

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: FAMICOS FOUNDATION
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address): 1325 ANSEL ROAD
 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: CLEVELAND, OH 441061079

D Employer identification number: 34-1053534
E Telephone number: (216) 791-6476
G Gross receipts \$ 4,403,006

F Name and address of principal officer: JOHN ANOLIEFO, 1325 ANSEL ROAD, CLEVELAND, OH 44106

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527

J Website: ▶ WWW.FAMICOS.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1970
M State of legal domicile: OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO IMPROVE THE QUALITY OF LIFE IN GREATER CLEVELAND THROUGH NEIGHBORHOOD REVITALIZATION, AFFORDABLE HOUSING AND INTEGRATED SOCIAL SERVICES

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	13
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	60
6 Total number of volunteers (estimate if necessary)	65
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,865,512	3,130,347
9 Program service revenue (Part VIII, line 2g)	4,267,004	2,092,670
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-406,485	-876,411
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-49,753	56,400
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,676,278	4,403,006
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,225,336	2,392,822
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶15,706		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,398,928	3,187,996
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,624,264	5,580,818
19 Revenue less expenses Subtract line 18 from line 12	3,052,014	-1,177,812

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	48,732,213	48,651,666
21 Total liabilities (Part X, line 26)	18,887,842	18,854,472
22 Net assets or fund balances Subtract line 21 from line 20	29,844,371	29,797,194

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: *****
 Date: 2019-05-16

JOHN ANOLIEFO EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: FRIEDMAN LEAVITT & ASSOCIATES
 Preparer's signature: [Signature]
 Date: 2019-05-17
 Check if self-employed
 PTIN: P00735747
 Firm's EIN: 34-1878381
 Firm's address: 2193 SOUTH GREEN ROAD, CLEVELAND, OH 44121
 Phone no: (216) 382-6400

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

TO IMPROVE THE QUALITY OF LIFE IN GREATER CLEVELAND THROUGH NEIGHBORHOOD REVITALIZATION, AFFORDABLE HOUSING AND INTEGRATED SOCIAL SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 4,657,948 including grants of \$) (Revenue \$ 2,092,670)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 4,657,948

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	184
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	60		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			No
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (No); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 1 column: Question. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: JOHN ANOLIEFO 1325 ANSEL ROAD CLEVELAND, OH 44106 (216) 791-6476

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH H WEISS JR TRUSTEE	1 00	X					10,000	0	0	
(2) SR CAROL BRANDT TRUSTEE	1 00	X					0	0	0	
(3) LAURA JUNGLAS TRUSTEE	1 00	X					0	0	0	
(4) CHARLES HALL TRUSTEE	1 00	X					0	0	0	
(5) THERESA SUTTON TRUSTEE	1 00	X					0	0	0	
(6) JOHN J WEISS TRUSTEE	1 00	X					0	0	0	
(7) RON SCHUCK TRUSTEE	1 00	X					0	0	0	
(8) KEISHA L JOHNSON TRUSTEE	1 00	X					0	0	0	
(9) CHRISTIAN MORATSCHEK TRUSTEE	1 00	X					0	0	0	
(10) GEOFFREY LEDWIDGE TRUSTEE	1 00	X					0	0	0	
(11) RYAN SIEBEL TREASURER	1 00	X		X			0	0	0	
(12) RICHARD WEAVER PRESIDENT	1 00	X		X			0	0	0	
(13) REV ROBERT MARVA SECRETARY	1 00	X		X			0	0	0	
(14) PETER LEE VICE PRESIDE	1 00	X		X			0	0	0	
(15) JOHN ANOLIEFO EXECUTIVE DI	40 00			X			127,417	0	20,206	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with columns (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for 1b Sub-Total, 1c Total from continuation sheets, and 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Table with questions 3, 4, and 5 regarding compensation reporting and related organizations, with Yes/No columns.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Table for independent contractors with columns (A) Name and business address, (B) Description of services, and (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,067,673				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,062,674				
	g Noncash contributions included in lines 1a - 1f \$ _____						
	h Total. Add lines 1a-1f			3,130,347			
Program Service Revenue	2a MNGT & DEVELOPMENT FEES	Business Code					
		532000	1,862,324	1,862,324			
	b PROGRAM RENTAL	532000	230,346	230,346			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			2,092,670				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		-876,411	-1,243,055		366,644	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a FORGIVENESS OF DEBT INCOME	532000	60,000	60,000				
b FORGIVENESS OF RECEIVABLES	532000	-3,600	-3,600				
c _____							
d All other revenue							
e Total. Add lines 11a-11d			56,400				
12 Total revenue. See Instructions			4,403,006	906,015		366,644	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	147,623		147,623	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,754,452	1,614,171	131,583	8,698
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	46,308	41,768	4,300	240
9 Other employee benefits	282,663	254,953	26,246	1,464
10 Payroll taxes	161,776	138,263	22,749	764
11 Fees for services (non-employees)				
a Management				
b Legal	41,234		41,234	
c Accounting	210,702		210,702	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees	74,763	74,763		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	186,906	131,097	55,733	76
12 Advertising and promotion	25,103	13,880	10,148	1,075
13 Office expenses	88,880	74,019	14,378	483
14 Information technology				
15 Royalties				
16 Occupancy	64,760	10,760	54,000	
17 Travel	11,894	7,986	3,908	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	221,879	220,786	1,093	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	116,394	108,471	7,923	
23 Insurance	34,246	22,358	11,888	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT PROGRAM COSTS	1,778,540	1,760,594	17,946	
b REPAIRS & MAINTENANCE	88,305	54,367	33,938	
c UNCOLLECTIBLE ACCOUNTS	47,436	47,436		
d UTILITIES	43,459	17,743	25,716	
e All other expenses	153,495	64,533	86,056	2,906
25 Total functional expenses. Add lines 1 through 24e.	5,580,818	4,657,948	907,164	15,706
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	950,233	1	789,850
	2 Savings and temporary cash investments	16,078	2	340,170
	3 Pledges and grants receivable, net	280,534	3	120,350
	4 Accounts receivable, net	692,577	4	776,050
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	23,469,720	7	23,942,281
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,754	9	11,207
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,539,635		
	b Less accumulated depreciation	1,176,864		
	11 Investments—publicly traded securities	1,769,923	10c	2,362,771
	12 Investments—other securities See Part IV, line 11	1,789,923	11	1,860,971
	13 Investments—program-related See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets See Part IV, line 11	19,759,471	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	48,732,213	15	18,448,016	
		16	48,651,666	
Liabilities	17 Accounts payable and accrued expenses	310,716	17	414,895
	18 Grants payable		18	
	19 Deferred revenue	1,203,282	19	1,264
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	15,675,458	23	16,620,177
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	1,698,386	25	1,818,136
	26 Total liabilities. Add lines 17 through 25	18,887,842	26	18,854,472
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	29,173,381	27	27,802,378
	28 Temporarily restricted net assets	670,990	28	1,994,816
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	29,844,371	33	29,797,194	
34 Total liabilities and net assets/fund balances	48,732,213	34	48,651,666	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,403,006
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,580,818
3	Revenue less expenses Subtract line 2 from line 1	3	-1,177,812
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,844,371
5	Net unrealized gains (losses) on investments	5	-70,682
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1,201,317
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,797,194

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Software ID:**Software Version:****EIN:** 34-1053534**Name:** FAMICOS FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

FAMICOS FOUNDATION IS ONE OF CLEVELAND'S OLDEST COMMUNITY DEVELOPMENT CORPORATIONS (CDC), FOUNDED IN 1969 BY SISTER HENRIETTA GORRES, SND SHORTLY AFTER THE HOUGH RIOTS AND INCORPORATED IN 1970. FAMICOS FOUNDATION IS CELEBRATING 48 YEARS OF EXISTENCE SERVING RESIDENTS OF CUYAHOGA COUNTY, ESPECIALLY CLEVELAND'S HOUGH AND GLENVILLE NEIGHBORHOODS. THE NAME FAMICOS COMES FROM FAMILY COOPERATIVES OR FAMILY CO-OP/TORS REPRESENTING THE FAMILIES THAT CAME TOGETHER TO HELP SR HENRIETTA DISTRIBUTE FOOD, CLOTHING AND SHELTER TO RESIDENTS OF HOUGH AT INCEPTION. FAMICOS HAS A STAFF CAPACITY OF 47 FULL TIME EMPLOYEES WITH MULTIPLE COMPETENCIES. WITH A MISSION OF IMPROVING THE QUALITY OF LIFE IN GREATER CLEVELAND THROUGH NEIGHBORHOOD REVITALIZATION, AFFORDABLE HOUSING AND INTEGRATED SOCIAL SERVICES, WE PRIDE OURSELVES IN DEVELOPING AFFORDABLE HOUSING, ESPECIALLY THE PRESERVATION OF HISTORIC PROPERTIES. IN 2014 FOLLOWING THE REDRAWING OF CITY OF CLEVELAND WARD BOUNDARIES AND THE DEMISE OF SISTER CDC, GLENVILLE DEVELOPMENT CORPORATION THAT WAS SERVING GLENVILLE, FAMICOS FOUNDATION TOOK OVER THE REIGN OF SERVING THE GLENVILLE NEIGHBORHOOD. IN THE SAME YEAR, FAMICOS FOUNDATION BECAME A CHARTER MEMBER OF NEIGHBORWORKS AMERICA, A NETWORK OF EXCELLENCE, WHICH MAKES ADDITIONAL RESOURCES AVAILABLE FOR THE WORK IN GLENVILLE AND BEYOND. FAMICOS FOUNDATION IS A STATE, COUNTY AND CITY CHDO AND SERVES FIVE COUNTIES IN THE CLEVELAND AREA, CUYAHOGA, LAKE, GEAUGA, PORTAGE, AND MEDINA COUNTIES, RESPECTIVELY. OUR BYLAWS HAVE BEEN AMENDED TO ALLOW BUSINESS IN THESE AREAS. IN 2006, WE DEVELOPED A 106 AFFORDABLE UNIT PROJECT IN MEDINA COUNTY IN PARTNERSHIP WITH MILLENNIA HOUSING MANAGEMENT GROUP OF COMPANIES. IN 2017, FAMICOS AND MILLENNIA IN PARTNERSHIP ACQUIRED A 348 UNIT APARTMENT COMMUNITY IN PORTAGE COUNTY THAT HAS 233 AFFORDABLE UNITS. ATTEMPTS FOR OTHER VIABLE PROJECTS IN THE OTHER COUNTIES HAVE NOT YET MATERIALIZED. AS SUCH, FAMICOS FOUNDATION'S BOARD OF DIRECTORS (14 ACTIVE MEMBERS) ARE CHOSEN FROM THESE FOUR COUNTIES WITH THE MAJORITY FROM CUYAHOGA COUNTY, AND MAINLY CITY OF CLEVELAND. AS A KNOWN AFFORDABLE HOUSING DEVELOPER, FAMICOS FOUNDATION OWNS AND / OR MANAGES TWENTY TWO PARTNERSHIPS COMPRISING SEVEN HUNDRED UNITS OF AFFORDABLE HOUSING FOR FAMILIES, SENIORS AND FORMERLY CHRONICALLY HOMELESS INDIVIDUALS. AS A CONTRACT MANAGER, FAMICOS MANAGES ANOTHER TWO HUNDRED FORTY FIVE AFFORDABLE AND MARKET RATE UNITS THAT SHE DOES NOT OWN. IN 2016, FAMICOS ACQUIRED OWNERSHIP INTERESTS IN THREE PARTNERSHIPS IN THE CITY OF CLEVELAND TO INCREASE OWNERSHIP OF AFFORDABLE UNITS BY 126 UNITS. FAMICOS SIGNATURE MARKET RATE HOMES ARE LOCATED ON E 105TH STREET WITHIN A DEVELOPMENT CALLED HERITAGE LANE. HERITAGE LANE CONSISTS OF THIRTEEN HISTORIC FORMER DUPLEXES CONVERTED TO SINGLE UNITS AND SELLING AT 300,000.00 AND ABOVE. ALL THIRTEEN UNITS ARE SOLD TO OWNER OCCUPANTS. FAMICOS MOST RECENT PROJECTS ARE THE DOAN CLASSROOM APARTMENTS (13 MILLION) AND THE UNIVERSITY TOWERS APARTMENTS (27, MILLION). IN 2016, FAMICOS COMPLETED A SUBSTANTIAL RENOVATION OF NOTRE DAME APARTMENTS USING THE 9% LIHTC FUNDING PROGRAM (PROJECT COSTS OF 10.6 MILLION). OTHER FAMICOS FOUNDATION PROGRAMS INCLUDE EMERGENCY HOME REPAIRS FOR SENIORS, WEATHERIZATION, HEAP, TRANSPORTATION FOR SENIORS LIVING IN FAMICOS PROPERTIES AND IN THE GLENVILLE NEIGHBORHOOD, COMPUTER TRAINING, GED, AFTER SCHOOL TUTORIAL AND MENTORING FOR THE YOUTH, EITC (THE MOST PRODUCTIVE SITE IN THE COUNTY FOUR YEARS IN A ROW), URBAN AGRICULTURE/GARDENING, RAIN BARREL, COMPOSTING, RECYCLING, COMMUNITY ENGAGEMENT, AND MORE. IN ORDER TO IMPROVE THE QUALITY OF LIFE FOR ITS RESIDENTS, FAMICOS FOUNDATION CREATED FAMICOS CARES LEGAL CLINIC IN PARTNERSHIP WITH A LOCAL ATTORNEY, MR. JAMES LEVIN. THE PROGRAM STRIVES TO ASSIST INDIVIDUALS WITH MINOR MISDEMEANOR OFFENSES THROUGH FREE EXPENSEMENT SERVICES. AS OF DECEMBER 31, 2017, MORE THAN 200 RESIDENTS OF CUYAHOGA COUNTY HAVE RECEIVED ASSISTANCE AT NO COSTS TO THEM. THIS SERVICE ALLOWS INDIVIDUALS THE OPPORTUNITY TO APPLY FOR AND OBTAIN A JOB THAT MAKES IT POSSIBLE FOR THEM TO TAKE CARE OF THEMSELVES AND THEIR FAMILIES. FAMICOS FOUNDATION IS KNOWN FOR ITS ABILITY TO COMPLETE PROJECTS. AS A RESULT, FAMICOS IS AMONG THE ORIGINAL ELITE SIX CDCS TO RECEIVE CLEVELAND NEIGHBORHOOD PROGRESS LARGE GRANTS FOR THE SLL PROGRAM AND MAINTAINS THAT FUNDING EVERY YEAR. CURRENTLY FAMICOS IS AMONG NINE CDCS CURRENTLY RECEIVING OPERATING FUNDING FROM CLEVELAND NEIGHBORHOOD PROGRESS (CNP) IN THE SECOND YEAR OF A THREE YEAR CYCLE. SINCE TAKING OVER THE ROLE AS THE CDC FOR GLENVILLE, FAMICOS FOUNDATION EMBARKED ON DEVELOPING A NEIGHBORHOOD REVITALIZATION PLAN, "MYGLENVILLE" WHICH WAS COMPLETED IN JANUARY 2017 AND ADOPTED BY THE PLANNING COMMISSION IN JULY OF 2017. DURING MAY 2017, THE MAYOR OF THE CITY OF CLEVELAND, FRANK G. JACKSON SELECTED GLENVILLE AS THE NEIGHBORHOOD TO LAUNCH THE MAYOR'S NEIGHBORHOOD TRANSFORMATION INITIATIVE TO LEVERAGE ON THE SUCCESS OF FAMICOS WORK IN GLENVILLE. THE MAYOR'S NEIGHBORHOOD TRANSFORMATIVE INITIATIVE IS DESIGNED TO HAVE CATALYTIC IMPACT IN FOUR NEIGHBORHOODS OF THE CITY OF WHICH GLENVILLE IS ONE OF THEM AND CONSISTS OF PUBLIC/PRIVATE PARTNERSHIP OF 25 MILLION FROM THE CITY AND 40 MILLION FROM THE CORPORATE COMMUNITY. THE DESIGNATED PROJECT, A 62 UNIT MIXED USE APARTMENT BUILDING IS SET TO BREAK GROUND JUNE 2018 WITH COMPLETION EXPECTED A YEAR LATER. ACROSS THE STREET FROM THE MIXED-USE APARTMENT BUILDING, THE VETERANS ADMINISTRATION AND THE CUYAHOGA COUNTY FISHER HOUSE FOUNDATION IS POISED TO DEVELOP TWO FISHER HOUSES FOR USE BY FAMILIES VISITING THEIR LOVED ONES RECEIVING MEDICAL ATTENTION AT THE LOUIS STOKES VETERAN'S ADMINISTRATION HOSPITAL, JUST TWO BLOCKS SOUTH. THESE TWO PROJECTS ARE IN ADDITION TO OTHER PROJECTS RECENTLY COMPLETED ON E 105TH STREET SUCH AS THE MEDICAL ARTS BUILDING, NOW KNOWN AS THE MADISON, WHICH WAS A RENOVATION OF A TWELVE UNIT APARTMENT BUILDING AND FIRST FLOOR COMMERCIAL SPACE. BECAUSE OF THESE PROJECTS, RESIDENTS OF GLENVILLE ARE EXCITED AND BUSINESSES ARE LOOKING TO INVEST IN OUR NEIGHBORHOOD RESULTING IN MARKET APPRECIATION.

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FAMICOS FOUNDATION

Employer identification number
34-1053534

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	3,827,616	2,824,290	2,568,756	3,865,512	3,130,347	16,216,521
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,827,616	2,824,290	2,568,756	3,865,512	3,130,347	16,216,521
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,078,074
6	Public support. Subtract line 5 from line 4						13,138,447

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	3,827,616	2,824,290	2,568,756	3,865,512	3,130,347	16,216,521
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	368,565	388,547	363,211	367,629	366,644	1,854,596
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						18,071,117
12	Gross receipts from related activities, etc. (see instructions)					12	4,349,152

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	72.700 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	84.270 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 34-1053534

Name: FAMICOS FOUNDATION

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
FAMICOS FOUNDATION

Employer identification number
34-1053534

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		46,500		46,500
b Buildings		3,350,863	1,094,583	2,256,280
c Leasehold improvements				
d Equipment				
e Other		142,272	82,281	59,991
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,362,771

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) INVESTMENTS IN AFFILIATES	10,132,023
(2) DEFERRED INTEREST RECEIVABLE	3,755,409
(3) LAND & BUILDINGS HELD FOR RESALE	2,401,458
(4) DEFERRED DEVELOPER FEES	2,059,626
(5) DEPOSITS	94,225
(6) CONSTRUCTION IN PROGRESS	5,275
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	18,448,016

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED INTEREST	1,804,326
SECURITY DEPOSITS	13,810
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,818,136

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,332,324
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		-70,682
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	-70,682
3	Subtract line 2e from line 1		3	4,403,006
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	4,403,006

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	5,580,818
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	5,580,818
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	5,580,818

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 34-1053534

Name: FAMICOS FOUNDATION

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION HAS ADOPTED THE ACCOUNTING GUIDANCE FOR UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. IN EVALUATING ITS ACTIVITIES, THE ORGANIZATION BELIEVES ITS POSITION OF TAX-EXEMPT STATUS IS CURRENT BASED ON CURRENT FACTS & CIRCUMSTANCES. THE ORGANIZATION HAS ASSESSED THAT THERE ARE NO ACTIVITIES UNRELATED TO ITS PURPOSE AND, THEREFORE, NO TAX IS TO BE RECOGNIZED. IT IS THE POLICY OF THE ORGANIZATION TO INCLUDE IN OPERATING EXPENSES PENALTIES & INTEREST ASSESSED BY INCOME TAXING AUTHORITIES. THERE ARE NO PENALTIES OR INTEREST INCLUDED IN OPERATING EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2018.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
FAMICOS FOUNDATION

Employer identification number

34-1053534

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>FAMICOS FOUNDATION IS ONE OF CLEVELAND'S OLDEST COMMUNITY DEVELOPMENT CORPORATIONS (CDC), FOUNDED IN 1969 BY SISTER HENRIETTA GORRES, SND SHORTLY AFTER THE HOUGH RIOTS AND INCORPORATED IN 1970 FAMICOS FOUNDATION IS CELEBRATING 48 YEARS OF EXISTENCE SERVING RESIDENTS OF CUYAHOGA COUNTY, ESPECIALLY CLEVELAND'S HOUGH AND GLENVILLE NEIGHBORHOODS THE NAME FAMICOS COMES FROM FAMILY COOPERATIVES OR FAMILY CO-OPERS REPRESENTING THE FAMILIES THAT CAME TOGETHER TO HELP SISTER HENRIETTA DISTRIBUTE FOOD, CLOTHING AND SHELTER TO RESIDENTS OF HOUGH AT INCEPTION FAMICOS HAS A STAFF CAPACITY OF 47 FULL TIME EMPLOYEES WITH MULTIPLE COMPETENCIES WITH A MISSION OF IMPROVING THE QUALITY OF LIFE IN GREATER CLEVELAND THROUGH NEIGHBORHOOD REVITALIZATION, AFFORDABLE HOUSING AND INTEGRATED SOCIAL SERVICES, WE PRIDE OURSELVES IN DEVELOPING AFFORDABLE HOUSING, ESPECIALLY THE PRESERVATION OF HISTORIC PROPERTIES IN 2014 FOLLOWING THE REDRAWING OF CITY OF CLEVELAND WARD BOUNDARIES AND THE DEMISE OF SISTER CDC, GLENVILLE DEVELOPMENT CORPORATION THAT WAS SERVING GLENVILLE, FAMICOS FOUNDATION TOOK OVER THE REIGN OF SERVING THE GLENVILLE NEIGHBORHOOD IN THE SAME YEAR, FAMICOS FOUNDATION BECAME A CHARTER MEMBER OF NEIGHBORWORKS AMERICA, A NETWORK OF EXCELLENCE, WHICH MAKES ADDITIONAL RESOURCES AVAILABLE FOR THE WORK IN GLENVILLE AND BEYOND FAMICOS FOUNDATION IS A STATE, COUNTY AND CITY CHDO AND SERVES FIVE COUNTIES IN THE CLEVELAND AREA, CUYAHOGA, LAKE, GEauga, PORTAGE, AND MEDINA COUNTIES, RESPECTIVELY OUR BYLAWS HAVE BEEN AMENDED TO ALLOW BUSINESS IN THESE AREAS IN 2006, WE DEVELOPED A 106 AFFORDABLE UNIT PROJECT IN MEDINA COUNTY IN PARTNERSHIP WITH MILLENNIA HOUSING MANAGEMENT GROUP OF COMPANIES IN 2017, FAMICOS AND MILLENNIA IN PARTNERSHIP ACQUIRED A 348 UNIT APARTMENT COMMUNITY IN PORTAGE COUNTY THAT HAS 233 AFFORDABLE UNITS ATTEMPTS FOR OTHER VIABLE PROJECTS IN THE OTHER COUNTIES HAVE NOT YET MATERIALIZED AS SUCH, FAMICOS FOUNDATION'S BOARD OF DIRECTORS (14 ACTIVE MEMBERS) ARE CHOSEN FROM THESE FOUR COUNTIES WITH THE MAJORITY FROM CUYAHOGA COUNTY, AND MAINLY CITY OF CLEVELAND AS A KNOWN AFFORDABLE HOUSING DEVELOPER, FAMICOS FOUNDATION OWNS AND / OR MANAGES TWENTY TWO PARTNERSHIPS COMPRISING SEVEN HUNDRED UNITS OF AFFORDABLE HOUSING FOR FAMILIES, SENIORS AND FORMERLY CHRONICALLY HOMELESS INDIVIDUALS AS A CONTRACT MANAGER, FAMICOS MANAGES ANOTHER TWO HUNDRED FORTY FIVE AFFORDABLE AND MARKET RATE UNITS THAT SHE DOES NOT OWN IN 2016, FAMICOS ACQUIRED OWNERSHIP INTERESTS IN THREE PARTNERSHIPS IN THE CITY OF CLEVELAND TO INCREASE OWNERSHIP OF AFFORDABLE UNITS BY 126 UNITS FAMICOS SIGNATURE MARKET RATE HOMES ARE LOCATED ON E 105TH STREET WITHIN A DEVELOPMENT CALLED HERITAGE LANE HERITAGE LANE CONSISTS OF THIRTEEN HISTORIC FORMER DUPLEXES CONVERTED TO SINGLE UNITS AND SELLING AT 300,000.00 AND ABOVE ALL THIRTEEN UNITS ARE SOLD TO OWNER OCCUPANTS FAMICOS MOST RECENT PROJECTS ARE THE DOAN CLASSROOM APARTMENTS (13 MILLION) AND THE UNIVERSITY TOWERS APARTMENTS (27, MIL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>LION) IN 2016, FAMICOS COMPLETED A SUBSTANTIAL RENOVATION OF NOTRE DAME APARTMENTS USING THE 9% LIHTC FUNDING PROGRAM (PROJECT COSTS OF 10.6 MILLION) OTHER FAMICOS FOUNDATION PROGRAMS INCLUDE EMERGENCY HOME REPAIRS FOR SENIORS, WEATHERIZATION, HEAP, TRANSPORTATION FOR SENIORS LIVING IN FAMICOS PROPERTIES AND IN THE GLENVILLE NEIGHBORHOOD, COMPUTER TRAINING, GED, AFTER SCHOOL TUTORIAL AND MENTORING FOR THE YOUTH, EITC (THE MOST PRODUCTIVE SITE IN THE COUNTY FOUR YEARS IN A ROW), URBAN AGRICULTURE/GARDENING, RAIN BARREL, COMPOSTING, RECYCLING, COMMUNITY ENGAGEMENT, AND MORE IN ORDER TO IMPROVE THE QUALITY OF LIFE FOR ITS RESIDENTS, FAMICOS FOUNDATION CREATED FAMICOS CARES LEGAL CLINIC IN PARTNERSHIP WITH A LOCAL ATTORNEY, MR. JAMES LEVIN. THE PROGRAM STRIVES TO ASSIST INDIVIDUALS WITH MINOR MISDEMEANOR OFFENSES THROUGH FREE EXPUNGEMENT SERVICES. AS OF DECEMBER 31, 2017, MORE THAN 200 RESIDENTS OF CUYAHOGA COUNTY HAVE RECEIVED ASSISTANCE AT NO COSTS TO THEM. THIS SERVICE ALLOWS INDIVIDUALS THE OPPORTUNITY TO APPLY FOR AND OBTAIN A JOB THAT MAKES IT POSSIBLE FOR THEM TO TAKE CARE OF THEMSELVES AND THEIR FAMILIES. FAMICOS FOUNDATION IS KNOWN FOR ITS ABILITY TO COMPLETE PROJECTS. AS A RESULT, FAMICOS IS AMONG THE ORIGINAL ELITE SIX CDCS TO RECEIVE CLEVELAND NEIGHBORHOOD PROGRESS LARGE GRANTS FOR THE SLL PROGRAM AND MAINTAINS THAT FUNDING EVERY YEAR. CURRENTLY FAMICOS IS AMONG NINE CDCS CURRENTLY RECEIVING OPERATING FUNDING FROM CLEVELAND NEIGHBORHOOD PROGRESS (CNP) IN THE SECOND YEAR OF A THREE YEAR CYCLE SINCE TAKING OVER THE ROLE AS THE CDC FOR GLENVILLE, FAMICOS FOUNDATION EMBARKED ON DEVELOPING A NEIGHBORHOOD REVITALIZATION PLAN, "MYGLENVILLE" WHICH WAS COMPLETED IN JANUARY 2017 AND ADOPTED BY THE PLANNING COMMISSION IN JULY OF 2017. DURING MAY 2017, THE MAYOR OF THE CITY OF CLEVELAND, FRANK G. JACKSON SELECTED GLENVILLE AS THE NEIGHBORHOOD TO LAUNCH THE MAYOR'S NEIGHBORHOOD TRANSFORMATION INITIATIVE TO LEVERAGE ON THE SUCCESS OF FAMICOS WORK IN GLENVILLE. THE MAYOR'S NEIGHBORHOOD TRANSFORMATIVE INITIATIVE IS DESIGNED TO HAVE CATALYTIC IMPACT IN FOUR NEIGHBORHOODS OF THE CITY OF WHICH GLENVILLE IS ONE OF THEM AND CONSISTS OF PUBLIC/PRIVATE PARTNERSHIP OF 25 MILLION FROM THE CITY AND 40 MILLION FROM THE CORPORATE COMMUNITY. THE DESIGNATED PROJECT, A 62 UNIT MIXED USE APARTMENT BUILDING IS SET TO BREAK GROUND JUNE 2018 WITH COMPLETION EXPECTED A YEAR LATER. ACROSS THE STREET FROM THE MIXED-USE APARTMENT BUILDING, THE VETERANS ADMINISTRATION AND THE CUYAHOGA COUNTY FISHER HOUSE FOUNDATION IS POISED TO DEVELOP TWO FISHER HOUSES FOR USE BY FAMILIES VISITING THEIR LOVED ONES RECEIVING MEDICAL ATTENTION AT THE LOUIS STOKES VETERAN'S ADMINISTRATION HOSPITAL, JUST TWO BLOCKS SOUTH. THESE TWO PROJECTS ARE IN ADDITION TO OTHER PROJECTS RECENTLY COMPLETED ON E. 105TH STREET SUCH AS THE MEDICAL ARTS BUILDING, NOW KNOWN AS THE MADISON, WHICH WAS A RENOVATION OF A TWELVE UNIT APARTMENT BUILDING AND FIRST FLOOR COMMERCIAL SPACE. BECAUSE OF THESE PROJECTS, RESID</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	ENTS OF GLENVILLE ARE EXCITED AND BUSINESSES ARE LOOKING TO INVEST IN OUR NEIGHBORHOOD RESULTING IN MARKET APPRECIATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	JOSEPH H WEISS, JR JOHN J WEISS TRUSTEE TRUSTEE FAMILY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FINANCE COMMITTEE AND THE CONSULTANT CONTROLLER OF FAMICOS REVIEW THE ANNUAL RETURN BEFORE IT IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE PERFORMS AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR AND DETERMINES THE POSITION'S COMPENSATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	APPROPRIATE INFORMATION IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
FAMICOS FOUNDATION

Employer identification number

34-1053534

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 1464 EAST 105 LLC 1325 ANSEL RD CLEVELAND, OH 44106 82-1701813	REAL EST	OH	-131,028	2,612,700	FAMICOS FAMICOS FOUNDATION
(2) FAMICOS FRANKLIN CROSSING LLC 1325 ANSEL RD CLEVELAND, OH 44106 81-4463378	REAL EST	OH		2,050,000	FAMICOS FAMICOS FOUNDATION

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WADE CHATEAU APARTMENTS INC 1325 ANSEL RD CLEVELAND, OH 44106 56-2504071	REAL EST	OH	501C3	7	FAMICOS FAMICOS FOUNDATION		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 34-1053534
Name: FAMICOS FOUNDATION

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CRAWFORD TILDEN APARTMENTS 1325 ANSEL RD CLEVELAND, OH 44106 34-1769276	REAL EST	OH	N/A	RELATED	-146,860	532,208		No		Yes		99 000 %
(1) FAMICOS PROPERTIES LTD 1325 ANSEL RD CLEVELAND, OH 44106 34-1784953	REAL EST	OH	N/A	RELATED	-30	379		No		Yes		0 010 %
(2) FAMICOS FOUNDATION SCATTERED SITE 1325 ANSEL RD CLEVELAND, OH 44106 34-1812425	REAL EST	OH	N/A	RELATED	-85,540	416,556		No		Yes		99 000 %
(3) FAMICOS FOUNDATION SCAT SITE II LTD 1325 ANSEL RD CLEVELAND, OH 44106 31-1516650	REAL EST	OH	N/A	RELATED	-140,916	637,856		No		Yes		99 990 %
(4) FAMICOS NOTRE DAME APTS LTD 1325 ANSEL RD CLEVELAND, OH 44106 34-1832258	REAL EST	OH	N/A	RELATED	-41,563	111,594		No		Yes		99 000 %
(5) FAMICOS FOUNDATION ND LP 1325 ANSEL RD CLEVELAND, OH 44106 46-3077050	REAL EST	OH	N/A	RELATED	-30	925		No		Yes		0 010 %
(6) LAKEVIEW PLACE DEVELOPMENT LTD 1325 ANSEL RD CLEVELAND, OH 44106 34-1859148	REAL EST	OH	N/A	RELATED	-21,672	1,456,575		No		Yes		99 990 %
(7) GLENVILLE ELDERLY LP 1325 ANSEL RD CLEVELAND, OH 44106 34-1885111	REAL EST	OH	N/A	RELATED	15,279	1,522,159		No		Yes		99 990 %
(8) GLENVILLE HOMES II LP 1325 ANSEL RD CLEVELAND, OH 44106 34-1857600	REAL EST	OH	N/A	RELATED	-54,792	884,997		No		Yes		99 990 %
(9) GLENVILLE HOMES III LP 1325 ANSEL RD CLEVELAND, OH 44106 14-1873156	REAL EST	OH	N/A	RELATED	-30	642		No		Yes		0 010 %
(10) PWA EMERITUS LLC 1325 ANSEL RD CLEVELAND, OH 44106 56-2518744	REAL EST	OH	N/A	RELATED	-231	7,616		No			No	0 100 %
(11) LANGSTON HUGHES CENTER LLC 1325 ANSEL RD CLEVELAND, OH 44106 26-3540378	REAL EST	OH	N/A	RELATED	128	38,976		No			No	1 000 %
(12) NOTRE DAME COMMUNITY HOMES LP 1325 ANSEL RD CLEVELAND, OH 44106 34-1949278	REAL EST	OH	N/A	RELATED	-76,883	1,111,861		No		Yes		99 990 %
(13) 1341 EAST BOULEVARD LLC 1325 ANSEL RD CLEVELAND, OH 44106 27-2167303	REAL EST	OH	N/A	RELATED	-39,282	926,429		No		Yes		99 990 %
(14) FAIRFAX ELDERLY HOMES LP 1325 ANSEL RD CLEVELAND, OH 44106 54-2066971	REAL EST	OH	N/A	RELATED	-18	237		No			No	0 010 %

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) PARK VILLAGE COMMUNITY LP 1325 ANSEL RD CLEVELAND, OH 44106 34-1949276	REAL EST	OH	N/A	RELATED	-17	203		No		Yes		0 010 %
(1) WADE CHATEAU APARTMENTS LP 1325 ANSEL RD CLEVELAND, OH 44106 56-2504074	REAL EST	OH	N/A	RELATED	-25	611		No		Yes		0 010 %
(2) FAMICOS DOAN CLASSROOM LLC 1325 ANSEL RD CLEVELAND, OH 44106 27-3196769	REAL EST	OH	N/A	RELATED	-39	936		No		Yes		0 010 %
(3) HISTORIC NEWTON AVENUE APTS LP 1325 ANSEL RD CLEVELAND, OH 44106 04-3612592	REAL EST	OH	N/A	RELATED	-38	392		No		Yes		0 010 %
(4) LIBERTY PLAZA II LTD 1325 ANSEL RD CLEVELAND, OH 44106 20-2464001	REAL EST	OH	N/A	RELATED	-70	4,006		No			No	0 050 %
(5) FAMICOS FOUNDATION UT LP 1325 ANSEL RD CLEVELAND, OH 44106 45-2714625	REAL EST	OH	N/A	RELATED	-742	22,221		No		Yes		0 100 %
(6) FRANKLIN CROSSING OH LP 1325 ANSEL RD CLEVELAND, OH 44106 47-5031569	REAL EST	OH	N/A	RELATED	-7	1,530		No			No	
(7) 1990 FORD DRIVE OWNER LLC 1325 ANSEL RD CLEVELAND, OH 44106 47-4975667	REAL EST	OH	N/A	RELATED	-56	1,426		No			No	0 010 %
(8) MORNING STAR TOWER LTD 1325 ANSEL RD CLEVELAND, OH 44106 30-0734848	REAL EST	OH	N/A	RELATED	-38	1,849		No			No	0 010 %
(9) CG-98 LP 1325 ANSEL RD CLEVELAND, OH 44106 34-1858561	REAL EST	OH	N/A	RELATED	-110,937	1,009,677		No			No	99 900 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CRAWFORD TILDEN APARTMENTS INC 1325 ANSEL RD CLEVELAND, OH 44106 34-1769277	REAL EST	OH	N/A	C CORP	-1,483		100 000 %		No
(1) FAMICOS ENTERPRISES INC 1325 ANSEL RD CLEVELAND, OH 44106 34-1453749	REAL EST	OH	N/A	C CORP	-30		100 000 %		No
(2) FAMICOS FOUNDATION SCAT SITE INC 1325 ANSEL RD CLEVELAND, OH 44106 34-1812423	REAL EST	OH	N/A	C CORP	-864	4,208	100 000 %		No
(3) FAMICOS FOUNDATION SCAT SITE II INC 1325 ANSEL RD CLEVELAND, OH 44106 31-1516646	REAL EST	OH	N/A	C CORP	-14	64	100 000 %		No
(4) FAMICOS NOTRE DAME APTS INC 1325 ANSEL RD CLEVELAND, OH 44106 34-1823828	REAL EST	OH	N/A	C CORP	-420	1,127	100 000 %		No
(5) FAMICOS FOUNDATION ND INC 1325 ANSEL RD CLEVELAND, OH 44106 46-3066700	REAL EST	OH	N/A	C CORP	-30	925	100 000 %		No
(6) FAMICOS LAKEVIEW GP INC 1325 ANSEL RD CLEVELAND, OH 44106 81-1465255	REAL EST	OH	N/A	C CORP	-2	146	100 000 %		No
(7) FAMICOS GLENVILLE ELDERLY I INC 1325 ANSEL RD CLEVELAND, OH 44106 81-3279503	REAL EST	OH	N/A	C CORP	2	152	100 000 %		No
(8) FAMICOS GLENVILLE HOMES II INC 1325 ANSEL RD CLEVELAND, OH 44106 81-1816595	REAL EST	OH	N/A	C CORP	-5	89	100 000 %		No
(9) FAMICOS GLENVILLE HOMES III INC 1325 ANSEL RD CLEVELAND, OH 44106 81-1123508	REAL EST	OH	N/A	C CORP	-30	642	100 000 %		No
(10) FAMICOS EMERITUS INC 1325 ANSEL RD CLEVELAND, OH 44106 56-2518745	REAL EST	OH	N/A	C CORP	-233	1,914,392	100 000 %		No
(11) NOTRE DAME COMMUNITY HOMES INC 1325 ANSEL RD CLEVELAND, OH 44106 34-1949275	REAL EST	OH	N/A	C CORP	-8		100 000 %		No
(12) 1341 EAST BOULEVARD INC 1325 ANSEL RD CLEVELAND, OH 44106 27-2167129	REAL EST	OH	N/A	C CORP	-4	509,875	100 000 %		No
(13) PARK VILLAGE COMMUNITY INC 1325 ANSEL RD CLEVELAND, OH 44106 34-1949275	REAL EST	OH	N/A	C CORP	-33	300,316	100 000 %		No
(14) FAMICOS LIBERTY II INC 1325 ANSEL RD CLEVELAND, OH 44106 20-4125010	REAL EST	OH	N/A	C CORP	-70	-577	100 000 %		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) 1990 FORD DRIVE MM INC 1325 ANSEL RD CLEVELAND, OH 44106 81-2620350	REAL EST	OH	N/A	C CORP	-14	41,500	25 000 %		No
(1) FAMICOS MORNING STAR INC 1325 ANSEL RD CLEVELAND, OH 44106 45-5260004	REAL EST	OH	N/A	C CORP	-38		100 000 %		No
(2) FAMICOS DOAN CLASSROOM INC 1325 ANSEL RD CLEVELAND, OH 44106 27-3196746	REAL EST	OH	N/A	C CORP	-299		100 000 %		No
(3) HISTORIC NEWTON AVENUE APTS INC 1325 ANSEL RD CLEVELAND, OH 44106 04-3612585	REAL EST	OH	N/A	C CORP	-33	223,061	100 000 %		No
(4) FAMICOS FOUNDATION UT INC 1325 ANSEL RD CLEVELAND, OH 44106 45-2714439	REAL EST	OH	N/A	C CORP	-571	1,513,128	100 000 %		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	LIBERTY PLAZA II LTD	S	186,029	FMV
(1)	LIBERTY PLAZA II LTD	A	30,712	FMV
(2)	FAMICOS DOAN CLASSROOM LLC	S	170,994	FMV
(3)	FAMICOS FOUNDATION ND LP	P	112,282	FMV
(4)	FAMICOS PROPERTIES LTD	P	86,086	FMV
(5)	HISTORIC NEWTON AVENUE APTS LTD	A	796	FMV
(6)	PARK VILLAGE COMMUNITY LP	P	111,534	FMV
(7)	WADE CHATEAU APARTMENTS LP	P	61,418	FMV
(8)	FAMICOS FOUNDATION UT LP	P	219,810	FMV
(9)	FAMICOS DOAN CLASSROOM LLC	P	97,712	FMV
(10)	1990 FORD DRIVE OWNER LLC	P	328,857	FMV
(11)	GLENVILLE HOMES III LP	P	96,102	FMV
(12)	GLENVILLE HOMES II LP	P	53,580	FMV
(13)	FAMICOS FOUNDATION UT LP	S	222,247	FMV
(14)	GLENVILLE ELDERLY II LP	B	240,000	FMV
(15)	GLENVILLE ELDERLY II LP	P	68,710	FMV
(16)	FAMICOS DOAN CLASSROOM LLC	A	19,896	FMV
(17)	PWA EMERITUS HOUSE LLC	A	500	FMV