

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**FOCUS PROJECT, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

1742 CONNECTICUT AVENUE, N.W.

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20009

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

D Employer identification number**52-1302617****E** Telephone number**202-234-8494****F** Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶**G** Website: **WWW.OMBWATCH.ORG****J** Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.****H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,902,819.****M** Check ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	1,654,644.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 1,654,644. noncash \$)	1d	1,654,644.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	237,102.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	11,073.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe ▶)	7			
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other
	b	Less: cost or other basis and sales expenses	440.	8b	
	c	Gain or (loss) (attach schedule)	-440.	8c	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1	8d	-440.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
	Net Assets	11	Other revenue (from Part VII, line 103)	11	
12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,902,379.	
13		Program services (from line 44, column (B))	13	1,613,266.	
14		Management and general (from line 44, column (C))	14	98,119.	
15		Fundraising (from line 44, column (D))	15	114,358.	
16		Payments to affiliates (attach schedule)	16		
17		Total expenses (add lines 16 and 44, column (A))	17	1,825,743.	
18		Excess or (deficit) for the year (subtract line 17 from line 12)	18	76,636.	
19		Net assets or fund balances at beginning of year (from line 73, column (A))	19	854,739.	
20		Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 2	
21		Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	925,119.	

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization	Employer identification number
	FOCUS PROJECT, INC.	52-1302617
	Number, street, and room or suite no. If a P.O. box, see instructions. 1742 CONNECTICUT AVENUE, N.W.	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20009	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **O'CONNOR AND DESMARIAS**
Telephone No. ► **202-234-8494** FAX No. ► ☐
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2005**, and ending **JUN 30, 2006**.
- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 12-2004)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>340,000.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22 340,000.	340,000.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. **	25 97,217.	74,857.	13,532.	8,828.
26 Other salaries and wages	26 750,225.	654,070.	32,302.	63,853.
27 Pension plan contributions	27 28,237.	24,824.	1,021.	2,392.
28 Other employee benefits	28 114,268.	98,889.	5,613.	9,766.
29 Payroll taxes	29 66,326.	56,717.	3,965.	5,644.
30 Professional fundraising fees	30			
31 Accounting fees	31 17,758.		17,758.	
32 Legal fees	32 3,450.	1,306.	2,144.	
33 Supplies	33 12,505.	10,770.	663.	1,072.
34 Telephone	34 9,066.	7,808.	481.	777.
35 Postage and shipping	35 8,066.	6,948.	427.	691.
36 Occupancy	36 120,085.	103,428.	6,366.	10,291.
37 Equipment rental and maintenance	37 7,059.	6,080.	374.	605.
38 Printing and publications	38 9,453.	8,142.	501.	810.
39 Travel	39 13,920.	6,379.	6,906.	635.
40 Conferences, conventions, and meetings	40 24,311.	23,410.	344.	557.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 6,718.	5,786.	356.	576.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 3	43g 197,079.	183,852.	5,366.	7,861.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,825,743.	1,613,266.	98,119.	114,358.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

** SEE STATEMENT 4

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a TAX AND BUDGET - CONDUCT MEETINGS AND PROVIDE ANALYSIS TO EDUCATE THE PUBLIC ON ISSUES RELATED TO THE FEDERAL BUDGET PROCESS AND RULES AND TAX POLICY.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	531,742.
b REGULATORY - PROVIDE INFORMATION AND ANALYSIS REGARDING CROSS-CUTTING REGULATORY ISSUES, PARTICULARLY AS THEY AFFECT PUBLIC HEALTH, SAFETY, AND ENVIRONMENTAL PROTECTIONS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	180,157.
c ACCESS TO INFORMATION - RESEARCH AND PROVIDE DATA ON POLICIES PERTAINING TO PUBLIC ACCESS TO GOVERNMENTAL AND INDUSTRY DATA ABOUT ISSUES THAT AFFECT THE PUBLIC INTEREST.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	545,008.
d NONPROFIT ADVOCACY - PROMOTE FREE SPEECH RIGHTS AND ENCOURAGE POLICY INVOLVEMENT BY NONPROFIT ORGANIZATIONS THROUGH MEETINGS, TRAININGS AND INFORMATIONAL MATERIALS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	356,359.
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	1,613,266.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	456,560.	45 432,956.
	46 Savings and temporary cash investments		46
	47 a Accounts receivable 47a 13,606.	14,553.	47c 13,606.
	b Less: allowance for doubtful accounts 47b		
	48 a Pledges receivable 48a		48c
	b Less: allowance for doubtful accounts 48b		
	49 Grants receivable	150,000.	49 170,769.
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable 51a		51c
	b Less: allowance for doubtful accounts 51b		
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	26,500.	53 28,398.
	54 Investments - securities STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	216,440.	54 300,797.
	55 a Investments - land, buildings, and equipment: basis 55a		55c
	b Less: accumulated depreciation 55b		
56 Investments - other		56	
57 a Land, buildings, and equipment: basis 57a 180,984.	16,238.	57c 25,372.	
b Less: accumulated depreciation STMT 8 57b 155,612.			
58 Other assets (describe)		58	
59 Total assets (must equal line 74). Add lines 45 through 58	880,291.	59 971,898.	
Liabilities	60 Accounts payable and accrued expenses	25,552.	60 46,779.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable STMT 9		64b
	65 Other liabilities (describe)		65 0.
	66 Total liabilities. Add lines 60 through 65)	25,552.	66 46,779.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	573,406.	67 582,619.
	68 Temporarily restricted	281,333.	68 342,500.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	854,739.	73 925,119.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	880,291.	74 971,898.

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	Yes	No
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15

75b

75c

75d

X

NONE

(E) Expense
account and
other allowances

	Yes	No
--	-----	----

76

77

78

N/A

78

79

80

N/A

81a

81

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		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		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85a	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85b	N/A		
	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		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	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?		
85g	N/A		
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 allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a	N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources 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, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
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		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		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	
90b	Number of employees employed in the pay period that includes March 12, 2005	26	
91 a	The books are in care of O'CONNOR AND DESMARIAS Telephone no. 202-234-8494 Located at 6720 CURRAN STREET, MCLEAN, VA ZIP + 4 22101		
b	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)? If "Yes," enter the name of the foreign country	N/A	
91b			X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country	N/A	
91c			X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
92	N/A		

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Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt- function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PUBLICATIONS					4,004.
b PROFESSIONAL FEES					175,437.
c EXPENSE REIMBURSEMENTS					57,661.
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	11,073.	
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					
100 Gain or (loss) from sales of assets other than inventory					-440.
101 Net income or (loss) from special events					
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))		0.		11,073.	236,662.
105 Total (add line 104, columns (B), (D), and (E))					247,735.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	SEE STATEMENT 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>Gary D. Bass</i>		Date 1/17/07	Type of print name and title GARY D. BASS, EXECUTIVE DIRECTOR
Paid Preparer's Use Only	Preparer's signature <i>Michelle Jones</i>	Date 1/15/06	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4 RIBIS, JONES & MARESCA, P.A. 10500 LITTLE PATUXENT PARKWAY, SUITE 770 COLUMBIA, MD 21044		EIN	Phone no. 410-884-0220

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 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

2005

Name of the organization **FOCUS PROJECT, INC.** Employer identification number **52 1302617**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(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
KATHLEEN GUINANE 1742 CONNECTICUT AVENUE, N.W., WASHI	DIRECTOR 40.00	60,194.	15,654.	
SEAN MOULTON 1742 CONNECTICUT AVENUE, N.W., WASHI	DIRECTOR 40.00	55,088.	8,229.	
DORTHY WEISS 1742 CONNECTICUT AVENUE, N.W., WASHI	DIRECTOR 40.00	66,173.	8,191.	
ROBERT SHULL 1742 CONNECTICUT AVENUE, N.W., WASHIN	DIRECTOR 40.00	52,580.	7,070.	
BARBARA WESTERN 1742 CONNECTICUT AVENUE, N.W., WASHIN	DIR OF OPERATIONS 40.00	51,196.	13,068.	
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>56,877.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38B	1 X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d X	
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b X	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **►**
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,359,751.	1,221,171.	1,169,867.	868,300.	4,619,089.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	222,091.	156,079.	76,530.	36,045.	490,745.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,556.	2,794.	2,442.	3,514.	14,306.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,587,398.	1,380,044.	1,248,839.	907,859.	5,124,140.
24 Line 23 minus line 17	1,365,307.	1,223,965.	1,172,309.	871,814.	4,633,395.
25 Enter 1% of line 23	15,874.	13,800.	12,488.	9,079.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					92,668.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					2,099,488.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					4,633,395.
d Add: Amounts from column (e) for lines: 18 14,306. 19 2,099,488.					2,113,794.
e Public support (line 26c minus line 26d total)					2,519,601.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					54.3792%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.					

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

N/A

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

	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?	30	
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?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32b	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32c	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d	
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:	33a	
a Students' rights or privileges?	33b	
b Admissions policies?	33c	
c Employment of faculty or administrative staff?	33d	
d Scholarships or other financial assistance?	33e	
e Educational policies?	33f	
f Use of facilities?	33g	
g Athletic programs?	33h	
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2005

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)Check ☒ **a** ☐ if the organization belongs to an affiliated group.Check ☐ **b** ☐ if you checked "a" and "limited control" 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
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		28,136.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		28,741.
38 Total lobbying expenditures (add lines 36 and 37)	38		56,877.
39 Other exempt purpose expenditures	39		1,654,949.
40 Total exempt purpose expenditures (add lines 38 and 39)	40		1,711,826.
41 Lobbying nontaxable amount. Enter the amount from the following table -			
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		58,898.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		0.

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	235,591.	204,125.	194,933.	188,186.	822,835.
46 Lobbying ceiling amount (150% of line 45(e))					1,234,253.
47 Total lobbying expenditures	56,877.	47,003.	52,877.	52,877.	209,634.
48 Grassroots nontaxable amount	58,898.	51,031.	48,733.	47,047.	205,709.
49 Grassroots ceiling amount (150% of line 48(e))					308,564.
50 Grassroots lobbying expenditures	28,136.	21,064.	14,450.	16,114.	79,764.

Part 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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

☐ Yes ☒ No

N/A

523151
02-03-06

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

FOCUS PROJECT, INC.

Employer identification number

52-1302617

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

Employer identification number

FOCUS 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
1		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

FOCUS 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		\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 77,769.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

2005 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
42	SPEAKER PHONE	083002SL		5.00	16	991.			991.	561.		198.
43	2 PERSONAL COMPUTERS	072903SL		3.00	16	2,538.			2,538.	1,622.		846.
44	LCD MACHINE	120203SL		3.00	16	1,265.			1,265.	668.		422.
45	PERSONAL COMPUTERS (2)	0113004SL		3.00	16	1,838.			1,838.	868.		613.
46	COMPUTER	042904SL		3.00	16	1,296.			1,296.	531.		432.
47	COMPUTER	102904SL		3.00	16	1,279.			1,279.	262.		426.
48	COMPUTER	0110205SL		3.00	16	1,869.			1,869.	312.		623.
49	COMPUTER	030905SL		3.00	16	2,010.			2,010.	223.		670.
50	PRINTER	030905SL		5.00	16	619.			619.	41.		124.
51	COMPUTERS (2)	060805SL		3.00	16	2,096.			2,096.	58.		699.
52	COMPUTER	020106SL		3.00	16	2,378.			2,378.			331.
53	USB	030706SL		5.00	16	1,023.			1,023.			68.
54	FAX	030706SL		5.00	16	410.			410.			27.
55	SERVER	050306SL		5.00	16	12,483.			12,483.			416.
	COMPUTER EQUIPMENT											
6	(D) VIDEO PROJECTOR	120197SL		7.00	16	3,724.			3,724.	3,679.		0.
13	(D) FILE SERVER	060399SL		5.00	16	1,450.			1,450.	1,450.		0.
14	COMPUTER EQUIPMENT	063000SL		5.00	16	50,415.			50,415.	50,415.		0.

528102
01-06-06

(D) - Asset disposed

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

2005 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
15	(D)ACER TRAVEL MATE			.000	16							0.
16	340T	051600	SL	5.00	16	1,788.			1,788.	1,788.		0.
17				.000	16							0.
18	SONY MULTISCAN	051600	SL	5.00	16	770.			770.	770.		0.
19	NORTEL NETWORKS			5.00	16							0.
19	BAYSTACK EQUIPMENT	063000	SL	5.00	16	4,580.			4,580.	4,580.		0.
21	HP LASER JET PRINTER	102899	SL	5.00	16	1,524.			1,524.	1,512.		0.
22				.000	16							0.
23				.000	16							0.
24	DELL POWERVAULT 21XS	092800	SL	3.00	16	8,357.			8,357.	8,357.		0.
25	DELL POWEREDGE 6450	092800	SL	3.00	16	18,771.			18,771.	17,647.		0.
26	DELL COMPUTER	092800	SL	3.00	16	1,235.			1,235.	1,133.		0.
26	EQUIPMENT											
27	SMART UPS 2000	121000	SL	3.00	16	1,260.			1,260.	1,225.		0.
27	COMPUTER EQUIPMENT											
28	MILLENNIA MAX GS133	022201	SL	3.00	16	1,200.			1,200.	1,200.		0.
28	COMPUTER											
29	MILLENNIA MAX GS 133	022201	SL	3.00	16	1,178.			1,178.	1,178.		0.
29	COMPUTER											
30	PANASONIC VIDEO CAMERA	022201	SL	5.00	16	1,410.			1,410.	1,269.		141.
31	COPIER	061101	SL	5.00	16	15,999.			15,999.	14,400.		1,599.
32	HP 144 GB COMPUTER	011201	SL	3.00	16	2,489.			2,489.	2,489.		0.
32	EQUIPMENT											
33	COMPUTER EQUIPMENT	090100	SL	3.00	16	1,242.			1,242.	1,242.		0.

528102
01-06-06

(D) - Asset disposed

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

2005 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
38	EQUIPMENT	063000	SL	5.00	16	7,028.			7,028.	7,028.		0.
39	DELL COMPUTER EQUIPMENT	030102	SL	3.00	16	2,259.			2,259.	2,259.		0.
40	COMPUTER	100202	SL	3.00	16	1,124.			1,124.	1,031.		93.
41	(D) POSTAGE MACHINE	080102	SL	5.00	16	1,100.			1,100.	642.		18.
	* 990 PAGE 2 TOTAL - COMPUTER EQUIPMENT					128,903.		0.	128,903.	125,294.	0.	1,851.
35	INFORMIX SOFTWARE	120100	SL	3.00	16	3,888.			3,888.	3,888.		0.
36	LINUX 9.21	011201	SL	3.00	16	1,300.			1,300.	1,300.		0.
37	WATCHGUARD FIREBOX SOFTWARE	072500	SL	3.00	16	5,080.			5,080.	4,307.		0.
	* 990 PAGE 2 TOTAL - COMPUTER EQUIPMENT					10,268.		0.	10,268.	9,495.	0.	0.
10	LEASEHOLD IMPROVEMENT	091698	SL	2.00	16	8,000.			8,000.	8,000.		0.
34	LEASEHOLD IMPROVEMENT	080100	SL	3.00	16	9,780.			9,780.	9,780.		0.
	* 990 PAGE 2 TOTAL - COMPUTER EQUIPMENT					17,780.		0.	17,780.	17,780.	0.	0.
	* GRAND TOTAL 990 PAGE 2 DEPR					189,046.		0.	189,046.	157,715.	0.	7,746.

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

(D) - Asset disposed

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VIDEO PROJECTOR	0.	0.	0.	0.
FILE SERVER	0.	0.	0.	0.
ACER TRAVEL MATE 340T	0.	0.	0.	0.
POSTAGE MACHINE	0.	440.	0.	-440.
TO FORM 990, PART I, LINE 8		440.	0.	-440.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENT	-6,256.
TOTAL TO FORM 990, PART I, LINE 20	-6,256.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTING FEES	73,375.	67,792.	2,290.	3,293.
MISCELLANEOUS	6,066.	5,010.	557.	499.
INSURANCE-OFFICE	9,247.	7,965.	490.	792.
DEVELOPMENT	1,441.	1,241.	77.	123.
CIVIC ENGAGEMENT PROJECT	31,695.	31,695.		
INTERNET ACTIVITY	9,458.	8,146.	501.	811.
RESEARCH	28,144.	28,144.		
PUBLICATIONS/TRAININ	20,644.	19,209.	549.	886.
TECHNOLOGY	13,948.	12,013.	740.	1,195.
MEDIA	3,061.	2,637.	162.	262.
TOTAL TO FM 990, LN 43	197,079.	183,852.	5,366.	7,861.

FORM 990	OFFICER COMPENSATION ALLOCATION PART II, LINE 25	STATEMENT 4
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NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GARY BASS	86,547.	10,670.		97,217.
A. PROGRAM SERVICES	66,641.	8,216.		74,857.
B. MANAGEMENT AND GENERAL	12,047.	1,485.		13,532.
C. FUNDRAISING	7,859.	969.		8,828.

TOTAL PROGRAM SERVICES	74,857.
TOTAL MANAGEMENT AND GENERAL	13,532.
TOTAL FUNDRAISING	8,828.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B	97,217.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT 5
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANT	USACTION EDUCATION FUND	1825 K STREET, N.W., WASHINGTON, D.C. 20036	NONE	340,000.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22	340,000.
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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT 6
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EXPLANATION

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

FORM 990	GOVERNMENT SECURITIES			STATEMENT	7
DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES	
INVESTMENTS	FMV	300,797.		300,797.	
TOTAL TO FORM 990, LINE 54, COL B		300,797.		300,797.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENT	8,000.	8,000.	0.
COMPUTER EQUIPMENT	50,415.	50,415.	0.
SONY MULTISCAN	770.	770.	0.
NORTEL NETWORKS BAYSTACK EQUIPMENT	4,580.	4,580.	0.
HP LASER JET PRINTER	1,524.	1,512.	12.
DELL POWERVAULT 21XS	8,357.	8,357.	0.
DELL POWEREDGE 6450	18,771.	17,647.	1,124.
DELL COMPUTER EQUIPMENT	1,235.	1,133.	102.
SMART UPS 2000 COMPUTER EQUIPMENT	1,260.	1,225.	35.
MILLENNIA MAX GS133 COMPUTER	1,200.	1,200.	0.
MILLENNIA MAX GS 133 COMPUTER	1,178.	1,178.	0.
PANASONIC VIDEO CAMERA	1,410.	1,410.	0.
COPIER	15,999.	15,999.	0.
HP 144 GB COMPUTER EQUIPMENT	2,489.	2,489.	0.
COMPUTER EQUIPMENT	1,242.	1,242.	0.
LEASEHOLD IMPROVEMENT	9,780.	9,780.	0.
INFORMIX SOFTWARE	3,888.	3,888.	0.
LINUX 9.21	1,300.	1,300.	0.
WATCHGUARD FIREBOX SOFTWARE	5,080.	4,307.	773.
EQUIPMENT	7,028.	7,028.	0.
DELL COMPUTER EQUIPMENT	2,259.	2,259.	0.
COMPUTER	1,124.	1,124.	0.
SPEAKER PHONE	991.	759.	232.
2 PERSONAL COMPUTERS	2,538.	2,468.	70.
LCD MACHINE	1,265.	1,090.	175.
PERSONAL COMPUTERS (2)	1,838.	1,481.	357.
COMPUTER	1,296.	963.	333.
COMPUTER	1,279.	688.	591.
COMPUTER	1,869.	935.	934.
COMPUTER	2,010.	893.	1,117.
PRINTER	619.	165.	454.
COMPUTERS (2)	2,096.	757.	1,339.

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COMPUTER	2,378.	331.	2,047.
USB	1,023.	68.	955.
FAX	410.	27.	383.
SERVER	12,483.	416.	12,067.
TOTAL TO FORM 990, PART IV, LN 57	<u>180,984.</u>	<u>157,884.</u>	<u>23,100.</u>

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 9

LENDER'S NAMETERMS OF REPAYMENT

THE BAUMAN FOUNDATION

MONTHLY PAYMENTS

DATE OF
NOTEMATURITY
DATEORIGINAL
LOAN AMOUNTINTEREST
RATE

07/03/01

04/30/05

17,000.

.00%

SECURITY PROVIDED BY BORROWERPURPOSE OF LOAN

NONE

PURCHASE OF NEW COPIER

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATIONFMV OF
CONSIDERATIONBALANCE DUE

0.

0.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, STATEMENT 10
 TRUSTEES AND KEY EMPLOYEES

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 DIRECTOR 40.00	86,547.	10,670.	0.
PAUL MARCHAND 1742 CONNECTICUT AVE NW WASHINGTON, DC 20009	CHAIR 2.00	0.	0.	0.
ELLEN MILLER 1742 CONNECTICUT AVE NW WASHINGTON, DC 20009	VICE CHAIR 2.00	0.	0.	0.
ROBERT LAWRENCE 1742 CONNECTICUT AVE NW WASHINGTON, DC 20009	TREASURER 5.00	0.	0.	0.
MARK LLOYD 1742 CONNECTICUT AVE NW WASHINGTON, DC 20009	BOARD MEMBER 2.00	0.	0.	0.
KRISTINE JACOBS 1742 CONNECTICUT AVE NW WASHINGTON, DC 20009	BOARD MEMBER 2.00	0.	0.	0.
SYLVIA JOHNSON 1742 CONNECTICUT AVE NW WASHINGTON, DC 20009	BOARD MEMBER 2.00	0.	0.	0.
MARK ROSENMAN 1742 CONNECTICUT AVE NW WASHINGTON, DC 20009	BOARD MEMBER 2.00	0.	0.	0.
MARGARET SEMINARIO 1742 CONNECTICUT AVE NW WASHINGTON, DC 20009	BOARD MEMBER 2.00	0.	0.	0.
DAVID VLADECK 1742 CONNECTICUT AVE NW WASHINGTON, DC 20009	BOARD MEMBER 2.00	0.	0.	0.
JIM WEILL 1742 CONNECTICUT AVE NW WASHINGTON, DC 20009	BOARD MEMBER 2.00	0.	0.	0.

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ED JAYNE
1742 CONNECTICUT AVE NW
WASHINGTON, DC 20009

BOARD MEMBER
2.00

0. 0. 0.

SAM SINGH
1742 CONNECTICUT AVE NW
WASHINGTON, DC 20009

BOARD MEMBER
2.00

0. 0. 0.

NANCY AMIDEL
1742 CONNECTICUT AVE NW
WASHINGTON, DC 20009

BOARD MEMBER
2.00

0. 0. 0.

JULIO C. ABREU
1742 CONNECTICUT AVE NW
WASHINGTON, DC 20009

BOARD MEMBER
2.00

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V-A

86,547. 10,670. 0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 11
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A OMB WATCH PUBLISHES A BI-WEEKLY NEWLETTER, THE WATCHER, AS WELL AS
ISSUES REPORTS, AND GUIDES
OMB WATCH PROVIDES CONSULTING AND RESEARCH SERVICES TO OUTSIDE
ORGANIZATIONS ON PROMOTING GOVERNMENT ACCOUNTABILITY AND CITIZEN
PARTICIPATION IN PUBLIC POLICY. FOR THE JUNE 30, 2004 FISCAL YEAR,
OMB WATCH PROVIDED TECHNICAL AND RESEARCH ASSISTANCE TO THE FUND FOR
93B CONSTITUTIONAL GOVERNMENT
OMB WATCH WORKS WITH OTHER ORGANIZATIONS ON TRAINING, RESEARCH,
93C MEETINGS, ETC. AND RECEIVES REIMBURSEMENT FOR EXPENSES INCURRED

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2005
Attachment
Sequence No. **67**

FOCUS PROJECT, INC.

FORM 990 PAGE 2

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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	105,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7,746.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	7,746.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization					
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year:					
43 Amortization of costs that began before your 2005 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	