> 1</u>	С			
	Additions during the year							d			
е	Distributions during the year						<u> 1</u>	е			
f	Ending balance						1	f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acc	ount liab	ility? .	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line			•		
		(a) Current year	(b) F	rior year	(c) Two year	ars back	(d) Thr	ee years back	(e) Four	years	back
1a	Beginning of year balance										
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 curr	ent year end balanc	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment ▶	//									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation th	at are held a	and administ	ered for	the org	anization			
	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 requir	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.							
Pai	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990), Part I	/, line 11a. S	See Form 99	0, Part X	(, line 1	0.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumu	lated	(d) Boo	k value	€
		basis (investr	nent)	basis	(other)	de	preciat	tion			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
е	Other										
	. Add lines 1a through 1e. (Column (d) must ed		X, colur	nn (B), line	10c.)			•			0.

Schedule D (Form 990) 2020

	FONDATION DE	FRANCE, INC. 13	-3966503 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			d - f
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(E)			
(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"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) GIA CERTIFIED DIAMONDS			1,320,106.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		1,320,106.
Part X Other Liabilities.	<i>- 13.)</i>		1,520,100
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	on r on r 550, r art rv, iii c	THE OF THE GEET OF THE SECTION	(b) Book value
(1) Federal income taxes			. ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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) 2020

(8)

	edule D (Form 990) 2020 FRIENDS OF FONDALION DE		venue per R	eturn	1
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat			Ctairi	' -
	Complete if the organization answered "Yes" on Form 990, Part IV, line				0 504 026
1	Total revenue, gains, and other support per audited financial statements			1	2,724,236
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	5				
b					
С	1 7 3				
d	7				0.
	Add lines 2a through 2d		Yes a second	2e	2,724,236
3	Subtract line 2e from line 1			3	2,124,230
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	228.		
a	, , , ,		440.		
b	,	·			228
_	Add lines 4a and 4b			4c 5	2,724,464
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta	tements With E	vnenses ner		
га			xperises per	netu	111.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line			_	2,496,062
1	Total expenses and losses per audited financial statements			1	2,490,002
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما			
a					
b		1 _ 1			
C					
d	, , , , , , , , , , , , , , , , , , , ,			0-	0.
	Add lines 2a through 2d			2e	2,496,062
3	Subtract line 2e from line 1			3	2,400,002
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expanses not included on Form 000, Dort VIII, line 7h	40	228		
a	, , , ,		228.		
b	Other (Describe in Part XIII.)	4b		40	228
b c	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		4c	228
b c 5	Other (Describe in Part XIII.)	4b		5	2,496,290
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	; Part IV, lines 1b and	2b; Part V, line 4	5	2,496,290
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and	2b; Part V, line 4	5	2,496,290
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and	2b; Part V, line 4	5	2,496,290
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and	2b; Part V, line 4	5	2,496,290
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and	2b; Part V, line 4	5	2,496,290
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and	2b; Part V, line 4	5	2,496,290
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and	2b; Part V, line 4	5	2,496,290

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.

2020
Open to Public Inspection

Name of the organization

Employer identification number

י סיי	TENDO OF FOND	NAMTON DE	ED A MCE	TNC		13-396650	12
Pa	IENDS OF FOND	rmation on A	Ctivities Out	tside the United States. Comple	to if the organ		
ı aı	Form 990, Part IV		ictivities ou	iside the Officed States. Comple	ete ii tile organ	ization answered	res on
1	For grantmakers. Does	the organization		ds to substantiate the amount of its grather the selection criteria used to award the			Yes No
	and graineds engiamity.	or the graine or t			g. a. i.e. e. a.ee.		
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	side the
3		he following Part		an be duplicated if additional space is r			
	(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 prog describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
				GRANTS TO FONDATION DE			
EURC	PE	0	0	FRANCE			2,419,987.
	Outstatel	0	_				2 410 007
	Subtotal		0				2,419,987.
J	sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	0				2,419,987.

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

Schedule F (Form 990) 2020

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					
		EUROPE	FONDATION DE FRANCE	2419987.	WIRE	0.		N/A

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

<u>______</u>

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) 2020 I 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) 2020

Schedule F (Form 990) 2020 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 Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization FRIENDS OF FONDATION DE FRANCE, INC. Employer identification number 13-3966503

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	•	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							
9	Securities - Publicly traded	X	4	256,893.	QUOTED MARK	ET Y	VAL	UE
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 $_{\dots}$							
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 Other ▶ (GIA CERTIFIED)	X	1	182 090	APPRAISED V	7 3 T .TT1	F	
25 26	`	- 21		402,050.	MITIMIDED V	711101	_	
27	Other () Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	ı ization durin	n the tax vear for o	contributions				
	for which the organization completed Form 82							
		, , .		,			Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	utions?	31		X
32a	Does the organization hire or use third parties							
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							
					Cabadula I			

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

Schedule M (Form 990) 2020

Schedule M	(Form 990) 2020	FRIENDS	OF	FONDATION	I DE	FRANCE,	INC.	13-3966503	Page 2
Part II	Supplemental is reporting in Part	Information I, column (b), th	Prove num	ride the information ber of contribution	n requir ns, the i	ed by Part I, line	es 30b, 32b, s received, o	and 33, and whether the organiza r a combination of both. Also com	tion plete
	this part for any ac		LIOI1.						

Schedule M (Form 990) 2020

032142 11-23-20

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.

2020 Open to Public Inspection

OMB No. 1545-0047

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: 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) 2020

032211 11-20-20

FRIENDS OF FONDATION DE FRANCE, INC.	Employer ide 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 THE	HEIR REV	TEW	IN
CONNECTION WITH A BOARD MEETING. THE FORM 990 WAS FILED	AFTER TH	ΙΑΤ	
MEETING.			
FORM 990, PART VI, SECTION B, LINE 12C:			
ON AN ANNUAL BASIS EACH DIRECTOR SIGNS A CERTIFICATE CONF	IRMING T	HAT	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 DIRECT	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.		