Form **990**

Department of the Treasury
Internal Revenue Service

A For the 2004 calendar

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

2004
Open to Public Inspection

АГ	of the 20	U4 calendar year, or tax year beginning J	JL 1, 2004	and en	ding	<u>JUN 30, 2</u>	2005	<u> </u>
B	heck if pplicable;	Please C Name of organization				D Em	ployer ide	ntification number
Γ	Address	label or THOCKER THOCKER				١,		0064 5
 	_change Name		t delivered to etc.					02617
\vdash	_change _Initial	Specific 1742 CONNECTICUT AVEI	Room/suite E Tel	•				
<u> </u>	Jretum Trinal	Instruc-1			34-8494			
=	⊣return ∏Amended	tions. City or town, state or country, and ZIP + 4		d: Cash X Accrual				
_	⊒return ∏Applicatio	MASHINGTON, DC 20009 • Section 501(c)(3) organizations and 4947(a)(1)		tructe			Other (specify)	
L	_lpending	must attach a completed Schedule A (Form 99	0 or 990-EZ).	ะแน่งเจ		* *		on 527 organizations.
<i>6</i> 1	Vahaita. N	►WWW.OMBWATCH.ORG	,		, , ,	Is this a group return		
		on type (check only one) X 501(c) (3) ◀ (insert	no.) 4947(a)(1) or			If "Yes," enter number		
		if the organization's gross receipts are norm			п(с)	Are all affiliates includ (If "No," attach a list.)	ea? N	/A Yes No
					H(d)	Is this a separate retuing	n filed by	an or-
		on need not file a return with the IRS; but if the organiza , it should file a return without financial data. Some sta t:				ganization covered by		uling? Yes X No
	T CITO TITOLI	, it should not better without manout data. Some state	33 require a complete i	CLUIII.	1	Group Exemption Nur		in the contract to a start
1. 6	ines rece	ipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶	1,480,	020	M	Sch. B (Form 990, 99	-	on is not required to attach
		Revenue, Expenses, and Changes in I			nce		J-EZ, UI 9:	3U-FF).
	r	Contributions, gifts, grants, and similar amounts receive		illa Dala		,		
	ł	Direct public support		l 1a	ļ	1,259,751		
					 	1,409,101	4	
	D	Indirect public support	••••••••	1b		-	-	
	C	Government contributions (grants)		1c	<u> </u>		4	1 000 001
		Total (add lines 1a through 1c) (cash \$ 1,2					1d	1,259,751.
		Program service revenue including government fees an					3	215,632.
	3	Membership dues and assessments						
		Interest on savings and temporary cash investments						5,556.
	5	Dividends and interest from securities					5	
	6 a	Gross rents	rents 6a					
		Less: rental expenses6b						
	С	Net rental income or (loss) (subtract line 6b from line 6	a)				6c	
Ð	7	Other investment income (describe			,)	7	Landon att a control to the land and the land
Revenue	8 a	Gross amount from sales of assets other	(A) Securities		ļ	(B) Other	1	
ě		than inventory		8a]	
1.1.		Less: cost or other basis and sales expenses		8b				
	C	Gain or (loss) (attach schedule)		- 8c	<u> </u>		<u> </u>	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B	•))		<u></u>	STMT 1	8d	
	1	Special events and activities (attach schedule). If any ar			>			
	a	Gross revenue (not including \$	of contributions					
		reported on line 1a)		9a]	
		Less: direct expenses other than fundraising expenses			<u> </u>]	
		Net income or (loss) from special events (subtract line			1		9c	
		Gross sales of inventory, less returns and allowances			 		<u> </u>	
	b	Less: cost of goods sold		10b	<u> </u>]	
	С	Gross profit or (loss) from sales of inventory (attach so	hedule) (subtract line 10	b from line	10a).	•••••	10c	
	11	Other revenue (from Part VII, line 103)				•••••	11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	Oc, and 11)					1,480,939.
m	13	Program services (from line 44, column (B))				•••••	13	1,126,602.
Expenses	14	Management and general (from line 44, column (C))	,	• • • • • • • • • • • • • • • • • • • •			14	164,649.
Sen	15		***************************************				1 1	67,792.
EX	16	The state of the s	***************************************					
	17	Total expenses (add lines 16 and 44, column (A))		**			17	1,359,043.
	18	Excess or (deficit) for the year (subtract line 17 from lin	ne 12)				18	121,896.
et d	19	Net assets or fund balances at beginning of year (from	line 73, column (A))				19	733,326.
Net	20	Other changes in net assets or fund balances (attach ex	(planation)	SEE	ST	ATEMENT 2	20	<483.
•	21	Net assets or fund balances at end of year (combine lin		21	85/ 739			

Part II Statement of All or and (ganization	ns must complete column	(A). Columns (B), (C), and	d (D) are required for section e trusts but optional for othe	501(c)(3) Page 2
Do not include amounts reported on line	4) Organii	(A) Total	(B) Program	(C) Management	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(b) randading
22 Grants and allocations (attach schedule)		15 000	15 000	CEL ELLE	
(cash \$ 15,000 • noncash \$	22	15,000.	15,000.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule)					
24 Benefits paid to or for members (attach schedule)	24	01 402	40 052	16 205	16 205
25 Compensation of officers, directors, etc.		81,423.	48,853.		16,285.
26 Other salaries and wages		619,544.	510,783.		26,770. 1,542.
27 Pension plan contributions		25,040.	19,978.		7,038.
28 Other employee benefits		113,119.	90,013.		3,456.
29 Payroll taxes		56,287.	44,941.	7,890.	3,430.
30 Professional fundraising fees	1 1	10 704	0 017	2,787.	
31 Accounting fees		12,704.	9,917. 2,462.		
32 Legal fees		2,531.	8,550.		554.
33 Supplies		10,369.	6,642.	1,203.	536.
34 Telephone		8,401. 5,344.	4,042.		397.
35 Postage and shipping			83,909.	 	6,294.
36 Occupancy	·	104,572.	3,459.		289.
37 Equipment rental and maintenance		4,409.	3,439.		101.
38 Printing and publications		9,003.	6,455.		776.
39 Travel		60,598.	59,095.		770.
40 Conferences, conventions, and meetings	.	00,590.	39,093.	1,000.	
41 Interest	42	20,186.	16,400.	2,799.	987.
42 Depreciation, depletion, etc. (attach schedule)	. 42	20,100.	10,400.	2,100.	507.
43 Other expenses not covered above (itemize):	40.				
a	43a				
b	43b				
c	43c 43d				
d	-	206,389.	192,309.	11,313.	2,767.
e SEE STATEMENT 3 Total functional expenses (add lines 22 through 43), organizations completing columns (B)-(D), carry these totals to lines 13-	43e	1,359,043.	1,126,602		67,792.
Joint Costs. Check Jif you are following SOP		1,333,043.	1,120,002	104,040	01,152.
Are any joint costs from a combined educational camp	ainn and	fundraising solicitation re	norted in (R) Program ser	vices? ▶□	Yes X No
If "Yes," enter (i) the aggregate amount of these joint of	nete C	rundraising solicitation re	i i) the amount allocated to	n Program services \$	
(iii) the amount allocated to Management and general			(iv) the amount allocated t		······································
Part III Statement of Program Serv	vice Ad		(IV) the amount anounce	or anaraloning o	
What is the organization's primary exempt purpose?	SE	E STATEMENT	Δ		
What is the organization a primary exempt purpose:		III DIZITEIZIA			Program Service
All organizations must describe their exempt purpose achievem	ents in a cle	ear and concise manner. State	the number of clients served, p	publications issued, etc. Discuss	Expenses (Required for 501(c)(3) and
achievements that are not measurable. (Section 501(c)(3) and (4) allocations to others.)	organizatio	ons and 4947(a)(1) nonexempt	charitable trusts must also ente	er the amount of grants and	(4) orgs., and 4947(a)(1) trusts; but optional for others.)
a FEDERAL BUDGET - CONDU	JCT M	EETINGS AND	PROVIDE AND	ALYSIS TO	
			TO THE FEDER		
BUDGET PROCESS AND RUI					
000011 111001111			Grants and allocations \$)	164,588.
b REGULATORY - PROVIDE	INFOF	,			
REGARDING CROSS-CUTTIN				CULARLY AS]
THEY AFFECT PUBLIC HEA			D EVIRONMEN'		1
PROTECTIONS.			Grants and allocations \$)	140,451
c INFORMATION POLICY - I	RESEA	······	VIDE DATA O	N POLICIES	
PERTAINING TO PUBLIC A				INDUSTRY	
DATA ABOUT ISSUES THAT			LIC INTERES		1
TARLE TENOVE EDUVED LILLS			Grants and allocations \$)	487,685
d NONPROFIT ADVOCACY -	PROMO		<u> </u>	AND ENCOURAGE	
POLICY INVOLVEMENT BY					7
MEETINGS, TRAININGS A		NFORMATIONAL			1
			(Grants and allocations \$)	333,878
e Other program services (attach schedule)		·····	(Grants and allocations \$)	
f Total of Program Service Expenses (should equ	ual line 44		<u>` </u>	>	1,126,602
423011 01-13-05					Form 990 (2004

Part IV Balance Sheets

	re required, attached schedules and amounts uld be for end-of-year amounts only.	within the desc	cription column	(A) Beginning of year		(B) End of year
45			299,104.		456,560.	
46	Savings and temporary cash investments	153,624.	46			
	Accounts receivable		14,553.	21,012.	470	14,553.
48 a	Pledges receivable	48a		A1,012.	470	227000
b	Less: allowance for doubtful accounts				48c	
49	Grants receivable			250,000.	49	150,000.
50	Receivables from officers, directors, trustees,					•
,	and key employees				50	
	Other notes and loans receivable					
{ b	Less: allowance for doubtful accounts				51c	
52	Inventories for sale or use				52	
53	Prepaid expenses and deferred charges		<u></u>	15,988.	53	26,500
54	Investments - securities STMT 6	► L	X Cost FMV	5,640.	54	216,440
55 a	Investments - land, buildings, and equipment: basis	55a				
i	Less: accumulated depreciation				55c	
56	Investments - other				56	
57 a	3,,		172,752.			4.5.000
	Less: accumulated depreciation STMT 7		156,514.	28,552.	57c	16,238
58	Other assets (describe) -		58	
			· · · ·		000 001	
59	Total assets (add lines 45 through 58) (must equ			773,920.		880,291
60	Accounts payable and accrued expenses			36,344.	60	25,552
61	Grants payable				61	
62	Deferred revenue				62	
63	Loans from officers, directors, trustees, and key e				63	
63 64	a Tax-exempt bond liabilities		CITIATIN C	4 250	64a	
- 1	b Mortgages and other notes payable			4,250.	64b	
65	Other liabilities (describe		/		00	
66	Total liabilities (add lines 60 through 65)			40,594.	66	25,552
			ete lines 67 through	20,0020		
	69 and lines 73 and 74.					
8 67	Unrestricted			332,857.	67	573,406
E 68	Temporarily restricted			400,469.	68	281,333
e 69	Permanently restricted				69	
Net Assets or Fund Balances 10	anizations that do not follow SFAS 117, check here 70 through 74.	complete lines				
ວ 70	Capital stock, trust principal, or current funds				70	
71	Paid-in or capital surplus, or land, building, and e				71	
SK 72	Retained earnings, endowment, accumulated inco	ome, or other fur	ids		72	
73	Total net assets or fund balances (add lines 67					
-	column (A) must equal line 19; column (B) must			733,326.	73	854,739
74	Total liabilities and net assets / fund balances			773,920.		880,291

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	990 (2004) FOCUS PRO	JECT, INC.				<u>52-13026</u>	
Pa	rt IV-A Reconciliation of Revenue		Part IV	-B Reconc	iliation of Exp	enses per Au	udited
	Financial Statements with	Revenue per		Financia Return	al Statements	with Expens	ses per
	Return		a Tot	al expenses and lo	nonce per		
a	Total revenue, gains, and other support per audited financial statements	1 480 456.	a 10	ai expenses and io lited financial state	ements	▶ a 1.	359.043.
	Į.	1, 100, 150.	b Am	ounts included on	line a but not on		
	Amounts included on line a but not on			17, Form 990:			
	line 12, Form 990:		(1) Do	nated services			
	Net unrealized gains		1 .		.\$		
	on investments $\qquad \qquad \qquad$		(2) Pri	or year adjustment	ts		
(2)	Donated services		rep	orted on line 20,			
	and use of facilities \$,	Foi	m 990	.\$		
	Recoveries of prior		(3) Lo	ses reported on			
	year grants		1 ''		.\$		
	l l		i	er (specify):	. •		
(4)	Other (specify):		(4) 01	ici (apodily).	•		
	•	. 402			. Φb (4)		0.
	Add amounts on lines (1) through (4)	b <483.			s (1) through (4)		359,043.
C	Line a minus line b	c 1,480,939.				P C 1.	339,043.
d	Amounts included on line 12, Form			ounts included on			
	990 but not on line a:		99	O but not on line a	l .		
(1)	Investment expenses		(1) in	estment expenses	3	. '	
• •	not included on		no	t included on			
	line 6b, Form 990\$		lin	e 6b. Form 990	.\$		
(2)	Other (specify):		1	ner (specify):			
(2)	office (specify).		12, 01	ioi (opoon)).	e		
_	3		-	d amounta an line	_ Ψ		0.
	Add amounts on lines (1) and (2)	d 0.	1		s (1) and (2)	PU	
е	Total revenue per line 12, Form 990	1 100 000	1	tal expenses per li			250 042
		e 1,480,939.			• • • • • • • • • • • • • • • • • • • •		<u>359,043.</u>
Pa	rt V List of Officers, Directors, T	rustees, and Key					(5) 5
	(A) Name and address		(B) little a	ind average hours eek devoted to	(C) Compensation (If not paid, enter	employee benefit plans & deferred	(E) Expense account and
	(A) Name and address			position	-0)	compensation	other allowances
SE	E STATEMENT 9				81,423.	4,071.	0.
			-		 		
							1
							<u> </u>
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			.				1
			1		l l	j	1
							<u> </u>
75	Did any officer, director, trustee, or key employee organizations, of which more than \$10,000 was pr					n and all related	<u> </u>

	990 (2004) FOCUS PROJECT, INC. 52-1302 t VI Other Information			Page 5
<u>Par</u> 76			res	No
77 77	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Were any changes made in the organizing or governing documents but not reported to the IRS?	76	···	X
, ,	If "Yes," attach a conformed copy of the changes.	-"		
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		x
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
-	If "Yes," attach a statement			
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			l
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization			
	and check whether it is exempt or nonexempt.			1
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.	.]		
	Did the organization file Form 1120-POL for this year?	81b		X
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			1
	fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			
	expense in Part II. (See instructions in Part III.) 82b N/A	_		
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		ļ
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax			
	owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A	-		
d	Section 162(e) lobbying and political expenditures 85d N/A	-		
е.	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	-		
1	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	-		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues			
0.0	allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 Store requires included as line 12 for public use of club facilities.	-		
97	Gross receipts, included on line 12, for public use of club facilities 866 N/A 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A	-	İ	
0/ h	501(c)(12) organizations. Enter: a Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources	-	:	
ט	against amounts due or received from them.) 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	-		
00	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88		x
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	00		T
	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •			į
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b		X
C				
	sections 4912, 4955, and 4958		V.	0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed NONE			
þ	Number of employees employed in the pay period that includes March 12, 2004			19
91	The books are in care of ► O'CONNOR AND DESMARIAS Telephone no. ► 202-2	<u>34-8</u>	494	1
	Located at ► 6720 CURRAN STREET MCLEAN, VA ZIP+4 ►	<u> 2210</u>	1	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		▶	
4230	and enter the amount of tax-exempt interest received or accrued during the tax year 92	<u>N</u> /		
	.1_	⊢∩:	rm 010/	1/2004

4 11 11 11 1

Part VII Analysis of Income-Producing A	CHAINE2	(See page 33 of the instri	ichons.)		
Note: Enter gross amounts unless otherwise		ted business income		d by section 512, 513, or 514	(E)
indicated.	(A)	(B)	(C)	(D)	Related or exempt
93 Program service revenue:	Business code	Amount	sion	Amount	function income
a PUBLICATIONS			COGS		6,484.
			- -		170,182.
b PROFESSIONAL FEES					38,966.
c EXPENSE REIMBUREMENTS		ļ			38,300.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies			_		
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,556.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property				· · · · · · · · · · · · · · · · · · ·	
99 Other investment income				<u> </u>	
				441	
100 Gain or (loss) from sales of assets					
other than inventory					
101 Net income or (loss) from special events			1 1		
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
C					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		().	5,556.	215,632.
105 Total (add line 104, columns (B), (D), and (E))					221,188.
105 Total (add line 104, columns (B), (D), and (E))			• • • • • • • • • • • • • • • • • • • •	>	221,188.
Note: Line 105 plus line 1d, Part I, should equal the amount of Part VIII Relationship of Activities to the	ount on line	12, Part I.			
Note: Line 105 plus line 1d, Part I, should equal the amo	ount on line Accomp	12, Part I. Dishment of Exen	npt Pun	poses (See page 34 of th	e instructions.)
Note: Line 105 plus line 1d, Part I, should equal the amount of Part VIII Relationship of Activities to the Line No. Explain how each activity for which income is rep	ount on line Accomp	12, Part I. Ilishment of Exen nn (E) of Part VII contribu	npt Pun	poses (See page 34 of th	e instructions.)
Note: Line 105 plus line 1d, Part I, should equal the amount of Part VIII Relationship of Activities to the Line No. Explain how each activity for which income is represent purposes (other than by providing funds)	ount on line Accomp	12, Part I. Ilishment of Exen nn (E) of Part VII contribu	npt Pun	poses (See page 34 of th	e instructions.)
Note: Line 105 plus line 1d, Part I, should equal the amount of Part VIII Relationship of Activities to the Line No. Explain how each activity for which income is rep	ount on line Accomp	12, Part I. Ilishment of Exen nn (E) of Part VII contribu	npt Pun	poses (See page 34 of th	e instructions.)
Note: Line 105 plus line 1d, Part I, should equal the amount of Part VIII Relationship of Activities to the Line No. Explain how each activity for which income is represented by exempt purposes (other than by providing funds)	ount on line Accomp	12, Part I. Ilishment of Exen nn (E) of Part VII contribu	npt Pun	poses (See page 34 of th	e instructions.)
Note: Line 105 plus line 1d, Part I, should equal the amount of Part VIII Relationship of Activities to the Line No. Explain how each activity for which income is represented by exempt purposes (other than by providing funds)	ount on line Accomp	12, Part I. Ilishment of Exen nn (E) of Part VII contribu	npt Pun	poses (See page 34 of th	e instructions.)
Note: Line 105 plus line 1d, Part I, should equal the amount of the Part VIII Relationship of Activities to the Line No. Explain how each activity for which income is represent that exempt purposes (other than by providing funds SEE STATEMENT 10	e Accomp orted in colur for such purp	12, Part I. Ilishment of Exen nn (E) of Part VII contribu ioses).	npt Pur	poses (See page 34 of the antly to the accomplishment	e instructions.) of the organization's
Note: Line 105 plus line 1d, Part I, should equal the amount of Part VIII Relationship of Activities to the Line No. Explain how each activity for which income is represent than by providing funds SEE STATEMENT 10 Part IX Information Regarding Taxable	e Accomported in colur for such purp	12, Part I. Ilishment of Exen In (E) of Part VII contributoses).	npt Pur	poses (See page 34 of the antly to the accomplishment antly to the accomplishment attities (See page 34 of the (D)	e instructions.) of the organization's
Note: Line 105 plus line 1d, Part I, should equal the amount of the Part VIII Relationship of Activities to the Explain how each activity for which income is represented by exempt purposes (other than by providing funds SEE STATEMENT 10 Part IX Information Regarding Taxable (A) Name, address, and EIN of corporation, Percentage of	e Accomported in colur for such purp	12, Part I. Ilishment of Exen nn (E) of Part VII contribu ioses).	npt Pur	poses (See page 34 of the antly to the accomplishment	e instructions.) of the organization's instructions.) (E) End-of-year
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SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

FOCUS PROJECT, INC.			52 13026	
Part I Compensation of the Five Highest Paid Emplo	yees Other Than Off	icers, Directo	rs, and Trust	ees
(See page 1 of the instructions. List each one. If there are none, enter (a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KAY GUINANE	MANAGER			
1742 CONN AVE, NW WASHINGTON DC 20009	40	54,054.	2,703.	
RICK_BLUM	DIRECTOR			
1742 CONN AVE, NW WASHINGTON DC 2000	940	53,760.	2,688.	
DOROTHY WEISS	DIRECTOR			
1742 CONN AVE, NW WASHINGTON DC 2000	940	61,888.	3,094.	,
		·		
Total number of other employees paid over \$50,000	0			
Part II Compensation of the Five Highest Paid Indep (See page 2 of the instructions. List each one (whether individuals of	endent Contractors firms). If there are none, ente	for Professior r "None.")	nal Services	
(a) Name and address of each independent contractor paid more	i	(b) Type of	service	(c) Compensation
NONE				
	,			
		-		
Total number of others receiving over				

1

28 Unusual Grants; For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Schedule A (Form 990 or 990-EZ)

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

	Done the exemplation have a registly ponding improve policy toward students by statement in its above, bulgue, other governing		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
h	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	ŀ		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a		1		
þ	Admissions policies?		 	
C	Employment of faculty or administrative staff?		 	+
d	Scholarships or other financial assistance?			+
e	Educational policies?	224	+	1
Ť	Use of facilities?		 	+

g Athletic programs?
h Other extracurricular activities?

34 a Does the organization receive any financial aid or assistance from a governmental agency?b Has the organization's right to such aid ever been revoked or suspended?

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

Schedule A (Form 990 or 990-EZ) 2004

33h

34a

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

	(To be completed ONLY by an eligible organization that filed Form 5768)			
Che	eck ▶ a if the organization belongs to an affiliated group. Check ▶ b if	you che	cked "a" and "limited contr	ol" provisions apply.
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 37 38 39 40 41	Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 36 and 37) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 38 and 39)	36 37 38 39 40	N/A	21,064. 25,939. 47,003. 1,244,248. 1,291,251.
	If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		204,125.
42	→	42		51,031.
43		43		0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		0.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

,	Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total				
45 Lobbying nontaxable amount	204,125.	194,933.	188,186.	194,676.	781,920				
46 Lobbying ceiling amount (150% of line 45(e))					1,172,880				
47 Total lobbying expenditures	47,003.	52,877.	52,877.	46,566.	199,323				
48 Grassroots nontaxable amount	51,031.	48,733.	47,047.	48,669.	195,480				
49 Grassroots ceiling amount (150% of line 48(e))					293,220				
50 Grassroots lobbying expenditures	21,064.	14,450.	16,114.	9,686.	61,314				

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

Р	art VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)			N/A
inf	ring the year, did the organization attempt to influence national, state or local legislation, including any attempt to uence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
þ	Volunteers Paid staff or management (Include compensation in expenses reported on lines c through h.) Media advertisements			
d	Mailings to members, legislators, or the public			
e f	Publications, or published or broadcast statements Grants to other organizations for lobbying purposes			
	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		L	
i	Total lobbying expenditures (Add lines c through h.) If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.	L		0.

Schedule A (Form 990 or 990-EZ) 2004

	Exempt Organiz	ations (See page 11 of the instr	uctions.)	netationships with Noncharit				
		ectly or indirectly engage in any of						
50	01(c) of the Code (other than se	ection 501(c)(3) organizations) or in	n section 527, relating to pol	itical organizations?				
a Tr	ansfers from the reporting org	anization to a noncharitable exempt	organization of:			Yes	No	
(i) Cash		***************************************				X	
(i	i) Other assets				a(ii)		X	
b 01	ther transactions:							
(i) Sales or exchanges of asset	s with a noncharitable exempt orga	nization		b(i)		X	
(i	i) Purchases of assets from a	noncharitable exempt organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		b(ii)		X	
							X	
							X	
	(v) Loans or loan guarantees							
•							X	
							X	
				lways show the fair market value of the				
	-	given by the reporting organization	• •					
_	· · · · · · · · · · · · · · · · · · ·	ent, show in column (d) the value of	-			N/A		
(a)	T		,, in good, o.m., 2000, o.	(d)				
Line no.	(b) . Amount involved	(c) Name of noncharitable ex	cempt organization	Description of transfers, transactions, and	sharing a	ranger	nents	
	<u> </u>							
			<u> </u>					
		-						
						•		
C	Code (other than section 501(c f "Yes," complete the following)(3)) or in section 527? schedule: N/A			Yes	Σ	∑ No	
	(a Name of or) ganization	(b) Type of organization	(c) Description of relations	ship			
				,				
 	· · · · · · · · · · · · · · · · · · ·							
					· · · · · · · · · · · · · · · · · · ·			
			1					

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of organization

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions) OMB No. 1545-0047

Employer identification number

	FOCUS PROJECT, INC.	52-1302617
Organization type (chec	ok one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	·
	4947(a)(1) nonexempt charitable trust not treated as a private for	oundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	·
	4947(a)(1) nonexempt charitable trust treated as a private found	dation
	501(c)(3) taxable private foundation	
	ion is covered by the General Rule or a Special Rule. (Note: <i>Only a section</i> le and a Special Rule-see instructions.)	n 501(c)(7), (8), or (10) organization can check boxes
General Rule-		
	ons filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 complete Parts I and II.)	0 or more (in money or property) from any one
Special Rules-		
sections 509(a	501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, ton line 1 of these forms. (Complete Parts I and II.)	
aggregate cor	501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that receintributions or bequests of more than \$1,000 for use exclusively for religious the prevention of cruelty to children or animals. (Complete Parts I, II, and III.	s, charitable, scientific, literary, or educational
some contribu \$1,000. (If this charitable, etc	501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that receutions for use exclusively for religious, charitable, etc., purposes, but these s box is checked, enter here the total contributions that were received during, purpose. Do not complete any of the Parts unless the General Rule apply religious, charitable, etc., contributions of \$5,000 or more during the year.	contributions did not aggregate to more than ng the year for an exclusively religious, lies to this organization because it received
they must check the b	ns that are not covered by the General Rule and/or the Special Rules do not a box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form dule B (Form 990, 990-EZ, or 990-PF).	
•	Reduction Act Notice, see the Instructions form 990-EZ, and Form 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

15//11/07 702027 17/61

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Payroll Noncash

423452 11-24-04

250,000.

(Complete Part II if there is a noncash contribution.)

Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2004)	Employe	Page 2 of 2 of Part I
Manie or org	alization		
	PROJECT, INC.	52	-1302617
Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$40,000.	Person X Payroil Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8			Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) , Type of contribution
9		s40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10		ss30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11		\$125,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution

2004 DEPRECIATION AND AMORTIZATION REPORT

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								-				
Asset No.	Description	Date Acquired M	Method	Life	No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
4.2	42SPEAKER PHONE	083002SL		2.00	16	991.			991.	363.		198.
4	432 PERSONAL COMPUTERS	072903SL		3.00	16	2,538.			2,538.	776.		846.
44	44LCD MACHINE	120203SL		3.00	16	1,265.			1,265.	246.	r	422.
4	45PERSONAL COMPUTERS (2)	(2)013004SL		3.00	16	1,838.			1,838.	255.		613.
4(46COMPUTER	042904SL		3.00	16	1,296.			1,296.	. 66		432.
4	47COMPUTER	102904SL		3.00	16	1,279.			1,279.			262.
₹	48COMPUTER	010205SL		3.00	16	1,869.			1,869.			312.
4.9	49COMPUTER	030905SL		3.00	16	2,010.			2,010.			223.
5(50PRINTER	03090581		5.00	16	619.			619.			41.
5,7	51COMPUTERS (2)	060805SL		3.00	16	2,096.			2,096.			58.
	COMPUTER EQUIPMENT		, -								******	
	6VIDEO PROJECTOR	120197SL		7.00	16	3,724.			3,724.	3,457.		222.
\leftarrow	13FILE SERVER	TS66E090		2.00	16	1,450.			1,450.	1,450.		0
1,	14COMPUTER EQUIPMENT	18000E90		5.00	16	50,415.			50,415.	41,592.	•	8,823.
H	15(D)COMPUTER EQUIPMENT	051600SL		5.00	16	1,518.			1,518.	1,253.	,=	265.
1(16ACER TRAVEL MATE 340T	051600SL		5.00	16	1,788.			1,788.	1,476.		312.
Н	17 (D) COMPUTER EQUIPMENT	151600SL	·	5.00	16	893.			893.	738.		. 68
18	18SONY MULTISCAN	051600SL		5.00	16	770.			770.	635.		135.
								: :			A state of the state of	

⁴²⁸¹⁰² 10-08-04

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2004 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

	· ·	•			•			•	•	•		•	•	•	•	.	•	•	
Amount Of Depreciation	801.	102.	75.	147.	0	0	0	0	0	0	282	3,200	0	0	1,229	502	375	220	on Deduction
Current Sec 179		-							*14**										Revitalization
Accumulated Depreciation	3,779.	1,410.	939.	1,275.	7,661.	17,207.	1,133.	1,225.	1,200.	1,178.	987.	11,135.	2,489.	1,242.	5,799	1,757.	656	422	onus, Commercial
Basis For Depreciation	4,580.	1,524.	1,014.	1,422.	8,357.	18,771.	1,235.	1,260.	1,200.	1,178.	1,410.	15,999.	2,489.	1,242.	7,028.	2,259.	1,124.	1,100.	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Reduction In Basis																			* ITC, Sectio
Bus % Excl																			
Unadjusted Cost Or Basis	4,580.	1,524.	1,014.	1,422.	8,357.	18,771.	1,235.	1,260.	1,200.	1,178.	1,410.	15,999.	2,489.	1,242.	7,028.	2,259.	1,124.	1,100.	hesonsid tess (C)
No o	16	16	16	16	16	16	16	16	16	16	16	9	16	16	16	16	16	16	Accet
Life	5.00	5.00	5.00	5.00	3.00	3.00	3.00	3.00	3.00	3.00	5.00	5.00	3.00	3.00	5.00	3.00	3.00	5.00	į
Method		osi osi	9SL	1SO	OSI.	IS0	OSL	1S000	1SL	1SL	1SL	1SI	1SL	OSL	OSL	2SL	2SI	ZSI	
Date Acquired	1800081	10289	1159	- 8	092800SL	09280081	092800SL	12100	022201	022201	02220	061101SE	011201SL	090100SL	18000E90	030102SL	100202SL	0801025	
Description	KS MENT	ξ. Xi	TTF FAX MACHINE	PUTER	AULT 21XS	POWEREDGE 6	n.	SMART UPS 2000	MILLENNIA	MILLENNIA MAX GS 133 29COMPUTER	30PANASONIC VIDEO CAMERA022201SL		HP 144 GB COMPUTER 32EQUIPMENT	33COMPUTER EQUIPMENT	- 1	DELL COMPUTER 39EQUIPMENT	4 OCOMPUTER	A TO COURT MACHINE	TROST TROBING
Asset	į /	⊣ ೧	<i>N</i> C	4 (.	1 ~	1 ~	ı (2)	1 (1 C	1 0) (1	, m	m	י ניי	, (Y)	4		50000

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commer

2004 DEPRECIATION AND AMORTIZATION REPORT

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	<u> </u>	•	•	•	•	•	•	•	•	-				
Amount Of Depreciation	6,779								0,18					
	•			·	•				~		-			
Current Sec 179	0				0			0	0					
ion	95.	88	300.	307.	95.	.000,	780.	,780.	. 60		<u> </u>			
Accumulated Depreciation	12,0	3,8	1,3	4,3	9,4	8,0	6,7	17,7	41,1					
	0.1	<u>.</u> ω	•	•	&	•	0	•	9.		-			
Basis For Depreciation	3,75	3,88	1,300	5,08	0,26	8,000	9,780	7,780	7,59					
	. 13		·	 				, , ,	. 17			i		
Reduction In Basis	0				0			0	0					
Bus % Excl							•	· · · · · · · · · · · · · · · · · · ·						
ed	750.	888 88	300.	080	268.	000	780.	780.	. 66			.,, 		
Unadjusted Cost Or Basis	33,	3,8	1,3	2,0	10,2	8,0	9,7	17,7	77,5					
Line No.		9		. 9	· · · · · ·	9	9				*****	i i		
Life		.00	00 1	00 1	<u> </u>	00	.00							
		ന	m	m		7	m			<u></u>		· · · · · · · · · · · · · · · · · · ·		
Method		OSL	1ST	OSI		8ST	OSI					i	- <u>.</u>	
Date Acquired		120100SL	011201SL	072500SL		091698SL	080100SL							·
			0	<u> </u>	1			1	PAGE	·				,
	TOTAL	XE	ļ	30X		/EME]	VEME]	ral Ent						
otion	2 TO' UIPM	TWA		FIREBOX	2 TOTAL	1PRO	(PRO	2 TOTAL UIPMENT	TOTAL 990	•				
Description	PAGE ZER EQU	soi		Ð	GE .	i q	Ü,	GE (TOT					
	* 990 PAGE 2 TOTAL COMPUTER EQUIPMENT	35INFORMIX SOFTWARE	9.	WATCHGUARD 37SOFTWARE	* 990 PAGE 2 TOTAL COMPUTER EQUIPMENT	10LEASEHOLD IMPROVEMENT	34LEASEHOLD IMPROVEMENT	* 990 PAGE 2 TOTAL COMPUTER EQUIPMENT	GRAND					
	* 990 COMPUT	INFC	36LINUX	WATC	* 99 COMP	LEAS	LEAS	* 99 COMP	* GR 2 DE					
Asset No.		35	36	37		10	34							

(D) - Asset disposed

428102 10-08-04

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990 GAII	N (LOSS) FROM	SALE OF OTH	IER ASSETS		STATEMENT	1
DESCRIPTION		DATE ACQUIR			METHOD CQUIRED	
WRITTEN OFF		VARIOU	JS 06/3	0/05 Pt	URCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET G	
WRITTEN OFF	0.	4,847.	0.	4,84	47.	0.
TO FM 990, PART I, LN 8	3	4,847.	0.	4,84	47.	0.
FORM 990 OTHER O	CHANGES IN NE	T ASSETS OR	FUND BALA	NCES	STATEMENT	2
DESCRIPTION			-		AMOUNT	
UNREALIZED LOSS ON INVE	CONTRACT			_		
OUTTOOD TOOD ON TINAT	STMENT				<	483.
TOTAL TO FORM 990, PART				_		483.: 483.:
				=		
TOTAL TO FORM 990, PART	F I, LINE 20	HER EXPENSES		_		
TOTAL TO FORM 990, PART	F I, LINE 20	(B)	((C)	<	483.
	OT)) AANAM	= C) GEMENT GENERAL	<pre>STATEMENT</pre>	3
TOTAL TO FORM 990, PART FORM 990 DESCRIPTION CONSULTING FEES MISCELLANEOUS	OT (A) TOTAL	(B) PROGRAM SERVICE	() MANA(S AND (GEMENT GENERAL 3,237.	STATEMENT (D) FUNDRAIS	3
TOTAL TO FORM 990, PART FORM 990 DESCRIPTION CONSULTING FEES MISCELLANEOUS INSURANCE-OFFICE	(A) TOTAL 20,531 4,778 4,600	(B) PROGRAM SERVICE .16,027 3,8 . 4,4	MANAC S AND C	3,237. 917. 108.	STATEMENT (D) FUNDRAIS:	3 ING 267.
TOTAL TO FORM 990, PART FORM 990 DESCRIPTION CONSULTING FEES MISCELLANEOUS INSURANCE-OFFICE WEBSITE	OT (A) TOTAL 20,531 4,778 4,600 38,846	(B) PROGRAM SERVICE .16,027 3,8 . 4,4 .38,324.	(0 MANA(S AND (61. 45.	3,237. 917. 108. 363.	STATEMENT (D) FUNDRAIS:	3 ING 267. 47.
TOTAL TO FORM 990, PART FORM 990 DESCRIPTION CONSULTING FEES MISCELLANEOUS INSURANCE-OFFICE WEBSITE TECHNOLOGY BUDGET	(A) TOTAL 20,531 4,778 4,600	(B) PROGRAM SERVICE .16,027 3,8 . 4,4 .38,324.	(0 MANA(S AND (61. 45.	3,237. 917. 108.	STATEMENT (D) FUNDRAIS:	3 ING 267.
TOTAL TO FORM 990, PART FORM 990 DESCRIPTION CONSULTING FEES MISCELLANEOUS INSURANCE-OFFICE WEBSITE TECHNOLOGY BUDGET CIVIC ENGAGEMENT PROJECT	OT (A) TOTAL 20,531 4,778 4,600 38,846 10,261 26,881	(B) PROGRAM SERVICE .16,027. . 3,8 . 4,4 .38,324. . 7,0	(0 MANA(S AND (61. 45.	3,237. 917. 108. 363.	STATEMENT (D) FUNDRAIS:	3 ING 267. 47. 159.
TOTAL TO FORM 990, PART FORM 990 DESCRIPTION CONSULTING FEES MISCELLANEOUS INSURANCE-OFFICE WEBSITE TECHNOLOGY BUDGET CIVIC ENGAGEMENT PROJECT INTERNET ACTIVITY	(A) TOTAL 20,531 4,778 4,600 38,846 10,261 26,881 16,316	(B) PROGRAM SERVICE .16,027. . 3,8 . 4,4 .38,324. . 7,0	(0 MANA(S AND (61. 45.	3,237. 917. 108. 363.	STATEMENT (D) FUNDRAIS	3 ING 267. 47. 159.
TOTAL TO FORM 990, PART FORM 990 DESCRIPTION CONSULTING FEES MISCELLANEOUS INSURANCE-OFFICE WEBSITE TECHNOLOGY BUDGET CIVIC ENGAGEMENT PROJECT INTERNET ACTIVITY RESEARCH CONSULTING	OT (A) TOTAL 20,531 4,778 4,600 38,846 10,261 26,881 16,316 66,688	(B) PROGRAM SERVICE .16,027 3,8 . 4,4 .38,324 7,0 .26,88115,26966,688.	(0 MANA(S AND (61. 45.	3,237. 917. 108. 363. 2,211.	STATEMENT (D) FUNDRAIS	3 ING 267. 47. 159. 968.
TOTAL TO FORM 990, PART FORM 990 DESCRIPTION CONSULTING FEES MISCELLANEOUS INSURANCE-OFFICE WEBSITE TECHNOLOGY BUDGET CIVIC ENGAGEMENT PROJECT INTERNET ACTIVITY RESEARCH CONSULTING BANK CHARGES PENSION PLAN ADMIN	(A) TOTAL 20,531 4,778 4,600 38,846 10,261 26,881 16,316	(B) PROGRAM SERVICE .16,027 3,8 . 4,4 .38,324 7,0 .26,88115,26966,688.	(0 MANA(S AND (61. 45.	3,237. 917. 108. 363. 2,211.	STATEMENT (D) FUNDRAIS	3 ING 267. 47. 159. 968.
TOTAL TO FORM 990, PART FORM 990 DESCRIPTION CONSULTING FEES MISCELLANEOUS INSURANCE-OFFICE WEBSITE TECHNOLOGY BUDGET CIVIC ENGAGEMENT PROJECT INTERNET ACTIVITY RESEARCH CONSULTING BANK CHARGES PENSION PLAN ADMIN MEDIA	OT (A) TOTAL 20,531 4,778 4,600 38,846 10,261 26,881 16,316 66,688 426	(B) PROGRAM SERVICE .16,027 3,8 . 4,4 .38,324 7,0 .26,88115,26966,688.	61. 45.	3,237. 917. 108. 363. 2,211.	STATEMENT (D) FUNDRAIS	3 ING 267. 47. 159. 968.
TOTAL TO FORM 990, PART FORM 990 DESCRIPTION CONSULTING FEES MISCELLANEOUS	OT (A) TOTAL 20,531 4,778 4,600 38,846 10,261 26,881 16,316 66,688 426 100	(B) PROGRAM SERVICE .16,027 3,8 . 4,4 .38,324 7,0 .26,88115,26966,688	61. 45. 82.	3,237. 917. 108. 363. 2,211. 728. 426. 16.	STATEMENT (D) FUNDRAIS	3 ING 267. 47. 159. 968.

FORM 990	STATEMENT OF	ORGANIZATION'S	PRIMARY	EXEMPT	PURPOSE	 4
· ·		PART]	II			

EXPLANATION

TO IMPROVE ACCESS TO OUR GOVERNMENTAL DECISION-MAKERS AND ENERGIZE CITIZEN PARTICIPATION IN ORDER TO FORM AN EQUITABLE AND ACCOUNTABLE GOVERNMENT.

FORM 990	CASH G	RANTS AND AL	LOCATIONS	S	TATEMENT 5
CLASSIFICATION	DONEE'S NAME	DONEE'S	3 ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
FEDERAL BUDGET	URBAN INSTITUT		STREET,	NONE	10,000.
NONT PROF UN D FO ADVOCACY	R CONSTITUTIONAL GOVT			NONE	5,000.
TOTAL INCLUDED	ON FORM 990, PA	ART II, LINE	22		15,000.
FORM 990	NON-G	GOVERNMENT SI	CURITIES	S	TATEMENT 6
SECURITY DESCRI	PTION COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS	COST	216,440.			216,440.
TO FORM 990, LI	NE 54, COL B	216,440.	***************************************		216,440.

FORM 990	DEPRECIATION OF	ASSETS NOT HELD F	OR INVESTMENT	STATEMENT 7
		COST OR		
DESCRIPTION		OTHER BASIS	DEPRECIATION	BOOK VALUE
VIDEO PROJE	- ECTOR	3,724	3,679.	45.
	IMPROVEMENT8,000.	-,	8,000.	0.
FILE SERVER		1,450	-	0.
COMPUTER EQ		50,415		0.
	MATE 340T1,788.	30,113	1,788.	0.
SONY MULTIS		770	The state of the s	0.
	NORKS BAYSTACK	, , ,	,,,,,	• •
EQUIPMENT	voided bill billeit	4,580	4,580.	0.
HP LASER JE	en drinner	1,524		12.
DELL POWERY		8,357		
DELL POWERS		18,771		
	TER EQUIPMENT	1,235		
	2000 COMPUTER	1,255		1011
EQUIPMENT	ZOOO COMI OTEK	1,260	1,225.	35.
	MAX GS133 COMPUTER	1,200		0.
	MAX GS 133 COMPUTER	1,178		
	VIDEO CAMERA	1,410		
COPIER	VIDEO CAMBINA	15,999		1,664.
	COMPUTER EQUIPMENT	2,489		0.
COMPUTER E		1,242		Ŏ.
	IMPROVEMENT9,780.	1,242	9,780.	0.
INFORMIX SO		3,888		0.
LINUX 9.21	OF I WARLE	1,300		
	FIREBOX SOFTWARE	5,080		773.
EQUIPMENT	FIREBOX BOFTWARE	7,028		0.
	TER EQUIPMENT	2,259		0.
COMPUTER	IBK BQUITHBMI	1,124		
POSTAGE MA	CHINE	1,100		
SPEAKER PHO		991		
2 PERSONAL		2,538		
LCD MACHIN		1,265		597.
	OMPUTERS (2)	1,838		970.
COMPUTER	OHI OIDIND (Z)	1,296		765.
COMPUTER		1,279		1,017.
COMPUTER		1,869		1,557.
COMPUTER		2,010		1,787.
PRINTER		619		578.
	(2)	2,09		2,038.
TOTAL TO F	ORM 990, PART IV, L	N 57 172,75	2. 156,514.	16,238.
	·	·		

FORM 9.90 OTHER NO	TES AND LOANS PAYA	ABLE	STATEMENT
LENDER'S NAME TERM	S OF REPAYMENT		
THE BAUMAN FOUNDATION MONT	HLY PAYMENTS		
DATE OF MATURITY ORIGINA NOTE DATE LOAN AMOU	L INTEREST NT RATE		
07/03/01 04/30/05 17,	00000%		
SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN		
NONE	PURCHASE OF NEW	COPIER	
RELATIONSHIP OF LENDER			
NONE			
DESCRIPTION OF CONSIDERATION		FMV OF CONSIDERATION	BALANCE DUE
		0.	0

FORM 990 PART V - LIST (TRUSTEES A	OF OFFICERS, DIRE AND KEY EMPLOYEES	CTORS,	STATE	EMENT 9
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GARY D BASS 1742 CONNECTICUT AVE NW WASHINGTON DC 20009	EXECUTIVE DIRE	ECTOR 81,423.	4,071.	0.
NANCY AMIDEI 1742 CONNECTICUT AVE NW WASHINGTON DC 20009	VICE-CHAIR 2	0.	0.	0.
KRISTINE JACOBS 1742 CONNECTICUT AVE NW WASHINGTON DC 20009	BOARD MEMBER 2	0.	0.	0.
ROBERT LAWRENCE 1742 CONNECTICUT AVE NW WASHINGTON DC 20009	TREASURER 2	0.	0.	0.
MARK LLOYD 1742 CONNECTICUT AVE NW WASHINGTON DC 20009	BOARD MEMBER 2	0.	0.	0.
PAUL MARCHAND 1742 CONNECTICUT AVE NW WASHINGTON DC 20009	BOARD MEMBER 2	0.	0.	0.
ELLEN MILLER 1742 CONNECTICUT AVE NW WASHINGTON DC 20009	BOARD MEMBER 2	0.	. 0.	0
MARGARET SEMINARIO 1742 CONNECTICUT AVE NW WASHINGTON DC 20009	BOARD MEMBER 2	0 .	. 0.	. 0
JIM WEILL 1742 CONNECTICUT AVE NW WASHINGTON DC 20009	BOARD MEMBER 2	0	. 0	. 0
ED JAYNE 1742 CONNECTICUT AVE NW WASHINGTON DC 20009	BOARD MEMBER 2	0	. 0	. 0
SAM SINGH 1742 CONNECTICUT AVE NW WASHINGTON DC 20009	BOARD MEMBER 2	. 0	. 0	. 0

FOCU	JS PROJECT, INC.				52	2-1302617
	ABREU CONNECTICUT AVE NW NGTON DC 20009	BOARD MEMI 2	BER	0.	0.	0.
1742 (A JOHNSON CONNECTICUT AVE NW NGTON DC 20009	BOARD MEMI 2	BER	0.	0.	0.
1742	ROSENMAN CONNECTICUT AVE NW NGTON DC 20009	CHAIR 2		0.	0.	0.
1742 (VLADECK CONNECTICUT AVE NW NGTON DC 20009	BOARD MEM 2	BER	0.	0.	0.
TOTAL	S INCLUDED ON FORM 990, PAI	RT V	81,	423.	4,071.	0.
LINE	EXPLANATION OF RELATIONS	HIP OF ACTIVI	TIES			
LINE 93A	OMB WATCH PUBLISHES A BI ISSUES REPORTS, AND GUID OMB WATCH PROVIDES CONSU ORGANIZATIONS ON PROMOTI	-WEEKLY NEWLE ES LTING AND RES	TTER, THE WA	ES TO	OUTSIDE	2
93B	PARTICIPATION IN PUBLIC OMB WATCH PROVIDED TECHN CONSTITUTIONAL GOVERNMEN OMB WATCH WORKS WITH OTH	POLICY. FOR ICAL AND RESE T ER ORGANIZATI	THE JUNE 30, ARCH ASSISTA ONS ON TRAIN	2004 NCE TO NING, F	FISCAL THE FURESEARCE	YEAR, IND FOR
93C	MEETINGS, ETC. AND RECEI	VES REIMBURSE	MENT FOR EXI	PENSES	INCURRI	ED
SCHEI	DULE A	OTHER INCO	ME		STA	rement 11
DESCE	RIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUI		2000 AMOUNT
SEC 4	481A ADJUSTMENT	0.	0.		0.	26,250.
TOTA	L TO SCHEDULE A, LINE 22	0.	0.		0.	26,250.

Department of the Treasury Intei∀ial Revenue Service

Depreciation and Amortization

(Including Information on Listed Property) ➤ See separate instructions.

► Attach to your tax return.

990

OMB No. 1545-0172 Attachment Sequence No. 67

Business or activity to which this form relates Name(s) shown on return

Identifying number

1 Florida - To Figure Acida in Personal			M 990 PA		VOIL complet	te Part I.
art Election To Expense Certain Propert	y Under Section 179	Note: If you have any listed	property, complet	e Pail V Deloie	1	102,000
Maximum amount. See instructions for						102,000
Total cost of section 179 property place					· - 	410,000
Threshold cost of section 179 property					· -	410,000
Reduction in limitation. Subtract line 3	from line 2. If zero	or less, enter -0-				
Dollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter -					
(a) Description of pr	operty	(b) Cost (busine	ess use only)	(c) Elected (cost	
Listed property. Enter the amount from	n line 29		7			
Total elected cost of section 179 proper	erty. Add amounts	in column (c), lines 6 and	7			
Tentative deduction. Enter the smaller						·
Carryover of disallowed deduction from						
Business income limitation. Enter the s						
Section 179 expense deduction. Add					12	
Carryover of disallowed deduction to 2	2005. Add lines 9 a	nd 10, less line 12	🕨 13			
te: Do not use Part II or Part III below fo	or listed property. Ir	nstead, use Part V.				
art II Special Depreciation Allowan	ce and Other Dep	reciation (Do not include	listed property	.)		
Special depreciation allowance for qualified proper					14	
Property subject to section 168(f)(1) e						
Other depreciation (including ACRS) (s						20,186
art III MACRS Depreciation (Do no						
		Section A				
MACRS deductions for assets placed	in service in tax ve	ears beginning before 200	4		17	
					17	
If you are electing under section 168(i)(4) to group any as	ssets placed in service du	ring the tax		17	
If you are electing under section 168(in year into one or more general asset as)(4) to group any as ecounts, check her	ssets placed in service du e	ring the tax	> []	m
If you are electing under section 168(i year into one or more general asset an Section B - Asset)(4) to group any as ccounts, check her s Placed in Servic (b) Month and	ssets placed in service du	Using the Gene	> [ation Syste	m (g) Depreciation deduction
If you are electing under section 168(in year into one or more general asset as)(4) to group any as ecounts, check her s Placed in Servic	esets placed in service du e e During 2004 Tax Year (c) Basis for depreciation	ring the tax Using the Gene	eral Deprecia	ation Syste	
If you are electing under section 168(i year into one or more general asset an Section B - Asset)(4) to group any as ccounts, check her s Placed in Servic (b) Month and year placed	e During 2004 Tax Year (c) Basis for depreciation (business/investment use	Using the Gene	eral Deprecia	ation Syste	
If you are electing under section 168(i year into one or more general asset at Section B - Asset (a) Classification of property (a) 3-year property)(4) to group any as ccounts, check her s Placed in Servic (b) Month and year placed	e During 2004 Tax Year (c) Basis for depreciation (business/investment use	Using the Gene	eral Deprecia	ation Syste	
If you are electing under section 168(i year into one or more general asset at Section B - Asset (a) Classification of property a 3-year property b 5-year property)(4) to group any as ccounts, check her s Placed in Servic (b) Month and year placed	e During 2004 Tax Year (c) Basis for depreciation (business/investment use	Using the Gene	eral Deprecia	ation Syste	
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Type	(a) of property	(b) Date placed in	(c) Business/ investment		(d) Cost or er basis		(e) for deprecia ess/investr		(f) Recovery period	(ç Metl Conve	nod/	(h) Depreci deduc	ation	(i) Elect section cos	ed 179
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