

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2000

Open to Public Inspection

A For the 2000 calendar year, OR tax year period beginning JUL 1, 2000 and ending JUN 30, 2001

B Check if applicable

- ☐ Change of address
☐ Change of name
☐ Initial return
☐ Final return
☐ Amended return (use also for state reporting)

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

WASHINGTON, DC 20009

D Employer identification number

52-1302617

E Telephone number

202-234-8494

F Check ☐ if application pendingG Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 527
OR ☐ 4947(a)(1)

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

J Accounting method

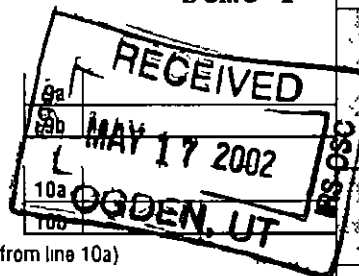
☐ Cash ☒ Accrual ☐ Other (specify) ☐K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

(H and I are not applicable to section 527 orgs.)

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ☐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 ☒ NoI Enter 4-digit group exemption no. (GEN) ☐L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received		1a	896,142.	1d	896,142.
	a	Direct public support		1b		2	132,249.
	b	Indirect public support		1c		3	
	c	Government contributions (grants)				4	5,892.
	d	Total (add lines 1a through 1c) (cash \$ 896,142. noncash \$)				5	8.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)					
	3	Membership dues and assessments					
	4	Interest on savings and temporary cash investments					
	5	Dividends and interest from securities					
	6a	Gross rents		6a		6c	
b	Less rental expenses		6b				
c	Net rental income or (loss) (subtract line 6b from line 6a)				7		
7	Other investment income (describe <input type="checkbox"/>)						
Expenses	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	8a		
	b	Less cost or other basis and sales expenses	8b	3,141.			
	c	Gain or (loss) (attach schedule)	8c	-3,141.			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		stmt 1	8d	-3,141.	
	9	Special events and activities (attach schedule)					
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		9c		
	b	Less direct expenses other than fundraising expenses	9b				
	c	Net income or (loss) from special events (subtract line 9b from line 9a)					
	10a	Gross sales of inventory, less returns and allowances	10a		10c		
	b	Less cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)						
11	Other revenue (from Part VII, line 103)				11	24,841.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	1,055,991.	
Net Assets	13	Program services (from line 44, column (B))				13	842,911.
	14	Management and general (from line 44, column (C))				14	92,538.
	15	Fundraising (from line 44 column (D))				15	92,538.
	16	Payments to affiliates (attach schedule)				16	
	17	Total expenses (add lines 15 and 44, column (A))				17	1,027,987.
18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	28,004.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	532,566.	
20	Other changes in net assets or fund balances (attach explanation)		See Statement 2		20	-15,876.	
21	Net assets or fund balances at end of year (combine lines 18, 19 and 20)				21	544,694.	



SCANNED JUN 07 2002

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 \$100,000 noncash \$	22 100,000.	100,000.	Statement 6	
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 77,441.	61,953.	7,744.	7,744.
26 Other salaries and wages	26 416,025.	332,820.	41,603.	41,602.
27 Pension plan contributions	27 20,053.	16,043.	2,005.	2,005.
28 Other employee benefits	28 53,169.	42,535.	5,317.	5,317.
29 Payroll taxes	29 39,738.	31,790.	3,974.	3,974.
30 Professional fundraising fees	30			
31 Accounting fees	31 12,061.	9,649.	1,206.	1,206.
32 Legal fees	32 277.	221.	28.	28.
33 Supplies	33 11,252.	9,002.	1,125.	1,125.
34 Telephone	34 10,343.	8,275.	1,034.	1,034.
35 Postage and shipping	35 10,255.	8,204.	1,025.	1,026.
36 Occupancy	36 100,681.	80,545.	10,068.	10,068.
37 Equipment rental and maintenance	37 10,780.	8,624.	1,078.	1,078.
38 Printing and publications	38 20,520.	16,416.	2,052.	2,052.
39 Travel	39 8,310.	6,648.	831.	831.
40 Conferences, conventions and meetings	40 4,902.	3,922.	490.	490.
41 Interest	41			
42 Depreciation, depletion etc (attach schedule)	42 44,054.	35,244.	4,405.	4,405.
43 Other expenses (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e See Statement 3	43e 88,126.	71,020.	8,553.	8,553.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 1,027,987.	842,911.	92,538.	92,538.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?

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

What is the organization's primary exempt purpose? See Statement 4

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 See Statement 5		
(Grants and allocations \$)		842,911.
b		
(Grants and allocations \$)		
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)		842,911.

Part IV Balance Sheets

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		45
	46 Savings and temporary cash investments	463,192.	46 374,353.
	47 a Accounts receivable	47a 26,670.	
	b Less allowance for doubtful accounts	47b	47c 26,670.
	48 a Pledges receivable	48a 16,047.	
	b Less allowance for doubtful accounts	48b	48c 16,047.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	10,785.	53 21,503.
	54 Investments - securities Stmt 7 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	573.	54 600.
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 164,133.		
b Less accumulated depreciation Stmt 8	57b 42,553.	57c 121,580.	
58 Other assets (describe ▶ See Statement 9)	825.	58 941.	
59 Total assets (add lines 45 through 58) (must equal line 74)	584,931.	59 561,694.	
Liabilities	60 Accounts payable and accrued expenses	17,006.	60 9,096.
	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		64b
	65 Other liabilities (describe ▶ See Statement 10)	35,359.	65 7,904.
66 Total liabilities (add lines 60 through 65)	52,365.	66 17,000.	
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	64,061.	67 149,756.
	68 Temporarily restricted	468,505.	68 394,938.
	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 and column (B) must equal line 21)	532,566.	73 544,694.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	584,931.	74 561,694.

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.

	N/A	Yes	No
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91 The books are in care of ► O'CONNOR & DESMARAIS, P.C. Telephone no ► (703) 448-0464
Located at ► 6720 CURRAN STREET, MCLEAN, VA. ZIP code ► 22101

023041
12-18-00

Part VII Analysis of Income-Producing Activities

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					9,964.
b TECHNICAL ASSISTANCE					96,035.
c EXPENSE REIMBURSEMENTS					26,250.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,892.	
96 Dividends and interest from securities			14	8.	
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					-3,141.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a SEC 481 (A) ADJ			01	24,841.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		30,741.	129,108.
105 Total (add line 104, columns (B), (D), and (E))					159,849.

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

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)
▼	See Statement 16

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(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

- (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

accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete information of which preparer has any knowledge. (Important: See General Instruction W)

1/15/02 EXECUTIVE DIRECTOR

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 Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

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

OMB No 1545-0047

2000

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 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
None				

Total number of other employees paid over \$50,000

0

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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 III Statements About Activities

	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 \$ 30,004. 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.	1 X	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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?		
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)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 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, page 5.)
- 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 5 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,270,206.	913,995.	646,755.	493,017.	3,323,973.
16 Membership fees received	1,380.	1,945.	2,350.	3,475.	9,150.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	184,211.	74,521.	233,960.	305,263.	797,955.
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	4,669.	4,698.	4,679.	3,695.	17,741.
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	1,460,466.	995,159.	887,744.	805,450.	4,148,819.
24 Line 23 minus line 17	1,276,255.	920,638.	653,784.	500,187.	3,350,864.
25 Enter 1% of line 23	14,605.	9,952.	8,877.	8,055.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a 67,017.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. See Statement 17					26b 2,199,214.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 3,350,864.
d Add: Amounts from column (e) for lines 18 17,741. 19 22 2,199,214.					26d 2,216,955.
e Public support (line 26c minus line 26d total)					26e 1,133,909.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 33.8393%
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year (1999) N/A (1998) (1997) (1996)					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) 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 (1999) (1998) (1997) (1996)					
c Add: Amounts from column (e) for lines 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					None

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

N/A

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?

Yes No

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

a Records indicating the racial composition of the student body, faculty, and administrative staff?

32a

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32b

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions programs, and scholarships?

32c

d Copies of all material used by the organization or on its behalf to solicit contributions?

32d

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?

33a

b Admissions policies?

33b

c Employment of faculty or administrative staff?

33c

d Scholarships or other financial assistance?

33d

e Educational policies?

33e

f Use of facilities?

33f

g Athletic programs?

33g

h Other extracurricular activities?

33h

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) 2000

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

- Check here ☒ If the organization belongs to an affiliated group
 Check here ☐ If you checked "a" above 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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	7,582.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	22,422.
38 Total lobbying expenditures (add lines 36 and 37)	0.	30,004.
39 Other exempt purpose expenditures	0.	1,001,333.
40 Total exempt purpose expenditures (add lines 38 and 39)	0.	1,031,337.
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	0.	44,534.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	0.	0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	0.	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 9 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount	178,134.	182,418.	169,038.	120,735.	650,325.
46 Lobbying ceiling amount (150% of line 45(e))					975,488.
47 Total lobbying expenditures	30,004.	25,554.	23,824.	25,089.	104,471.
48 Grassroots nontaxable amount	44,534.	45,605.	42,260.	30,184.	162,583.
49 Grassroots ceiling amount (150% of line 48(e))					243,875.
50 Grassroots lobbying expenditures	7,582.	3,786.	2,204.	8,156.	21,728.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

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

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of organization

FOCUS PROJECT, INC.

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Employer identification number
52-1302617

Organization type (check one)-Section ☒ 501(c)(3) (enter number) ☐ 527 or ☐ 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see **General rule** below) ☐

Enter here the total gifts received during the year for a religious, charitable, etc., purpose **\$**

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3) if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For *noncharitable* contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the **General rule** discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note. You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

FOCUS PROJECT, INC.

52-1302617

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
3		\$ 200,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
4		\$ 150,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
5		\$ 300,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
6		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

FOCUS PROJECT, INC.

52-1302617

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>20,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>8</u>		\$ <u>15,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>9</u>		\$ <u>30,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>10</u>		\$ <u>5,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>11</u>		\$ <u>100,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>12</u>		\$ <u>40,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

FOCUS PROJECT, INC.

52-1302617

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
13		\$ 15,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
14		\$	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
15		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
16		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
17		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
18		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

IS AVAILABLE TO THE PUBLIC.

Schedule A	Identification of Excess Contributions Included on Part IV, Line 26b	Statement 17
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*** Not Open to Public Inspection ***

Contributor's Name	Total Contribution	Excess Contribution
	150,000.	82,983.
	90,000.	22,983.
	525,000.	457,983.
	300,000.	232,983.
	190,000.	122,983.
	1,100,000.	1,032,983.
	100,000.	32,983.
	145,000.	77,983.
	100,000.	32,983.
	100,000.	32,983.
	68,000.	983.
	135,418.	68,401.
Total Excess Contributions to Schedule A, Line 26b		2,199,214.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1(D)	SHARP COMPUTER	081694SL		7.00	19	17,289.			17,289.	14,613.		2,470.
2(D)	OFFICE EQUIPMENT	111594SL		7.00	19	419.			419.	340.		60.
3(D)	COMPUTER	041596SL		5.00	19	2,057.			2,057.	1,747.		310.
4(D)	MAC PERFORMA	070996SL		5.00	19	2,299.			2,299.	2,097.		202.
5(D)	HP LASERJET	070996SL		5.00	19	1,077.			1,077.	860.		215.
6	VIDEO PROJECTOR	120197SL		7.00	19	3,722.			3,722.	1,330.		532.
7(D)	COMPUTER EQUIPMENT	110597SL		5.00	19	3,711.			3,711.	1,855.		742.
8(D)	COMPUTERS	120197SL		5.00	19	6,000.			6,000.	3,000.		1,200.
9	COMPUTER EQUIPMENT	040198SL		5.00	19	1,798.			1,798.	900.		360.
11	POSTAGE MACHINE	111798200DB5.00		5.00	17	2,695.			2,695.	1,482.		485.
13	FILE SERVER	060399200DB5.00		5.00	17	1,450.			1,450.	624.		330.
14	COMPUTER EQUIPMENT	063000200DB5.00		5.00	17	50,414.			50,414.	2,521.		19,157.
15	COMPUTER EQUIPMENT	051600200DB5.00		5.00	17	1,518.			1,518.	76.		577.
16	ACER TRAVEL MATE 340T	051600200DB5.00		5.00	17	1,788.			1,788.	89.		680.
17	COMPUTER EQUIPMENT	051600200DB5.00		5.00	17	893.			893.	45.		339.
18	SONY MULTISCAN	051600200DB5.00		5.00	17	770.			770.	39.		292.
19	NORTEL NETWORKS BAYSTACK EQUIP	063000200DB5.00		5.00	17	4,580.			4,580.	229.		1,740.
20	MODULAR ROUTER & FIREWALL	090299200DB5.00		5.00	17	2,326.			2,326.	814.		605.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
21	HP LASER JET PRINTER	10/29/99	200DB	5.00	17	1,524.			1,524.	381.		457.
22	UTP BUSINESS SYSTEM FAX MACHINE	11/15/99	200DB	5.00	17	1,014.			1,014.	254.		304.
23	COMPUTER	08/01/00	200DB	5.00	15B	1,421.			1,421.			284.
24	DELL POWERVault 21XS	09/28/00	200DB	5.00	15B	8,357.			8,357.			1,672.
25	DELL POWEREDGE 6450	09/28/00	200DB	5.00	15B	18,771.			18,771.			3,754.
26	DELL COMPUTER EQUIPMENT	09/28/00	200DB	5.00	15B	1,235.			1,235.			247.
27	SMART UPS 2000 COMPUTER EQUIPMENT	12/01/00	200DB	5.00	15B	1,260.			1,260.			252.
28	MILLENNIA MAX GS133	02/22/01	200DB	5.00	15B	1,199.			1,199.			240.
29	MILLENNIA MAX GS133	02/22/01	200DB	5.00	15B	1,178.			1,178.			236.
30	PANASONIC VIDEO CAMERA	02/22/01	200DB	5.00	15B	1,410.			1,410.			282.
31	COPIER	06/11/01	200DB	5.00	15B	15,999.			15,999.			3,200.
32	HP 144GB COMPUTER EQUIPMENT	01/12/01	200DB	5.00	15B	2,488.			2,488.			498.
33	COMPUTER EQUIPMENT	09/01/00	200DB	5.00	15B	1,241.			1,241.			248.
34	BAYSTACK COMPUTER	07/01/00	200DB	5.00	15B	7,028.			7,028.			1,406.
35	INFORMIX SOFTWARE	12/01/00		360M	40	168,931.		0.	168,931.	33,296.	0.	43,376.
36	LINUX 9.21	01/12/01		360M	40	1,300.			1,300.			22.
37	WATCHGUARD FIREBOX SOFTWARE	07/25/00		360M	40	5,080.			5,080.			155.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation -
	* 990 Page 2 Total -					10,268.		0.	10,268.	0.	0.	253.
10	LEASEHOLD IMPROVEMENT	091698SL	39.00	17		8,000.			8,000.	367.		205.
34	LEASEHOLD IMPROVEMENTS	080100SL	39.00	15	I	9,780.			9,780.			220.
	* 990 Page 2 Total -					17,780.		0.	17,780.	367.	0.	425.
	* Grand Total 990 Page 2 Depr & Amort					196,979.		0.	196,979.	33,663.	0.	44,054.

Form 990	Gain (Loss) From Sale of Other Assets	Statement	1
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Description	Date Acquired	Date Sold	Method Acquired
DISPOSAL OF ASSETS	12/01/97	06/30/00	PURCHASED

Name of Buyer	Gross Sales Price	Cost or Other Basis	Expense of Sale	Deprec	Net Gain or (Loss)
NONE	0.	32,852.	0.	29,711.	-3,141.
To Fm 990, Part I, ln 8		32,852.	0.	29,711.	-3,141.

Form 990	Other Changes in Net Assets or Fund Balances	Statement	2
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Description	Amount
DIFFERENCE BETWEEN BOOK AND TAX DEPRECIATION	11,649.
DIFFERENCE BETWEEN BOOK AND TAX LOSS ON ASSET DISPOSAL	-2,711.
SEC 481 (A) ADJ	-24,841.
UNREALIZED GAIN ON INVESTMENT	27.
Total to Form 990, Part I, line 20	-15,876.

Form 990	Other Expenses	Statement	3
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Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
CONSULTING FEES	54,540.	43,632.	5,454.	5,454.
REPAIRS AND MAINTENANCE	9,707.	7,765.	971.	971.
PROMOTION	1,778.	1,422.	178.	178.
COMPUTER/E-MAIL EXPENSE	15,512.	12,410.	1,551.	1,551.
TAXES, LICENSES AND OTHER	320.	256.	32.	32.
MISCELLANEOUS	3,667.	2,933.	367.	367.
BAD DEBT EXPENSE	2,602.	2,602.		
Total to Fm 990, ln 43	88,126.	71,020.	8,553.	8,553.

Form 990	Statement of Organization's Primary Exempt Purpose Part III	Statement	4
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Explanation

EDUCATING THE AMERICAN PUBLIC ON MATTERS CONSIDERED BY THEIR GOVERNMENT.

Form 990	Statement of Program Service Accomplishments	Statement	5
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Description of Program Service One

EDUCATION OF AMERICAN PUBLIC ON MATTERS BEING CONSIDERED BY THE FEDERAL GOVERNMENT.; ANALYZE & EXPLAIN REGULATION ISSUED BY THE FEDERAL GOVERNMENT AND ITS AGENCIES; CONDUCT WORKSHOPS AND SEMINARS CONCERNING THE LEGISLATIVE PROCESS.

	Grants	Expenses
To Form 990, Part III, line a		842,911.

Form 990	Cash Grants and Allocations	Statement	6
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Classification	Donee's Name	Donee's Address	Donee's Relationship	Amount
NONPROFIT ISSUES	CHARITY LOBBYING IN PUBLIC INTEREST	2040 S ST, NW; WASHINGTON, DC 20009	NONE	100,000.
Total Included on Form 990, Part II, line 22				100,000.

Form 990	Non-Government Securities	Statement	7
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Description	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Other Securities	Total Non-Gov't Securities
INVESTMENTS	600.				600.
To Fm 990, ln 54 Col B	600.				600.

Form 990	Depreciation of Assets Not Held for Investment	Statement	8
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Description	Cost or Other Basis	Accumulated Depreciation	Book Value
VIDEO PROJECTOR	3,722.	1,862.	1,860.
COMPUTER EQUIPMENT	1,798.	1,260.	538.
LEASEHOLD IMPROVEMENT	8,000.	572.	7,428.
POSTAGE MACHINE	2,695.	1,967.	728.
FILE SERVER	1,450.	954.	496.
COMPUTER EQUIPMENT	50,414.	21,678.	28,736.
COMPUTER EQUIPMENT	1,518.	653.	865.
ACER TRAVEL MATE 340T	1,788.	769.	1,019.
COMPUTER EQUIPMENT	893.	384.	509.
SONY MULTISCAN	770.	331.	439.
NORTEL NETWORKS BAYSTACK EQUIP	4,580.	1,969.	2,611.
MODULAR ROUTER & FIREWALL	2,326.	1,419.	907.
HP LASER JET PRINTER	1,524.	838.	686.
JTF BUSINESS SYSTEM FAX MACHINE	1,014.	558.	456.
COMPUTER	1,421.	284.	1,137.
DELL POWERVAULT 21XS	8,357.	1,672.	6,685.
DELL POWEREDGE 6450	18,771.	3,754.	15,017.
DELL COMPUTER EQUIPMENT	1,235.	247.	988.
SMART UPS 2000 COMPUTER EQUIPMENT	1,260.	252.	1,008.
MILLENNIA MAX GS133 COMPUTER	1,199.	240.	959.
MILLENNIA MAX GS133 COMPUTER	1,178.	236.	942.
PANASONIC VIDEO CAMERA	1,410.	282.	1,128.
COPIER	15,999.	3,200.	12,799.
HP 144GB COMPUTER EQUIPMENT	2,488.	498.	1,990.
COMPUTER EQUIPMENT	1,241.	248.	993.
LEASEHOLD IMPROVEMENTS	9,780.	220.	9,560.
INFORMIX SOFTWARE	3,888.	76.	3,812.
LINUX 9.21	1,300.	22.	1,278.
WATCHGUARD FIREBOX SOFTWARE	5,080.	155.	4,925.
BAYSTACK COMPUTER EQUIPMENT	7,028.	1,406.	5,622.
Total to Form 990, Part IV, ln 57	164,127.	48,006.	116,121.

Form 990	Other Assets	Statement	9
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Description	Amount
EMPLOYEE ADVANCES	0.
OTHER RECEIVABLES	839.
ACCRUED INTEREST	102.
Total to Form 990, Part IV, line 58, Column B	941.

Form 990	Other Liabilities	Statement	10
Description		Amount	
PAYROLL WITHHOLDINGS		7,904.	
OTHER PAYABLES		0.	
Total to Form 990, Part IV, line 65, Column B		7,904.	

Form 990	Other Revenue Not Included on Form 990	Statement	11
Description		Amount	
UNREALIZED GAIN ON INVESTMENT		27.	
Total to Form 990, Part IV-A		27.	

Form 990	Other Expenses Not Included on Form 990	Statement	12
Description		Amount	
LOSS ON ASSET DISPOSAL		5,852.	
Total to Form 990, Part IV-B		5,852.	

Form 990	Other Revenue Included on Form 990	Statement	13
Description		Amount	
SEC 481 (A) ADJUSTMENT		24,841.	
LOSS ON ASSET DISPOSAL		-3,141.	
Total to Form 990, Part IV-A		21,700.	

Form 990	Other Expenses Included on Form 990	Statement 14
Description		Amount
TAX DEPRECIATION IN EXCESS OF BOOK DEPRECIATION		11,649.
Total to Form 990, Part IV-B		11,649.

Form 990	Part V - List of Officers, Directors, Trustees and Key Employees	Statement 15
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Name and Address	Title and Avrg Hrs/Wk	Compensation	Employee Ben Plan Contrib	Expense Account
GARY D. BASS WASHINGTON, DC	EXEC DIRECTOR 2000 PER YR.	77,441.	4,266.	0.
NANCY AMIDEI SEATTLE, WA	VICE-CHAIR 1-2 HR/WK	0.	0.	0.
RICHARD HEALEY WASHINGTON, DC	BOARD MEMBER 1-2 HR/WK	0.	0.	0.
KRISTINE JACOBS ST PAUL, MN	BOARD MEMBER 1-2 HR/WK	0.	0.	0.
BOB LAWRENCE PORTLAND, OR	TREASURER 1-2 HR/WK	0.	0.	0.
MARK LLOYD WASHINGTON, DC	BOARD MEMBER 1-2 HR/WK	0.	0.	0.
CHARLES LOVELESS WASHINGTON, DC	BOARD MEMBER 1-2 HR/WK	0.	0.	0.
J. MICHAEL MCCLOSKEY PORTLAND, OR	BOARD MEMBER 1-2 HR/WK	0.	0.	0.

DAVID RICE WASHINGTON, DC	BOARD MEMBER 1-2 HR/WK	0.	0.	0.
MARK ROSENMAN WASHINGTON, DC	CHAIR 1-2 HR/WK	0.	0.	0.
MARGARET SEMINARIO WASHINGTON, DC	BOARD MEMBER 1-2 HR/WK	0.	0.	0.
BARBARA SOMSON WASHINGTON, DC	BOARD MEMBER 1-2 HR/WK	0.	0.	0.
CARMEN DELGADO VOTAW WASHINGTON, DC	BOARD MEMBER 1-2 HR/WK	0.	0.	0.
PAUL MARCHAND WASHINGTON, DC	BOARD MEMBER 1-2 HR/WK	0.	0.	0.
JIM WEILL WASHINGTON, DC	BOARD MEMBER 1-2 HR/WK	0.	0.	0.
BARBARA CHOW WASHINGTON, DC	BOARD MEMBER 1-2 HR/WK	0.	0.	0.
LYNN GOLDMAN BALTIMORE, MD	BOARD MEMBER 1-2 HR/WK	0.	0.	0.

Totals Included on Form 990, Part V

77,441. 4,266. 0.

Form 990 Part VIII - Relationship of Activities to Statement 16
Accomplishment of Exempt Purposes

Line	Explanation of Relationship of Activities
93A	INFORMATION DISTRIBUTION TO PUBLIC CONCERNING EXECUTIVE BRANCH, WHITE HOUSE OFFICE OF MANAGEMENT & BUDGET.
93B	TECHNICAL ASSISTANCE AND TRAINING ON THE FEDERAL BUDGET PROCESS AND ON POLICIES THAT RESTRICT CITIZENS ABILITIES TO EXPRESS VIEWS PROVIDED TO RECIPIENTS OF GRANTS AND OTHER INTERESTED PARTIES. PUBLICATION OF BIMONTHLY MAGAZINE ABOUT GOVERNMENT INFORMATION AND REGULATION ISSUES.
93C	COST SHARING ENABLES MORE AVAILABILITY OF COMPUTER NETWORK PROVIDING ACCESS TO INFORMATION ON THE ENVIRONMENT, ITS PROTECTORS AND VIOLATORS (SPILLS/RELEASES OF TOXIC SUBSTANCES.) ALL OF THE ABOVE INFORMATION

Depreciation and Amortization
(Including Information on Listed Property) **990**

OMB No 1545-0172

2000

Attachment
Sequence No **67**

▶ See separate instructions ▶ Attach this form to your return

Name(s) shown on return

Business or activity to which this form relates

Identifying number

FOCUS PROJECT, INC.

Form 990 Page 2

52-1302617

Part I Election To Expense Certain Tangible Property (Section 179) Note. If you have any "listed property," complete Part V before you complete Part I)

1 Maximum dollar limitation. If an enterprise zone business, see instructions	1	20,000.
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	\$200,000
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 amount from line 27	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 1999	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 2001. Add lines 9 and 10, less line 12	13	

Note. Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property)

Section A - General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions. ☐

Section B - General Depreciation System (GDS) (See instructions)

(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
15 a 3-year property		61,587.	5 Yrs.	HY	200DB	12,319.
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	08 /00	9,780.	39 yrs	MM	S/L	220.
	/			MM	S/L	

Section C - Alternative Depreciation System (ADS) (See instructions)

16 a Class life	(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
b 12 year			12 yrs		S/L	
c 40 year						
	/		40 yrs	MM	S/L	

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

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	25,171.
18 Property subject to section 168(f)(1) election	18	
19 ACRS and other depreciation	19	6,091.

Part IV Summary (See instructions)

20 Listed property. Enter amount from line 26	20	
21 Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations see instructions	21	43,801.
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 4562 (2000)

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 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution See instructions for limits for passenger automobiles.)**23a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **23b** 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
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

24 Property used more than 50% in a qualified business use

		%						
		%						
		%						

25 Property used 50% or less in a qualified business use

		%				S/L		
		%				S/L		
		%				S/L		

26 Add amounts in column (h). Enter the total here and on line 20, page 1

26

27 Add amounts in column (i). Enter the total here and on line 7, page 1

27

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	
28 Total business/investment miles driven during the year (DO NOT include commuting miles)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year Add lines 28 through 30												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer 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
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
37 Do you treat all use of vehicles by employees as personal use?		
38 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?		
39 Do you meet the requirements concerning qualified automobile demonstration use?		

Note If your answer to 35, 36, 37, 38, or 39 is "Yes," you need 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
40 Amortization of costs that begins during your 2000 tax year					
See Statement 18					253.
41 Amortization of costs that began before 2000				41	
42 Total. Add amounts in column (f). See instructions for where to report.				42	253.

Form 4562

Part VI - Amortization

Statement 18

(a) Description of Costs	(b) Date Began	(c) Amortizable Amount	(d) Code Section	(e) Period/ Percent	(f) Amortization this year
INFORMIX SOFTWARE	12/01/00	3,888.		360M	76.
LINUX 9.21	01/12/01	1,300.		360M	22.
WATCHGUARD FIREBOX SOFTWARE	07/25/00	5,080.		360M	155.
Total to Form 4562, line 40					253.

Application for Change in Accounting Method

OMB No. 1545-0152

▶ See page 1 of the Instructions for the Automatic Change Procedures

Name of applicant (If a joint return is filed, also give spouse's name)	Identification number (See page 3 of the Instructions)
FOCUS PROJECT, INC	52-1302617
Number, street, and room or suite no. (If a P.O. box, see page 3 of the Instructions)	Tax year of change begins (mo. day yr.) and ends (mo. day yr.)
1742 CONNECTICUT AVE NW	JULY 1, 2000 TO JUNE 30, 2001
City or town, state, and ZIP code	District director's office having jurisdiction
WASHINGTON DC 20009-1103	OGDEN, UTAH
Name of person to contact (If not the applicant, a power of attorney must be submitted)	Contact person's telephone number/Fax number
LORI L. O'BRIEN/CARL F. DESMARAIS	703-448-0464 / 703-734-6912
Check the appropriate box to indicate who is filing this form <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative (Sec. 1381) <input type="checkbox"/> Qualified Personal Service Corporation (Sec. 448(d)(2)) <input checked="" type="checkbox"/> Exempt organization. Enter code section ▶ 501 (C) (3)	Check the appropriate box to indicate the type of accounting method change being requested (See page 3 of the Instructions) <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Insurance Co. (Sec. 816(a)) <input type="checkbox"/> Insurance Co. (Sec. 831) <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Depreciation or Amortization <input type="checkbox"/> Financial Products and/or Financial Activities of Financial Institutions <input checked="" type="checkbox"/> Other (specify) ▶ ACCRUAL

Part I Eligibility To Request Change (All applicants complete Parts I through IV) (See page 2 of the Instructions)

	Yes	No
1 Is the applicant changing its method of accounting under a revenue procedure or other published guidance that provides for an automatic change? (See page 1 of the Instructions) If "Yes," enter the citation of the revenue procedure or other published guidance ▶ REV PROC 99-49	X	
2 Is the applicant changing its method of accounting under sections 263A, 447, 448, 460, or 585(c) for the first tax year the applicant is required to change? If "Yes," the applicant is required to make the change in accounting method under the automatic change procedures set forth in the applicable regulations		X
3a Does the applicant have any Federal income tax returns under examination by the IRS? See section 3.07 of Rev. Proc. 97-27, 1997-1 CB 680 If "Yes," complete line 3b		X
b Is the method of accounting the applicant is requesting to change (i) an issue under consideration or (ii) an issue placed in suspense by the examining agent(s)? See sections 3.08(1) and 6.01 of Rev. Proc. 97-27 If "Yes," the applicant is not eligible to request the change in accounting method. If "No," complete lines 3c through 3e		
c Indicate the "window period" the applicant is filing under or state if the change is being requested with the consent of the district director ▶ See section 6.01 of Rev. Proc. 97-27		
d Has a copy of this Form 3115 been provided to the examining agent(s) for all examinations that are in process? See section 6.01 of Rev. Proc. 97-27		
e Enter the name(s) and telephone number(s) of the examining agent(s) ▶ See section 6.01 of Rev. Proc. 97-27		
4a Is the applicant before an appeals office with respect to any Federal income tax return issue? If "Yes," complete line 4b		X
b Is the method of accounting the applicant is requesting to change an issue under consideration by the appeals office? See sections 3.08(2) and 6.02 of Rev. Proc. 97-27 If "Yes," the applicant is not eligible to request the change in accounting method. If "No," complete lines 4c and 4d		
c Has a copy of this Form 3115 been provided to the appeals officer? See section 6.02 of Rev. Proc. 97-27		
d Enter the name and telephone number of the appeals officer ▶ See section 6.02 of Rev. Proc. 97-27		

Signature — All Applicants (See page 3 of the Instructions)

Under penalties of perjury, I declare that I have examined this application, including accompanying documents, and, to the best of my knowledge and belief, the application contains all the relevant facts relating to the application, and such facts are true, correct, and complete. Declaration of preparer (other than applicant) is based on all information of which preparer has any knowledge.

X Gary D. Bass 5/15/02
 Officer's signature and date
GARY BASS, EXECUTIVE DIRECTOR
 Name and title (print or type)

Parent corporation (if applicable)

Parent officer's signature and date

Name and title (print or type)

Signature(s) of individual or firm preparing the application and date

Name of firm preparing the application

		Yes	No
5a	Is the applicant before a Federal court with respect to any Federal income tax issue? If "Yes," complete line 5b		X
b	Is the method of accounting the applicant is requesting to change an issue under consideration by the Federal court? See sections 3 08(3) and 6 03 of Rev Proc 97-27 If "Yes," the applicant is not eligible to request the change in accounting method If "No," complete line 5c and 5d		
c	Has a copy of this Form 3115 been provided to the counsel for the government? See section 6 03 of Rev Proc 97-27		
d	Enter the name and telephone number of the counsel for the government ► _____ See section 6 03 of Rev Proc 97-27		
6a	Is the applicant a member of an affiliated group filing a consolidated return for the year of change?		X
b	If "Yes," attach a statement listing the parent corporation's (1) name, (2) identification number, (3) address, and (4) tax year		
c	Has the applicant ever been a member of a consolidated group other than the current group? If "Yes," complete line 6b for each group of which the applicant was formerly a member		
d	If the applicant is (or was formerly) a member of a consolidated group, is any consolidated group under examination, before an appeals office, or before a Federal court for a tax year(s) that the applicant was a member of the group? See sections 3 07(1) and 4 02(5) of Rev Proc 97-27 If "Yes," complete lines 3b through 3e, 4b through 4d, or 5b through 5d (whichever are applicable)		
7	If the applicant is an entity (including a limited liability company) treated as a partnership or an S corporation for Federal income tax purposes, is the method of accounting the applicant is requesting to change an issue under consideration in an examination of a partner, member, or shareholder's Federal income tax return or an issue under consideration by an appeals office or by a Federal court with respect to a partner, member, or shareholder's Federal income tax return? See sections 3 08 and 4 02(6) of Rev Proc 97-27 If "Yes," the applicant is not eligible to request the change in accounting method		

8 Is the applicant requesting to change its overall method of accounting? If "Yes," check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting Also complete Schedule A on page 4 of the form Present method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Hybrid (attach description) Proposed method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Hybrid (attach description)		X		
9 If the applicant is not changing its overall method of accounting, attach a description of each of the following a The item being changed b The applicant's present method for the item being changed c The applicant's proposed method for the item being changed d The applicant's present overall method of accounting (cash, accrual, or hybrid)				
10 Attach an explanation of the legal basis supporting the proposed method for the item being changed. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. The applicant is encouraged to include a discussion of any authorities that may be contrary to the proposed method				
11 Attach a description of the applicant's trade or business, including the goods and services it provides and any other types of activities it engages in that generate gross income				
12 Attach a copy of all documents directly related to the proposed change (See page 3 of the instructions)				
13 Attach a statement of the applicant's reasons for the proposed change				
14a Attach an explanation of whether the proposed method of accounting will be used for the taxpayer's books and records and financial statements (Insurance companies, see page 3 of the instructions)				
b Attach an explanation of whether the proposed method of accounting conforms to generally accepted accounting principles (GAAP) and to the best accounting practice in the applicant's trade or business				
15a Does the applicant have more than one trade or business as defined in Regulations section 1.446-1(d)?		X		
b If "Yes," is each trade or business accounted for separately? If "Yes" for each trade or business, attach a description of the type of business, the overall method of accounting, whether the business has changed any accounting method in the past 4 years, and whether the business is changing any accounting method as part of this application or as a separate application				
16 If the applicant is a member of an affiliated group filing a consolidated return for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? If "No," attach an explanation				
17 If the applicant is changing to the cash method, or to the inventory price index computation (IPIC) method under Regulations section 1.472-8(e)(3), or is changing its method of accounting under sections 263A, 448, or 460, enter the gross receipts for the 4 tax years preceding the year of change (See page 3 of the instructions)				
1st preceding year ended mo yr		2nd preceding year ended mo yr	3rd preceding year ended mo yr	4th preceding year ended mo yr
\$		\$	\$	\$

Part II Description of Change (continued)

- 18** Attach a statement addressing whether the applicant has entered (or is considering entering) into a transaction to which section 381(c)(4) or (c)(5) applies (e.g., a reorganization or merger) during the tax year of change determined without regard to any (potential) closing of the year under section 381(b)(1). Also include in the statement an explanation of any changes in method of accounting that resulted (or will result) from the transaction(s).

Part III Section 481(a) Adjustment

	Yes	No
19 Enter the net section 481(a) adjustment for the year of change. Indicate whether the adjustment is an increase (+) or a decrease (-) in income ► \$ <u>+24,814</u>		
20 Has the section 481(a) adjustment been reduced by a pre-1954 amount?		X
21a If the section 481(a) adjustment is less than \$25,000 (positive or negative), does the applicant elect to take the entire amount of the adjustment into account in the year of change?	X	
b If "No," (or if the applicant declines to elect to take the entire amount of the adjustment into account in the year of change), enter the applicable period over which the applicant proposes to take the adjustment into account ► _____		
22 Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a controlled group, or other related parties?		X
If "Yes," attach an explanation		

Part IV Additional Information

	Yes	No
23 Has the applicant, its predecessor, or a related party requested or made (under either an automatic change procedure or a procedure requiring advance consent) a change in accounting method or accounting period in the past 4 years? If "Yes," attach a description of each change and the year of change. If the application was withdrawn, not perfected, or denied, or if a Consent Agreement was sent to the taxpayer but was not signed and returned to the IRS, or if the change was not made, include an explanation.		X
24 Does the applicant, its predecessor, or a related party currently have pending any request for a private letter ruling, a request for change in accounting method or accounting period, or a request for technical advice? If "Yes," for each request, indicate the name(s) of the taxpayer, the type of request (private letter ruling, request for change in accounting method or accounting period, or request for technical advice), and the specific issue in the request.		X
25 Has the applicant attached Form 2848, Power of Attorney and Declaration of Representative? (See the instructions for line 25 and "Person To Contact" on page 3 of the instructions.)	X	
26 Does the applicant request a conference of right at the IRS National Office if the IRS proposes an adverse response?		X
27 Enter the amount of user fee attached to this application ► \$ _____ 0 (See page 2 of the instructions.)		
28 If the applicant qualifies for a reduced user fee for identical accounting method changes, has the information required by section 15.07 of Rev. Proc. 99-1, 1999-1 I.R.B. 6, been attached?		

Schedule A — Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed)

Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. On a separate sheet, state the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, explain the differences on a separate sheet.

Part I **Change in Overall Method** (See page 3 of the instructions)

- 1 Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also attach a statement providing a breakdown of the amounts entered on lines 1a through 1g.

- a Income accrued but not received
- b Income received or reported before it was earned. Attach a description of the income and the legal basis for the proposed method. (See page 3 of the instructions.)
- c Expenses accrued but not paid
- d Prepaid expense previously deducted
- e Supplies on hand previously deducted
- f Inventory on hand previously deducted. Complete Schedule C, Part II.
- g Other amounts (specify) ▶ _____
- h **Net section 481(a) adjustment** (Add lines 1a - 1g.) (See page 3 of the instructions.)

Amount	
\$	24,328
	none
	(10,299)
	10,785
	none
	none
	none
\$	24,814

- 2 Is the applicant also requesting the recurring item exception (section 461(h))? (See page 4 of the instructions.) ☐ Yes ☐ No

Part II **Change to the Cash Method** (See page 4 of the instructions)

Applicants requesting a change to the cash method must attach the following information:

- 1 A description of the applicant's investment in capital items and leased equipment used in the trade or business, and the relationship between these items and the services performed by the business.
- 2 A description of inventory items (items that produce income when sold) and materials and supplies used in carrying out the business.
- 3 The number of employees, shareholders, partners, associates, etc., and a description of their duties in carrying out the applicant's business.
- 4 A schedule showing the age of receivables for each of the 4 tax years preceding the year of change.
- 5 A schedule showing the applicant's taxable income (loss) for each of the 4 tax years preceding the year of change.
- 6 A profit and loss statement showing the taxable income (loss) based on the cash method for each of the 4 tax years preceding the year of change.

Schedule B — Changes Within the LIFO Inventory Method (See page 4 of the instructions)**Part I General LIFO Information**

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all Forms 970, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
 - a Valuing inventory (e.g., unit method or dollar-value method)
 - b Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, pooling method authorized under inventory price index computation (IPIC) method, etc.)
 - c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.)
 - d Figuring the cost of goods in the closing inventory over the cost of goods in the opening inventory (e.g., most recent purchases, earliest acquisitions during the year, average cost of purchases during the year, etc.)
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, specify the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, specify the LIFO pool(s) to which the change is applicable.
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, the applicant should identify which inventory items are valued under each method.

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1.472-8(b)(1) and (2):
 - a A description of the types of products produced by the applicant. If possible, attach a brochure.
 - b A description of the types of processes and raw materials used to produce the products in each proposed pool.
 - c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, the applicant should explain the reasons for the separate facilities, indicate the location of each facility, and provide a description of the products each facility produces.
 - d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
 - e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
 - f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
 - g A statement addressing whether, within the proposed NBU pool(s), there are items sold to others and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

Part III Change to Inventory Price Index Computation (IPIC) Method (See page 4 of the instructions)

If changing to the IPIC method, attach the following items:

- 1 A completed Form 970.
- 2 A statement indicating which indexes, tables, and categories the applicant proposes to use.

Schedule C — Change in the Treatment of Long-Term Contracts, Inventories, or Other Section 263A Assets**Part I Change in Reporting Income From Long-Term Contracts** (Complete Part I and Part III below See page 4 of the instructions)

- 1 To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income from long-term contracts. If the applicant is a construction contractor, include a description of its construction activities.
- 2a Are the applicant's contracts long-term contracts as defined in section 460(f)(1)? (See page 4 of the instructions) ☐ Yes ☐ No
- b If "Yes," do all the contracts qualify for the exception under section 460(e)? (See page 4 of the instructions) ☐ Yes ☐ No
If line 2b is "No," attach an explanation.
- 3a Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)? ☐ Yes ☐ No
- b If "Yes," explain the applicant's present and proposed method(s) of accounting for long-term manufacturing contracts.
- c If any of the manufacturing goods are sold or distributed without installation, attach an explanation.
- 4 If the applicant is requesting to use the percentage of completion method under section 460(b) for reporting its long-term contract income, indicate whether the applicant is electing to determine the completion factor for each long-term contract under the simplified cost-to-cost method. (See page 4 of the instructions)
- 5 Does the applicant want to change the accounting method for all long-term contracts that were outstanding at the beginning of the year of change? ☐ Yes ☐ No
If "No," attach an explanation.
- 6 Attach a statement indicating whether any of the applicant's contracts are either cost-plus long-term contracts or Federal long-term contracts.

Part II Change in Valuing Inventories (Complete Part III if applicable See page 4 of the instructions)

- 1 Attach a description of the inventory goods being changed.
- 2 Attach a description of the inventory goods (if any) NOT being changed.
- 3 Is the applicant's present inventory valuation method in compliance with section 263A? (See page 4 of the instructions) ☐ Yes ☐ No
- 4a Check the appropriate boxes below that identify the present and proposed inventory identification methods and valuation methods being changed and the present inventory identification methods and valuation methods not being changed.
- | | Inventory Being Changed | | Inventory Not Being Changed |
|------------------------------------|-------------------------|-----------------|-----------------------------|
| | Present method | Proposed method | Present method |
| Identification methods | | | |
| Specific identification | | | |
| FIFO | | | |
| LIFO | | | |
| Valuation methods | | | |
| Cost | | | |
| Cost or market, whichever is lower | | | |
| Retail cost | | | |
| Retail, lower of cost or market | | | |
| Other (attach explanation) | | | |
- b Enter the value at the end of the tax year preceding the year of change.
- 5 Attach the computation used to determine the section 481(a) adjustment. If the section 481(a) adjustment is based on more than one component, show the computation for each component.
- 6 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information. (See page 4 of the instructions)
- a Copies of Form(s) 970 filed to adopt or expand the use of the method.
- b A statement describing how the proposed method is consistent with the requirements of Regulations section 1.472-6.

Part III Method of Cost Allocation (See page 4 of the instructions)

Complete this part if the requested change involves either property subject to section 263A or long-term contracts subject to section 460. Check the appropriate boxes in Sections B and C showing which costs, under both the present and proposed methods, are fully included, to the extent required, in the cost of property produced or acquired for resale under section 263A or allocated to long-term contracts under section 460. If a box is not checked, it is assumed that those costs are not fully included to the extent required. If a cost is not fully included, attach an explanation. Mark "N/A" in a box if those costs are not incurred by the applicant with respect to its production, resale, or long-term contract activities.

Section A — Allocation and Capitalization Methods (Schedule C, Part III continued) (See page 4 of the instructions)

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to property produced or acquired for resale. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to property produced or acquired for resale. The description must include the following information:

- 1 The method of allocating direct and indirect costs (i.e., specific identification method, burden rate method, standard cost method, or other reasonable allocation method)
- 2 The method of allocating mixed service costs (i.e., direct reallocation method, step-allocation method, simplified service cost method using the labor-based allocation ratio, or the simplified service cost method using the production cost allocation ratio)
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production method with or without the historic absorption ratio election, simplified resale method with or without the historic absorption ratio election including permissible variations, or the U.S. ratio method)

Section B — Direct and Indirect Costs Required To Be Allocated (See Regulations under sections 263A and 451)

	Present method	Proposed method
1 Direct material		
2 Direct labor		
3 Indirect labor		
4 Officers' compensation (not including selling activities)		
5 Pension and other related costs		
6 Employee benefits		
7 Indirect materials and supplies		
8 Purchasing costs		
9 Handling, processing, assembly, and repackaging costs		
10 Offsite storage and warehousing costs		
11 Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle		
12 Depletion		
13 Rent		
14 Taxes other than state, local, and foreign income taxes		
15 Insurance		
16 Utilities		
17 Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18 Engineering and design costs (not including section 174 research and experimental expenses)		
19 Rework labor, scrap, and spoilage		
20 Tools and equipment		
21 Quality control and inspection		
22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23 Licensing and franchise costs		
24 Capitalizable service costs (including mixed service costs)		
25 Administrative costs (not including any costs of selling or any return on capital)		
26 Research and experimental expenses attributable to long-term contracts		
27 Interest		
28 Other costs (Attach a list of these costs)		

Section C — Other Costs Not Required To Be Allocated

1 Marketing, selling, advertising, and distribution expenses		
2 Research and experimental expenses not included on line 26 above		
3 Bidding expenses not included on line 22 above		
4 General and administrative costs not included in Section B above		
5 Income taxes		
6 Cost of strikes		
7 Warranty and product liability costs		
8 Section 179 costs		
9 On-site storage		
10 Depreciation, amortization, and cost recovery allowance not included on line 11 above		
11 Other costs (Attach a list of these costs)		

Schedule D — Change in Reporting Advance Payments and Depreciation/Amortization**Part I Change in Reporting Advance Payments (See page 4 of the instructions)**

- 1 If the applicant is requesting to defer advance payment for services under Rev Proc 71-21, 1971-2 C B 549, attach the following information
 - a Sample copies of all service agreements used by the applicant that are subject to the requested change in accounting method. Indicate the particular parts of the service agreement that require the taxpayer to perform services
 - b If any parts or materials are provided, explain how the parts or materials relate to the services provided and provide the cost of such parts or materials as an absolute number and a percentage of the contract price
 - c If the change relates to contingent service contracts, explain how the contracts relate to merchandise that is sold, leased, installed, or constructed by the applicant and whether the applicant offers to sell, lease, install, or construct without the service agreement
 - d A description of the method the applicant will use to determine the amount of income earned each year on contingent contracts and why that method clearly reflects income earned and related expenses in each year
- 2 If the applicant is requesting a deferral of advance payments for goods under Regulations section 1.451-5, attach the following information
 - a Sample copies of all agreements for goods or items requiring advance payments used by the applicant that are subject to the requested change in accounting method. Indicate the particular parts of the agreement that require the applicant to provide goods or items
 - b A statement providing that the entire advance payment is for goods or items. If not entirely for goods or items, a statement that an amount equal to 95% of the total contract price is properly allocable to the obligation to provide activities described in Regulations section 1.451-5(a)(1)(i) or (ii) (including services as an integral part of those activities)

Part II Change in Depreciation or Amortization (See page 4 of the instructions)

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section. Applicants must provide this information for each item or class of property for which a change is requested.

Note If the property has been disposed of before the beginning of the year of change, a method change is not permitted for that property. See **Automatic Change Procedures** on page 1 of the instructions for information regarding automatic changes under sections 167, 168, and 197. Also see **When Not To File Form 3115** on page 4 of the instructions for information concerning retroactive elections and election revocations.

- 1 Is depreciation for the property figured under Regulations section 1.167(a)-11 (CLADR)? ☐ Yes ☐ No
If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii)
- 2 Is any of the depreciation or amortization required to be capitalized under any Code section (e.g., section 263A)? ☐ Yes ☐ No
If "Yes," enter the applicable section ► _____
- 3 Has a depreciation or amortization election been made for the property (e.g., the election under section 168(f)(1))? ☐ Yes ☐ No
If "Yes," state the election made ► _____
- 4a To the extent not already provided, attach a statement describing the property being changed. Include in the description the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or income-producing activity.
- b If the property is residential rental property, did the applicant live in the property before renting it? ☐ Yes ☐ No
- c Is the property public utility property? ☐ Yes ☐ No
- 5 To the extent not already provided in the applicant's description of its present method, explain how the property is treated under the applicant's present method (e.g., depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.)
- 6 If the property is not currently treated as depreciable or amortizable property, provide the facts supporting the proposed change to depreciate or amortize the property.
- 7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information under both the present (if applicable) and proposed methods:
 - a The Code section under which the property is depreciated or amortized (e.g., section 168(g))
 - b If the property is depreciated under section 168, identify the applicable asset class in Rev Proc 87-56, 1987-2 C B 674. (If none, state so and explain why.) Also provide the facts supporting the asset class under the proposed method.
 - c The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1)).
 - d The useful life, recovery period, or amortization period of the property.
 - e The applicable convention of the property.

Attachment A to Form 3115

Part II

- 10 Rev Proc 99-49
Change from Cash to Accrual method of accounting
- 11 The Organization educates the American public on matters concerning their government
- 12 See Attachments
- 13 Changing from the cash to accrual method to better reflect the Organization's financial activity
- 14a The proposed method of accounting will be used for the Organization's books, records and financial statements
- 14b The proposed method of accounting conforms to generally accepted accounting principles
- 18 The Organization has not entered into and is not considering entering into a transaction to which section 381(c)(4) or (c)(5) applies during the tax year of change

Focus Project, Inc.
EIN 52-1302617
Page 2 of 2

Attachment A to Form 3115

Schedule A

See Attachment B

The financial statements in Attachment B were prepared on the accrual method of accounting

Line 1a	Accounts receivable	\$ 8,281
	Temp restricted promises to give	<u>16,047</u>
		24,328
Line 1c	Accounts payable	9,978
	Accrued sutu	<u>321</u>
		10,299
Line 1d	Prepaid expenses	10,785

Differences

The \$825 listed as Accounts receivable, employees on the financial statements was not included in Line 1a since it represented an advance to an employee and not revenue. Line 1c Accounts payable excludes \$7,028 of payables for Fixed Assets that were included in the FY1999 tax return as a payable and as a fixed asset. The \$321 of Accrued sutu is included in Payroll taxes payable. The remaining amount in Payroll taxes payable is for tax withholdings.

ATTACHMENT B

FOCUS PROJECT, INC.
STATEMENT OF FINANCIAL POSITION
June 30, 2000

ASSETS

CURRENT ASSETS

Cash and cash equivalents	\$ 456,946
Certificate of deposit	6,246
Accounts receivable	8,281
Accounts receivable, employees	825
Investments	573
Prepaid expense	10,785
Temporarily restricted unconditional promises to give	<u>16,047</u>

TOTAL CURRENT ASSETS 499,703

FIXED ASSETS

Furniture and office equipment at cost, less accumulated depreciation of \$30,148	84,228
Leasehold improvements, less accumulated amortization of \$7,000	<u>1,000</u>

TOTAL ASSETS \$ 584,931

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

Accounts payable	\$ 17,006
Payroll taxes payable	7,859
Net assets payable	<u>27,500</u>

TOTAL CURRENT LIABILITIES 52,365

NET ASSETS

Net assets - unrestricted	64,061
Net assets - temporarily restricted	<u>468,505</u>

TOTAL NET ASSETS 532,566

TOTAL LIABILITIES AND NET ASSETS \$ 584,931

2/3

ATTACHMENT B
FOCUS PROJECT, INC.
STATEMENT OF ACTIVITIES
For the Year Ended June 30, 2000

UNRESTRICTED NET ASSETS

Revenue and Support

Grants	\$ 726,960
Contributions	15,788
Membership	1,730
Technical assistance and speeches	62,505
Publications and reports	6,434
Reimbursements	72,114
Interest	<u>4,669</u>

TOTAL UNRESTRICTED REVENUE AND SUPPORT 890,200

Net assets released from restrictions 263,145

**TOTAL UNRESTRICTED REVENUE, SUPPORT
AND RE-CLASSIFICATIONS** 1,153,345

Expenses

Program Services

Awards	8,000
Conferences	11,370
Consulting fees	84,082
Contributions	2,500
Grants	65,000
Legal	9,160
Printing and mailing house	6,139
Promotions	1,669
Publications	3,109
Salaries, payroll taxes, and employee benefits	628,211
Travel	14,282

Supporting Services

Accounting	11,085
Bad debt expense	1,146
Depreciation and amortization	13,896
Miscellaneous	3,211
Occupancy	87,863
Office supplies	8,822
Office and rental equipment	1,622
Postage and delivery	20,668
Repairs and maintenance	4,959
Taxes, licenses and other	1,074
Telecommunications	<u>54,373</u>

TOTAL EXPENSES 1,042,241

INCREASE IN UNRESTRICTED NET ASSETS \$ 111,104

FOCUS PROJECT, INC.
STATEMENT OF ACTIVITIES
For the Year Ended June 30, 2000

TEMPORARILY RESTRICTED NET ASSETS

Grants	\$ 468,505
Net assets released from restrictions	<u>(263,145)</u>

Increase in temporarily restricted net assets	<u>205,360</u>
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INCREASE IN NET ASSETS

	<u>\$ 316,464</u>
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**Power of Attorney
and Declaration of Representative**

▶ See the separate instructions

OMB No. 1545-0150

For IRS Use Only

Received by

Name _____

Telephone _____

Function _____

Date ____/____/____

Part I Power of Attorney (Type or print)

1 Taxpayer information Taxpayer(s) must sign and date this form on page 2, line 9

Taxpayer name(s) and address FOCUS PROJECT 1742 CONNECTICUT AVE NW WASHINGTON DC 20009-1103	Social security number(s) _____	Employer identification number 52-1302617
	Daytime telephone number 202-234-8494	Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact

2 Representative(s) must sign and date this form on page 2, Part II

Name and address LORI L. O'BRIEN 6720 CURRAN STREET MCLEAN VA 22101	CAF No 6506-05187R Telephone No 703-448-0464 Fax No 703-734-6912 Check if new Address <input type="checkbox"/> Telephone No <input type="checkbox"/>
Name and address CARL F. DESMARAIS 6720 CURRAN STREET MCLEAN VA 22101	CAF No 2605-19093R Telephone No 703-448-0464 Fax No 703-734-6912 Check if new Address <input type="checkbox"/> Telephone No <input type="checkbox"/>
Name and address	CAF No _____ Telephone No _____ Fax No _____ Check if new Address <input type="checkbox"/> Telephone No <input type="checkbox"/>

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (See the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s)
APPLICATION FOR CHANGE IN ACCTING	3115	YE END 6/30/01
INCOME	990	1999 AND 2000

4 Specific use not recorded on Centralized Authorization File (CAF) If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific uses not recorded on CAF** ▶ ☐

5 Acts authorized The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the authority to execute a request for a tax return, or a consent to disclose tax information unless specifically added below, or the power to sign certain returns. See the instructions for Line 5. **Acts authorized**

List any specific additions or deletions to the acts otherwise authorized in this power of attorney _____

Note In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information.

Note The tax matters partner of a partnership is not permitted to authorize representatives to perform certain acts. See the separate instructions for more information.

6 Receipt of refund checks If you want to authorize a representative named on line 2 to receive **BUT NOT TO ENDORSE OR CASH** refund checks, initial here _____ and list the name of that representative below

Name of representative to receive refund check(s) ▶ _____

7 Notices and communications Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2 unless you check one or more of the boxes below

- a If you want the first representative listed on line 2 to receive the original, and yourself a copy, of such notices or communications, check this box ☐
- b If you also want the second representative listed to receive a copy of such notices and communications, check this box ☐
- c If you do not want any notices or communications sent to your representative(s), check this box ☐

8 Retention/revocation of prior power(s) of attorney The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT

9 Signature of taxpayer(s) If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer

▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED

X  5/15/02 EXECUTIVE DIRECTOR
Signature Date Title (if applicable)

GARY BASS

Print Name

Signature Date Title (if applicable)

Print Name

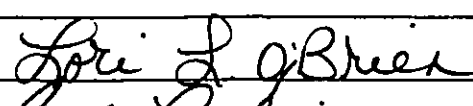

Part II Declaration of Representative

Caution Students with a special order to represent taxpayers in Qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program, see the separate instructions for Part II

Under penalties of perjury, I declare that

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service,
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others,
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there, and
- I am one of the following
 - a Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below
 - b Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below
 - c Enrolled Agent — enrolled as an agent under the requirements of Treasury Department Circular No. 230
 - d Officer — a bona fide officer of the taxpayer's organization
 - e Full-Time Employee — a full-time employee of the taxpayer
 - f Family Member — a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister)
 - g Enrolled Actuary — enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 103(d)(1) of Treasury Department Circular No. 230)
 - h Unenrolled Return Preparer — an unenrolled return preparer under section 107(c)(1)(viii) of Treasury Department Circular No. 230

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED

Designation — Insert above letter (a-h)	Jurisdiction (state) or Enrollment Card No	Signature	Date
b	MD		5-15-02
b	VA		5-15-02

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ☒

Note: Only 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	Employer identification number
	FOCUS PROJECT, INC.	52-1302617
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	1742 CONNECTICUT AVENUE, N.W.	
	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)

- ☒ 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, 2002
 5 For calendar year _____, or other tax year beginning JUL 1, 2000 and ending JUN 30, 2001
 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
ADDITIONAL TIME IS REQUIRED IN ORDER TO OBTAIN THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE 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 \$ _____
 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 \$ N/A

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 O'Connor & Desmarais, P.C. Title CPA'S Date 2/4/02

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 the 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 _____

Director _____ 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
	O'CONNOR & DESMARAIS, P.C.
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	6720 CURRAN STREET
	City or town, province or state, and country (including postal or ZIP code)
	MCLEAN, VA 22101

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 ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note 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)

Note 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

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 |

- 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-month, for 990-T corporation) extension of time until February 15, 2002
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, 2000, and ending JUN 30, 2001

- 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

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 ► EXECUTIVE DIRECTOR

Date ► 11/7/01

LHA For Paperwork Reduction Act Notice, see instruction

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 Only 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		Employer identification number
	FOCUS PROJECT, INC.		52-1302617
	Number, street, and room or suite no. If a P.O. box, see instructions		For IRS use only
	1742 CONNECTICUT AVENUE, N.W.		
	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)

☒ 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, 2002
 5 For calendar year _____, or other tax year beginning JUL 1, 2000 and ending JUN 30, 2001
 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
ADDITIONAL TIME IS REQUIRED IN ORDER TO OBTAIN THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE 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 \$ _____
 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 \$ _____ N/A

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 _____ Title **CPA'S** Date _____

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 the 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 _____

Director _____ 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
	O'CONNOR & DESMARAI, P.C.
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	6720 CURRAN STREET
	City or town, province or state, and country (including postal or ZIP code)
	MCLEAN, VA 22101