

Extension of Filing date Attached

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2003

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning JULY 1, 2003, and ending JUNE 30, 2004

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use label print type Spec instruction

125187 *****AUTO**5-DIGIT 10036 FRENCH AMERICAN FOUNDATION FOR THE DEVEL OF RELATIONS BTWN FRNC & US 28 W 44TH ST STE 1420 NEW YORK NY 10036-6600

P 3 I B 60 R S

D Employer identification number 13: 2847092

E Telephone number (212) 829 8800

F Accounting method: Cash, Accrual, Other (specify)

not applicable to section 527 organizations. a group return for affiliates? Yes No

G Website: FRENCHAMERICAN.ORG

COPY

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 received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H(a) If yes, enter number of affiliates H(b) Are all affiliates included? Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Handwritten values are present in several cells.

COPY

COPY

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. (See page 22 of the instructions.)

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 \$ 71,000 noncash \$)	71,000	71,000		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	208,563	130,363	39,100	39,100
26	Other salaries and wages	324,235	222,125	69,710	32,400
27	Pension plan contributions				
28	Other employee benefits	69,600	46,400	11,600	11,600
29	Payroll taxes	31,685	21,285	5,200	5,200
30	Professional fundraising fees				
31	Accounting fees	7,500		7,500	
32	Legal fees				
33	Supplies	6,880		4,530	2,350
34	Telephone	8,072	531	7,390	151
35	Postage and shipping	14,464	5,651	5,412	3,401
36	Occupancy	86,589		86,589	
37	Equipment rental and maintenance	23,601		23,601	
38	Printing and publications	29,957	5,254	6,939	17,764
39	Travel & Lodging	139,650	131,243	2,111	6,296
40	Conferences, conventions, and meetings	125,164	110,657	8,485	6,022
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	11,039		11,039	
43a	Other expenses not covered above (itemize): a. misc.	76,78	114	7,564	
b	CONSULTING PROJECT FEES	63,668	630	2,110	60,928
c	DONATION	332,500	332,500		
d					
e					
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	1,561,845	1,077,753	298,880	185,212

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 No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? 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.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a. VARIOUS PROGRAMS TO STRENGTHEN RELATIONSHIP BETWEEN THE UNITED STATES AND FRANCE. (Grants and allocations \$)	745,253
b. DONATIONS - WORKS OF ART GIFTED TO THE MUSEE DU LOUVRE - PARIS FRANCE (Grants and allocations \$)	332,500
c. (Grants and allocations \$)	
d. (Grants and allocations \$)	
e. Other program services (attach schedule) (Grants and allocations \$)	
f. Total of Program Service Expenses (should equal line 44, column (B), Program services).	1,077,753

Part IV Balance Sheets (See page 25 of 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	340,956	45	308,837
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	93,220	47a	373,500
	b Less: allowance for doubtful accounts		47b	
			47c	
	48a Pledges receivable		48a	
	b Less: allowance for doubtful accounts		48b	48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)		51a	
	b Less: allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments—securities (attach schedule) ^{SCHEDULE #3} <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,201,609	54	3,225,332
55a Investments—land, buildings, and equipment: basis		55a		
b Less: accumulated depreciation (attach schedule)		55b	55c	
56 Investments—other (attach schedule) ^{SCH. #4}		56		
57a Land, buildings, and equipment: basis	50,082	57a		
b Less: accumulated depreciation (attach schedule)	38,988	57b	57c	
58 Other assets (describe ^{SCHEDULE #3})	19,391	58	11,094	
59 Total assets (add lines 45 through 58) (must equal line 74)	3,706,834	59	4,622,042	
Liabilities	60 Accounts payable and accrued expenses	79,409	60	37,624
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe)		65	
66 Total liabilities (add lines 60 through 65)	79,409	66	37,624	
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	3,241,806	67	3,199,969
	68 Temporarily restricted	385,619	68	1,384,449
	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).	3,627,425	73	4,584,418
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	3,706,834	74	4,622,042

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements . . . ▶ a 2327218

b Amounts included on line a but not on line 12, Form 990:

(1) Net unrealized gains on investments . . . \$ _____

(2) Donated services and use of facilities \$ _____

(3) Recoveries of prior year grants . . . \$ _____

(4) Other (specify):
DIRECT COST
BENEFIT \$ _____

Add amounts on lines (1) through (4) ▶ b 87208

c Line a minus line b. ▶ c 2240010

d Amounts included on line 12, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____

(2) Other (specify):
_____ \$ _____

Add amounts on lines (1) and (2) ▶ d _____

e Total revenue per line 12, Form 990 (line c plus line d) ▶ e 2240010

a Total expenses and losses per audited financial statements . . . ▶ a 1474637

b Amounts included on line a but not on line 17, Form 990:

(1) Donated services and use of facilities \$ _____

(2) Prior year adjustments reported on line 20, Form 990 \$ _____

(3) Losses reported on line 20, Form 990 . . . \$ _____

(4) Other (specify):
DIRECT
BENEFIT COST \$ _____

Add amounts on lines (1) through (4) ▶ b 87208

c Line a minus line b ▶ c 1561845

d Amounts included on line 17, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990. . . \$ _____

(2) Other (specify):
_____ \$ _____

Add amounts on lines (1) and (2) ▶ d _____

e Total expenses per line 17, Form 990 (line c plus line d) ▶ e 1561845

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>ANTHONY SMITH</u>	<u>PRESIDENT</u> <u>50 hrs WEEK</u>	<u>208563</u>	<u>NONE</u>	<u>NONE</u>
<u>SEE ATTACHED LIST</u>				
<u>NO COMPENSATION PAID</u>		<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
<u>SEE STATEMENT # 5</u>				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<input checked="" type="checkbox"/>
78b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		<input checked="" type="checkbox"/>
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		<input checked="" type="checkbox"/>
80b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions 81a		
81b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
82a	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?		<input checked="" type="checkbox"/>
82b	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		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		
85c	c Dues, assessments, and similar amounts from members		
85d	d Section 162(e) lobbying and political expenditures		
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	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?		
86a	86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86b	b Gross receipts, included on line 12, for public use of club facilities.		
87a	87 501(c)(12) orgs. Enter: a Gross income from members or shareholders.		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88	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		
89a	89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>NONE</u> ; section 4912 <u>NONE</u> ; section 4955 <u>NONE</u>		
89b	b 501(c)(3) and 501(c)(4) orgs. 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.		<input checked="" type="checkbox"/>
89c	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
89d	d Enter: Amount of tax on line 89c, above, reimbursed by the organization.		
90a	90a List the states with which a copy of this return is filed <u>NEW YORK</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) <u>07</u>		
91	91 The books are in care of <u>ORGANIZATION</u> Telephone no. <u>(212) 829 8800</u> Located at <u>114 ADDRESS LIMITED</u> ZIP + 4 _____		
92	92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		

NEW YORK, N.Y. 10018
MADISON AVENUE
10017

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

OMB No. 1545-0047

2003

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE FRENCH-AMERICAN FOUNDATION

Employer identification number

13 2847092

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
<i>DANA ARIFI</i>	<i>CONTRACTOR 40 hrs week</i>	<i>70,679</i>	<i>NONE</i>	
Total number of other employees paid over \$50,000 ▶				

Part II 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
<i>NONE</i>		
Total number of others receiving over \$50,000 for professional services ▶	<i>0</i>	

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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		✓
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	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods, services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e Transfer of any part of its income or assets?	2e	✓
3a 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	✓
b Do you have a section 403(b) annuity plan for your employees?	3b	✓
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	✓

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)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1321622	1193154	853683	746943	4115402
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					
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	74237	82338	272728	80224	509527
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	2100	490	1437	8303	12330
23 Total of lines 15 through 22	1397919	1275982	1127878	835470	4637259
24 Line 23 minus line 17	1397919	1275982	1127878	835470	4637259
25 Enter 1% of line 23	13979	12760	11278	8355	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24.	▶	26a	92745
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶	26b	681659	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶	26c	4637259	
d Add: Amounts from column (e) for lines:				
18 509527	19 -	26d	1203516	
22 12330	26b 681659	26e	3433743	
e Public support (line 26c minus line 26d total)	▶	26e	3433743	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	74.05%	

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:

(2002) (2001) (2000) (1999)

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 11, 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:

(2002) (2001) (2000) (1999)

c Add: Amounts from column (e) for lines:	15	16	▶	27c	
	17	20	21	▶	27d
d Add: Line 27a total		and line 27b total	▶	27e	
e Public support (line 27c total minus line 27d total)	▶			27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	▶			27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶			27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶			27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.)
(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?		
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.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b 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?		
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 Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a 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? 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		

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39).	40	
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	41	
	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	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount.					
46 Lobbying ceiling amount (150% of line 45(e)).					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

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:

	Yes	No	Amount
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.)		✓	

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

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

2003

Name of organization
THE FRENCH-AMERICAN FOUNDATION

Employer identification number
13 : 2847092

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 box(es) 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 of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) 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 1 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).

Name of organization

Employer identification number

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
---	SEE SCHEDULE ATTACHED SCH #6	\$	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.)
---	\$	Person <input 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.)
---	\$	Person <input 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.)

THE FRENCH-AMERICAN FOUNDATION
 PART 1 REVENUES, EXPENSES
 YEAR ENDED JUNE 30, 2004

ID# 13-284709

LINE 9

SPECIAL EVENTS

EVENT: RECEPTION & DINNER HELD
 AT OCTOBER 8, 2003^e FOUR SEASONS HOTEL

GROSS RECEIPTS
 Less: CONTRIBUTIONS

\$ 393,335
 306,130

Balance
 Direct Benefits Given

87,208
 87,208

NET INCOME

\$ -0-

SCHEDULE #1

THE FRENCH-AMERICAN FOUNDATION
CHANGES IN NET ASSETS
JUNE 30 2001

IDA 13-2847092

Form 990 Part 1, Line 20

Increase in net assets
relating to unrealized gain
on investments, in
conformity with
SFAS No. 124

\$ 278828 -

SCHEDULE #2

THE FRENCH-AMERICAN FOUNDATION
 Supporting Schedules: BALANCE SHEET
JUNE 30, 2004

10#13-2842092

PART IV

Line 54	INVESTMENTS	@ MARKET VALUE	June 30, 2004	June 30, 2003
	MUTUAL FUNDS		\$ 3,044,390	2,116,407
	U.S. TREASURIES		38,837	77,807
	EQUITIES		142,105	-
	ENHANCED FUNDS		-	7395
	TOTALS		\$ 3,225,332	2,201,609
Line 58 OTHER ASSETS			6/30/04	6/30/03
	WORKS OF ART		\$ 694,000	1,026,500
	OTH		92,779	25,158
	TOTALS		\$ 786,779	1,051,658

SCHEDULE # 3

THE FRENCH-AMERICAN FOUNDATION

FIXED ASSETS

JUNE 30 2004

ID# 13-2847092

PART IV

Lines 57A + 57B

FIXED ASSETS

COMPUTERS & EQUIPMENT:

	DATE	METHOD	RATE	ASSET COST	Accumulated Depreciation		
					CURRENT	PRIOR	TOTAL
Additions y/c	6/30/99	S.L.	20%	15893-	1588	14305-	15893-
"	y/c 6/30/00	S.L.	20%	40135	8027	28094	36121
"	y/c 6/30/01	S.L.	20%	975	190	482	672-
"	y/c 6/30/02	S.L.	20%	620	124	186	310
"	y/c 6/30/03	S.L.	20%	610	122	61	183
"	y/c 1/30/04	S.L.	20%	2742	274-		274-
Less: Fully depreciated assets				(15893)			(15893)

FURNITURE & FIXTURES

Additions y/c	6/30/03	S.L.	7 YRS	5000	714	714-	1428-
Balance				50084	11039	43544	38985-

PART II STATEMENT OF FUNCTIONAL EXPENSES

Line 22 Grants & Awards

	PL 16 6/30/04
Nancy COTT	5000-
Lydia DAUN	700-
Lady J.E. Lloyd	700-
FACC DODAY	1000
TOTAL	7100

SCHEDULE #4


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Walter J. P. Curley, *Honorary Chairman*
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Arnaud de Vitry d'Avaucourt
J. Robinson West
Mrs. William Wood-Prince

Anthony A. Smith
 Tony Smith's **Bio**
asmith@frencham

Dana Arifi, *Co*
darifi@frenchame

Isabel Carrión-López
 Director
icarrion@frencham

Maria Krystyna Duv
 Social and Cultural
mkduval@frenchan

Tania Leclère-
 Development D
tleclere@frencham

Shanny Peer, *Dire*
 Educator
speer@frenchame

Carina Van Vliet,
 Leadership Pro
cvanvliet@frenchan

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Schedule #5

**THE FRENCH-AMERICAN FOUNDATION
FORM 990 - SCHEDULE B
SCHEDULE OF CONTRIBUTIONS
YEAR ENDED JUNE 30, 2004**

<u>NAME & ADDRESS</u>	<u>AGGREGATE CONTRIBUTIONS</u>	<u>TYPE OF CONTRIBUTI</u>
Charles Englehard Foundation P O Box 427 Far Hills, N J 07931	\$ 226,000	Person
Florence Gould Foundation 80 Pine Street New York, N Y 10005	\$ 244,625	Person
Foundation to Child Development 140 East 32 Street 14th Floor New York, N Y 10021	\$ 158,000	Person
German Marshall Fund of the U S 1700 R. Street Washington, N Y 20009	\$ 215,000	Person
Ann Cox Foundation 426 West Paces Ferry Rd. Atlanta, Ga. 30305	\$ 267,880	Person
Jordan Polly Guth 2649A Spencer Hill Road Corning, N Y 14830	\$ 96,000	Person
Michael David - Weill Lazard Freres & Co 30 Rockefeller Plaza New York, N Y 10020	\$ 125,000	Person

Schedule #6

0406

Form 8868 (12-2000)

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box **Note: You are not complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization FRENCH-AMERICAN FOUNDATION	Employer identification number 13 : 2847092
	Number, street, and room or suite no. If a P.O. box, see instructions. 28 WEST 44TH ST. SUITE # 1420	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK NY 10036	

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

- Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
- Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- 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 is for.

4 I request an additional 3-month extension of time until MAY 15 2005, 2004

5 For calendar year _____, or other tax year beginning JULY 1, 2003 and ending JUNE 30, 2004

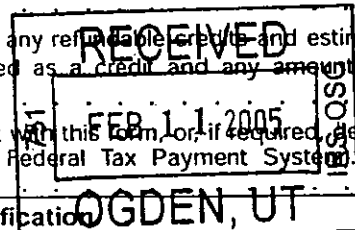
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension WE HAVE BEEN UNABLE
P. GAMER ALL DATA & INFO REQUIRED TO FILE
TAX RETURN

8a 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 \$ 0

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. 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 \$ 0



Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title ACCT Date 2/7/05

Notice to Applicant—To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

By: _____ # _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name SAUL KLAW & CO PC
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 275 MADISON AVENUE
	City or town, province or state, and country (including postal or ZIP code) NEW YORK NY 10016

EXTENSION APPROVED
FEB 25 2005

FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN,