

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
2019
Open to Public Inspection

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

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) Room/suite
1325 ANSEL ROAD

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 \$ 6,359,364

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)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	65
6 Total number of volunteers (estimate if necessary)	6	65
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,130,347	3,588,152
9 Program service revenue (Part VIII, line 2g)	2,092,670	2,271,889
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-876,411	628,783
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,400	-129,460
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,403,006	6,359,364

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)	2,392,822	2,845,193
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 84,915		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,187,996	2,888,254
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,580,818	5,733,447
19 Revenue less expenses. Subtract line 18 from line 12	-1,177,812	625,917

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	48,651,666	50,211,785
21 Total liabilities (Part X, line 26)	18,854,472	19,589,041
22 Net assets or fund balances. Subtract line 21 from line 20	29,797,194	30,622,744

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: 2020-09-21

JOHN ANOLIEFO EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2020-10-20

Check if self-employed PTIN: P00735747

Firm's name ▶ FRIEDMAN LEAVITT & ASSOCIATES Firm's EIN ▶ 34-1878381

Firm's address ▶ 2193 SOUTH GREEN ROAD CLEVELAND, OH 44121 Phone no. (216) 382-6400

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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 \$ 4,643,088 including grants of \$) (Revenue \$ 2,271,889)
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 ▶ 4,643,088

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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 65
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? If "No" to line 3b, provide an explanation in Schedule O 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
9 Sponsoring organizations maintaining donor advised funds.
a 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? If "No," provide an explanation in Schedule O 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 (13), 1b (12), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (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 (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (No), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 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.
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.

See instructions for the order in which to list the persons above.

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) SR CAROL BRANDT TRUSTEE	1.00	X					0	0	0	
(2) CHRISTIAN E CARSON TRUSTEE	1.00	X					0	0	0	
(3) CHARLES HALL TRUSTEE	1.00	X					0	0	0	
(4) THERESA SUTTON TRUSTEE	1.00	X					0	0	0	
(5) RANDA JACKSON TRUSTEE	1.00	X					0	0	0	
(6) KESHIA JOHNSON CHAMBERS TRUSTEE	1.00	X					0	0	0	
(7) JOSEPH H WEISS JR TRUSTEE	1.00	X					13,000	0	0	
(8) CHRISTIAN MORATSCHEK TRUSTEE	1.00	X					0	0	0	
(9) GEOFFREY LEDWIDGE TRUSTEE	1.00	X					0	0	0	
(10) RYAN SIEBEL TREASURER	1.00	X		X			0	0	0	
(11) LAURA JUNGLAS PRESIDENT	1.00	X		X			0	0	0	
(12) JOHN J WEISS SECRETARY	1.00	X		X			0	0	0	
(13) PETER LEE VICE PRESIDE	1.00	X		X			0	0	0	
(14) JOHN ANOLIEFO EXECUTIVE DI	40.00			X			169,630	0	24,309	

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	2,251,438		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,336,714		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		3,588,152		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a MNGT & DEVELOPMENT FEES		532000	1,997,977	1,997,977		
b PROGRAM RENTAL		532000	273,912	273,912		
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			2,271,889			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		628,783	259,208		369,575		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b				
			c Gain or (loss)	7c				
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events							
	9a Gross income from gaming activities. See Part IV, line 19	9a						
			b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities							
	10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold			10b					
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue		Business Code						
11a RECEIPT - PRIOR YEAR BAD DEBT		532000	66,500	66,500				
b IMPAIRMENT LOSS		532000	-26,853	-26,853				
c FORGIVENESS OF RECEIVABLES		532000	-169,107	-169,107				
d All other revenue								
e Total. Add lines 11a-11d			-129,460					
12 Total revenue. See instructions			6,359,364	2,401,637		369,575		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	193,939		193,939	
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	2,043,054	1,825,331	172,201	45,522
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	46,005	39,543	1,143	5,319
9 Other employee benefits	391,083	336,154	50,177	4,752
10 Payroll taxes	171,112	139,768	27,660	3,684
11 Fees for services (non-employees):				
a Management				
b Legal	25,523		25,523	
c Accounting	214,521		214,521	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	122,421	122,421		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	180,333	102,023	77,890	420
12 Advertising and promotion	20,979	8,848	8,805	3,326
13 Office expenses	116,604	96,190	18,015	2,399
14 Information technology				
15 Royalties				
16 Occupancy	70,048	60,595	9,453	
17 Travel	4,424	2,317	2,107	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	174,629	171,492	3,137	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	130,987	117,732	13,255	
23 Insurance	42,660	31,153	11,507	
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	1,357,992	1,357,992		
b REPAIRS & MAINTENANCE	103,764	65,236	38,528	
c STAFF DEVELOPMENT	84,478	60,725	22,535	1,218
d UTILITIES	60,263	30,762	29,501	
e All other expenses	178,628	74,806	85,547	18,275
25 Total functional expenses. Add lines 1 through 24e	5,733,447	4,643,088	1,005,444	84,915
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	789,850	1	582,074
	2 Savings and temporary cash investments	340,170	2	25,067
	3 Pledges and grants receivable, net	120,350	3	159,417
	4 Accounts receivable, net	776,050	4	1,084,186
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	23,942,281	7	23,758,352
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,207	9	21,699
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,404,057		
	b Less: accumulated depreciation	1,270,903		
	11 Investments—publicly traded securities	1,860,971	11	2,060,604
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	18,448,016	15	19,387,232
16 Total assets. Add lines 1 through 15 (must equal line 34)	48,651,666	16	50,211,785	
Liabilities	17 Accounts payable and accrued expenses	414,895	17	497,834
	18 Grants payable		18	
	19 Deferred revenue	1,264	19	2,000
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	16,620,177	23	17,099,773
	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	1,818,136	25	1,989,434
	26 Total liabilities. Add lines 17 through 25	18,854,472	26	19,589,041
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	27,802,378	27	28,918,649
	28 Net assets with donor restrictions	1,994,816	28	1,704,095
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	29,797,194	32	30,622,744	
33 Total liabilities and net assets/fund balances	48,651,666	33	50,211,785	

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	6,359,364
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,733,447
3	Revenue less expenses. Subtract line 2 from line 1	3	625,917
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,797,194
5	Net unrealized gains (losses) on investments	5	199,633
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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	30,622,744

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 (2019)

Form 990, Part III, Line 4a:

FAMICOS FOUNDATION PROGRAM SERVICE ACCOMPLISHMENTS 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-OPOTORS 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 46 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 THAT 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, WHICH HAS 233 AFFORDABLE UNITS. AS SUCH, FAMICOS FOUNDATION'S BOARD OF DIRECTORS (13 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 FORTY FIVE UNITS OF AFFORDABLE HOUSING FOR FAMILIES, SENIORS AND FORMERLY CHRONICALLY HOMELESS INDIVIDUALS. AS A CONTRACT MANAGER, FAMICOS MANAGES ANOTHER TWO HUNDRED AFFORDABLE AND MARKET RATE UNITS THAT SHE DOES NOT OWN. 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. IN 2013, FAMICOS COMPLETED THE DOAN CLASSROOM APARTMENTS (13 MILLION) AND THE UNIVERSITY TOWERS APARTMENTS (27, MILLION). IN 2016, FAMICOS COMPLETED A SUBSTANTIAL RENOVATION OF NOTRE DAME APARTMENTS (10.6 MILLION) USING THE 9% LIHTC FUNDING PROGRAM. CURRENTLY, FAMICOS IS IMPLEMENTING THE CONSTRUCTION AND LEASE UP OF 30 SINGLE FAMILY SCATTERED SITE HOUSING UNITS USING THE 9% LIHTC FUNDING IN A PROJECT CALLED CIRCLE NORTH. OTHER FAMICOS FOUNDATION PROGRAMS INCLUDE EMERGENCY HOME REPAIRS FOR SENIORS, TRANSPORTATION FOR SENIORS LIVING IN FAMICOS PROPERTIES AND IN THE GLENVILLE, HOUGH AND ST CLAIR SUPERIOR NEIGHBORHOODS, COMPUTER TRAINING, CINANCIAL CAPABILITY TRAINING, HOME BUYER'S EDUCATION AND COUNSELLING, AFTER SCHOOL TUTORIAL AND MENTORING FOR THE YOUTH, EITC (THE MOST PRODUCTIVE SITE IN THE COUNTY EVERY YEAR AND COUNTING FOR THE PAST SEVERAL YEARS), FOOD PANTRY AND FOOD DISTRIBUTION TO LOW INCOME FAMILIES AND SENIORS, URBAN AGRICULTURE AND 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, 2019, MORE THAN 500 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. IT IS A PROGRAM ABOUT SOCIAL JUSTICE AND THOSE WHO HAVE RECEIVED ASSISTANCE HAVE TALKED ABOUT HOW THE PROGRAM CHANGED THEIR LIVES IN SO MANY POSITIVE WAYS. 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 (CNP) LARGE GRANTS FOR THE STRATEGIC INVESTMENT INITIATIVE (SLL) PROGRAM AND MAINTAINS THAT FUNDING EVERY YEAR. CURRENTLY, FAMICOS IS AMONG NINE CDCS CURRENTLY RECEIVING OPERATING FUNDING FROM CNP IN THE FIRST YEAR OF A THREE YEAR GRANT CYCLE. IN ADDITION, FAMICOS FOUNDATION IS A CHARTERED MEMBER OF NEIGHBORWORKS AMERICA (NWA), WHICH IS A LINE ITEM IN THE FEDERAL BUDGET AND CONSISTING OF 240 NON-PROFIT ORGANIZATIONS ACROSS THE COUNTRY, INCLUDING PUERTO RICO AND KNOWN AS A NETWORK OF EXCELLENCE. 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. THIS PLAN PROVIDES THE GUIDANCE FOR FAMICOS' REVITALIZATION ACTIVITIES IN GLENVILLE. 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 63 UNIT MIXED USE APARTMENT BUILDING WAS COMPLETED IN DECEMBER 2019 AS WELL AS THE TWO VETERANS ADMINISTRATION AND CUYAHOGA COUNTY FISHER HOUSE FOUNDATION FISHER HOUSES CONSISTING OF 32 HOUSING UNITS FOR USE BY FAMILIES OF VETERANS VISITING THEIR LOVED ONES RECEIVING MEDICAL ATTENTION AT THE LOUIS STOKES VETERAN'S ADMINISTRATION HOSPITAL. 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 APARTMENTS BUILDING AND FIRST FLOOR COMMERCIAL SPACE. ALSO, FAMICOS FOUNDATION IS THE QUARTERBACK OF THE GLENVILLE PURPOSE BUILT COMMUNITIES PROGRAM IN CLEVELAND OVER THE PAST 5 YEARS. PURPOSE BUILT COMMUNITIES (PBC) IS A NON-PROFIT CONSULTING ORGANIZATION FOUNDED IN EASTLAKE, ATLANTA, GA THAT USES ITS MODEL OF USING AFFORDABLE HOUSING, HEALTH & WELLNESS PROGRAMS FOCUSED AROUND AN ELEMENTARY SCHOOL TO TRANSFORM THE SCHOOL AND NEIGHBORHOOD INTO A NEIGHBORHOOD OF CHOICE AND THE BEST SCHOOL FOR PARENTS TO SEND THEIR CHILDREN. FAMICOS IS COLLABORATING WITH THE CLEVELAND METROPOLITAN SCHOOL DISTRICT (CMSD), CLEVELAND FOUNDATION AND A HOST OF OTHER STAKE HOLDERS IN THE IMPLEMENTATION OF PBC MODEL IN GLENVILLE, WHICH IS ONE OF TWO SITES IN CLEVELAND. MARY BETHUNE K-12 ELEMENTARY SCHOOL IS THE EPICENTER OF PBC ACTIVITIES WITH THE GOAL OF TRANSFORMING IT FROM A C SCHOOL TO AN A SCHOOL.

SCHEDULE A
(Form 990 or 990-EZ)

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 instructions and the latest information.

OMB No. 1545-0047
2019
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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	2,824,290	2,568,756	3,865,512	3,130,347	3,588,152	15,977,057
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	2,824,290	2,568,756	3,865,512	3,130,347	3,588,152	15,977,057
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) . . .						5,844,747
6 Public support. Subtract line 5 from line 4.						10,132,310

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	2,824,290	2,568,756	3,865,512	3,130,347	3,588,152	15,977,057
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	388,547	363,211	367,629	366,644	369,575	1,855,606
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						17,832,663
12 Gross receipts from related activities, etc. (see instructions)					12	6,750,789

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 2019 (line 6, column (f) divided by line 11, column (f))	14	56.820 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	72.700 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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>		
		11a	
		11b	
		11c	

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>		
		1	
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>		
		2	

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>		
		1	

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?		
		1	
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>		
		2	
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>		
		3	

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.		
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>	Yes	No
		2a	
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>		
		2b	
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>		
		3a	
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>		
		3b	

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

- 1** 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

OMB No. 1545-0047 2019 Open to Public Inspection

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 instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure) and a table for conservation easement statistics (Total number, acreage, certified historic structures).

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for reporting revenue and assets.

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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 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
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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		4,233,711	1,212,315	3,021,396
c Leasehold improvements				
d Equipment				
e Other		123,846	58,588	65,258
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,133,154

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	10,681,781
(2) DEFERRED INTEREST RECEIVABLE	3,961,374
(3) LAND & BUILDINGS HELD FOR RESALE	2,747,397
(4) DEFERRED DEVELOPER FEES	1,979,692
(5) CONSTRUCTION IN PROGRESS	14,788
(6) DEPOSITS	2,200
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	19,387,232

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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,989,434

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	6,558,997
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	199,633	
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	199,633
3	Subtract line 2e from line 1		3	6,359,364
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	6,359,364

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	5,733,447
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	5,733,447
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	5,733,447

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 VALUATING 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, 2019.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FAMICOS FOUNDATION

Employer identification number
34-1053534

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-
EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
FAMICOS FOUNDATION

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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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 PROGRAM SERVICE ACCOMPLISHMENTS FAMICOS FOUNDATION IS ONE OF CLEVELAND' S OLDEST COMMUNITY DEVELOPMENT CORPORATIONS (CDC), FOUNDED IN 1969 BY SISTER HENRIETTA GOR RES, 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 SR. HENRIETTA DISTRIBUTE FOOD, CLOTHING AND SHELTER TO RESIDENTS OF HOUGH AT INCEPTION. FAMICOS HAS A STAFF CAPACITY OF 46 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 THAT 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, WHICH HAS 233 AFFORDABLE UNITS. AS SUCH, FAMICOS FOUNDATION'S BOARD OF DIRECTORS (13 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 FORTY FIVE UNITS OF AFFORDABLE HOUSING FOR FAMILIES, SENIORS AND FORMERLY CHRONICALLY HOMELESS INDIVIDUALS. AS A CONTRACT MANAGER, FAMICOS MANAGES ANOTHER TWO HUNDRED AFFORDABLE AND MARKET RATE UNITS THAT SHE DOES NOT OWN. 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. IN 2013, FAMICOS COMPLETED THE DOAN CLASSROOM APARTMENTS (13 MILLION) AND THE UNIVERSITY TOWERS APARTMENTS (27, MILLION). IN 2016, FAMICOS COMPLETED A SUBSTANTIAL RENOVATION OF NOTRE DAME APARTMENTS (10.6 MILLION) USING THE 9% LIHTC FUNDING PROGRAM. CURRENTLY, FAMICOS IS IMPLEMENTING THE CONSTRUCTION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>N AND LEASE UP OF 30 SINGLE FAMILY SCATTERED SITE HOUSING UNITS USING THE 9% LIHTC FUNDING IN A PROJECT CALLED CIRCLE NORTH. OTHER FAMICOS FOUNDATION PROGRAMS INCLUDE EMERGENCY HOME REPAIRS FOR SENIORS, TRANSPORTATION FOR SENIORS LIVING IN FAMICOS PROPERTIES AND IN THE GLENVILLE, HOUGH AND ST CLAIR SUPERIOR NEIGHBORHOODS, COMPUTER TRAINING, FINANCIAL CAPABILITY TRAINING, HOME BUYER'S EDUCATION AND COUNSELLING, AFTER SCHOOL TUTORIAL AND MENTORING FOR THE YOUTH, EITC (THE MOST PRODUCTIVE SITE IN THE COUNTY EVERY YEAR AND COUNTING FOR THE PAST SEVERAL YEARS), FOOD PANTRY AND FOOD DISTRIBUTION TO LOW INCOME FAMILIES AND SENIORS, URBAN AGRICULTURE AND 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, 2019, MORE THAN 500 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. IT IS A PROGRAM ABOUT SOCIAL JUSTICE AND THOSE WHO HAVE RECEIVED ASSISTANCE HAVE TALKED ABOUT HOW THE PROGRAM CHANGED THEIR LIVES IN SO MANY POSITIVE WAYS. 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 (CNP) LARGE GRANTS FOR THE STRATEGIC INVESTMENT INITIATIVE (SII) PROGRAM AND MAINTAINS THAT FUNDING EVERY YEAR. CURRENTLY, FAMICOS IS AMONG NINE CDCS CURRENTLY RECEIVING OPERATING FUNDING FROM CNP IN THE FIRST YEAR OF A THREE YEAR GRANT CYCLE. IN ADDITION, FAMICOS FOUNDATION IS A CHARTERED MEMBER OF NEIGHBORWORKS AMERICA (NWA), WHICH IS A LINE ITEM IN THE FEDERAL BUDGET AND CONSISTING OF 240 NON-PROFIT ORGANIZATIONS ACROSS THE COUNTRY, INCLUDING PUERTO RICO AND KNOWN AS A NETWORK OF EXCELLENCE. 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. THIS PLAN PROVIDES THE GUIDANCE FOR FAMICOS' REVITALIZATION ACTIVITIES IN GLENVILLE. 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 63 UNIT MIXED USE APARTMENT BUILDING WAS COMPLE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>COMPLETED IN DECEMBER 2019 AS WELL AS THE TWO VETERANS ADMINISTRATION AND CUYAHOGA COUNTY FISHER HOUSE FOUNDATION FISHER HOUSES CONSISTING OF 32 HOUSING UNITS FOR USE BY FAMILIES OF VETERANS VISITING THEIR LOVED ONES RECEIVING MEDICAL ATTENTION AT THE LOUIS STOKES VETERAN'S ADMINISTRATION HOSPITAL. 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 APARTMENTS BUILDING AND FIRST FLOOR COMMERCIAL SPACE. ALSO, FAMICOS FOUNDATION IS THE QUARTERBACK OF THE GLENVILLE PURPOSE BUILT COMMUNITIES PROGRAM IN CLEVELAND OVER THE PAST 5 YEARS. PURPOSE BUILT COMMUNITIES (PBC) IS A NON-PROFIT CONSULTING ORGANIZATION FOUNDED IN EASTLAKE, ATLANTA, GA THAT USES ITS MODEL OF USING AFFORDABLE HOUSING, HEALTH & WELLNESS PROGRAMS FOCUSED AROUND AN ELEMENTARY SCHOOL TO TRANSFORM THE SCHOOL AND NEIGHBORHOOD INTO A NEIGHBORHOOD OF CHOICE AND THE BEST SCHOOL FOR PARENTS TO SEND THEIR CHILDREN. FAMICOS IS COLLABORATING WITH THE CLEVELAND METROPOLITAN SCHOOL DISTRICT (CMSD), CLEVELAND FOUNDATION AND A HOST OF OTHER STAKE HOLDERS IN THE IMPLEMENTATION OF PBC MODEL IN GLENVILLE, WHICH IS ONE OF TWO SITES IN CLEVELAND. MARY BETHUNE K-12 ELEMENTARY SCHOOL IS THE EPICENTER OF PBC ACTIVITIES WITH THE GOAL OF TRANSFORMING IT FROM A C SCHOOL TO AN A SCHOOL.</p>

990 Schedule O, Supplemental Information

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

2019

**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	-249,816	2,443,806	FAMICOS FAMICOS FOUNDATION
(2) FAMICOS FRANKLIN CROSSING LLC 1325 ANSEL RD CLEVELAND, OH 44106 81-4463378	REAL EST.	OH	5	2,049,972	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	Yes	
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	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 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) 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	
CRAWFORD TILDEN APARTMENTS 1325 ANSEL RD CLEVELAND, OH 44106 34-1769276	REAL EST.	OH	N/A	RELATED	-142,968	464,010		No		Yes		99.000 %
CNLP LP 1325 ANSEL RD CLEVELAND, OH 44106 83-2040106	REAL EST.	OH	N/A	RELATED		262,512		No		Yes		0.010 %
FAMICOS PROPERTIES LTD 1325 ANSEL RD CLEVELAND, OH 44106 34-1784953	REAL EST.	OH	N/A	RELATED	-294,027	3,581,975		No		Yes		0.010 %
FAMICOS FOUNDATION SCATTERED SITE 1325 ANSEL RD CLEVELAND, OH 44106 34-1812425	REAL EST.	OH	N/A	RELATED	-62,448	321,789		No		Yes		99.000 %
FAMICOS FOUNDATION SCAT SITE II LTD 1325 ANSEL RD CLEVELAND, OH 44106 31-1516650	REAL EST.	OH	N/A	RELATED	-142,248	515,266		No		Yes		99.990 %
FAMICOS NOTRE DAME APTS LTD 1325 ANSEL RD CLEVELAND, OH 44106 34-1832258	REAL EST.	OH	N/A	RELATED	-34,946	90,481		No		Yes		99.000 %
FAMICOS FOUNDATION ND LP 1325 ANSEL RD CLEVELAND, OH 44106 46-3077050	REAL EST.	OH	N/A	RELATED	-348,581	8,993,305		No		Yes		0.010 %
LAKEVIEW PLACE DEVELOPMENT LTD 1325 ANSEL RD CLEVELAND, OH 44106 34-1859148	REAL EST.	OH	N/A	RELATED	-16,499	1,297,274		No		Yes		99.990 %
GLENVILLE ELDERLY LP 1325 ANSEL RD CLEVELAND, OH 44106 34-1885111	REAL EST.	OH	N/A	RELATED	-16,136	1,493,726		No		Yes		99.990 %
GLENVILLE ELDERLY II LP 1325 ANSEL RD CLEVELAND, OH 44106 34-1948641	REAL EST.	OH	N/A	RELATED	6,513	1,678,097		No		Yes		99.990 %
GLENVILLE HOMES II LP 1325 ANSEL RD CLEVELAND, OH 44106 34-1857600	REAL EST.	OH	N/A	RELATED	-76,301	799,500		No		Yes		99.990 %
GLENVILLE HOMES III LP 1325 ANSEL RD CLEVELAND, OH 44106 14-1873156	REAL EST.	OH	N/A	RELATED	-213,228	6,216,984		No		Yes		0.010 %
PWA EMERITUS LLC 1325 ANSEL RD CLEVELAND, OH 44106 56-2518744	REAL EST.	OH	N/A	RELATED	-221,130	7,514,444		No			No	0.100 %
LANGSTON HUGHES CENTER LLC 1325 ANSEL RD CLEVELAND, OH 44106 26-3540378	REAL EST.	OH	N/A	RELATED	11,518	3,775,822		No			No	1.000 %
NOTRE DAME COMMUNITY HOMES LP 1325 ANSEL RD CLEVELAND, OH 44106 34-1949278	REAL EST.	OH	N/A	RELATED	-444,384	510,585		No		Yes		99.990 %

(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	
1341 EAST BOULEVARD LLC 1325 ANSEL RD CLEVELAND, OH 44106 27-2167303	REAL EST.	OH	N/A	RELATED	-33,080	884,902		No		Yes		99.990 %
FAIRFAX ELDERLY HOMES LP 1325 ANSEL RD CLEVELAND, OH 44106 54-2066971	REAL EST.	OH	N/A	RELATED	-312,434	2,947,416		No			No	0.010 %
PARK VILLAGE COMMUNITY LP 1325 ANSEL RD CLEVELAND, OH 44106 34-1949276	REAL EST.	OH	N/A	RELATED	-414,165	3,713,555		No		Yes		99.990 %
WADE CHATEAU APARTMENTS LP 1325 ANSEL RD CLEVELAND, OH 44106 56-2504074	REAL EST.	OH	N/A	RELATED	-245,726	5,908,277		No		Yes		0.010 %
FAMICOS DOAN CLASSROOM LLC 1325 ANSEL RD CLEVELAND, OH 44106 27-3196769	REAL EST.	OH	N/A	RELATED	-370,789	8,994,076		No		Yes		0.100 %
HISTORIC NEWTON AVENUE APTS LP 1325 ANSEL RD CLEVELAND, OH 44106 04-3612592	REAL EST.	OH	N/A	RELATED	-435,089	3,608,399		No		Yes		0.010 %
LIBERTY PLAZA II LTD 1325 ANSEL RD CLEVELAND, OH 44106 20-2464001	REAL EST.	OH	N/A	RELATED	-39,611	7,692,404		No			No	0.050 %
FAMICOS FOUNDATION UT LP 1325 ANSEL RD CLEVELAND, OH 44106 45-2714625	REAL EST.	OH	N/A	RELATED	-621,841	21,377,799		No		Yes		0.100 %
FRANKLIN CROSSING OH LP 1325 ANSEL RD CLEVELAND, OH 44106 47-5031569	REAL EST.	OH	N/A	RELATED	-18,121	33,744,112		No			No	
1990 FORD DRIVE OWNER LLC 1325 ANSEL RD CLEVELAND, OH 44106 47-4975667	REAL EST.	OH	N/A	RELATED	-167,192	21,200,558		No			No	0.010 %
MORNING STAR TOWER LTD 1325 ANSEL RD CLEVELAND, OH 44106 30-0734848	REAL EST.	OH	N/A	RELATED	-184,055	17,632,991		No			No	0.010 %
CG-98 LP 1325 ANSEL RD CLEVELAND, OH 44106 34-1858561	REAL EST.	OH	N/A	RELATED	-93,167	944,178		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
CRAWFORD TILDEN APARTMENTS INC 1325 ANSEL RD CLEVELAND, OH 44106 34-1769277	REAL EST.	OH	N/A	C CORP	-1,140	-23,274	100.000 %		No
CNLP INC 1325 ANSEL RD CLEVELAND, OH 44106 88-2051186	REAL EST.	OH	N/A	C CORP		500	100.000 %		No
FAMICOS ENTERPRISES INC 1325 ANSEL RD CLEVELAND, OH 44106 34-1453749	REAL EST.	OH	N/A	C CORP	-147,509		100.000 %		No
FAMICOS FOUNDATION SCAT SITE INC 1325 ANSEL RD CLEVELAND, OH 44106 34-1812423	REAL EST.	OH	N/A	C CORP	-625	100	100.000 %		No
FAMICOS FOUNDATION SCAT SITE II INC 1325 ANSEL RD CLEVELAND, OH 44106 31-1516646	REAL EST.	OH	N/A	C CORP	-14	100	100.000 %		No
FAMICOS NOTRE DAME APTS INC 1325 ANSEL RD CLEVELAND, OH 44106 34-1823828	REAL EST.	OH	N/A	C CORP	-3	100	100.000 %		No
FAMICOS FOUNDATION ND INC 1325 ANSEL RD CLEVELAND, OH 44106 46-3066700	REAL EST.	OH	N/A	C CORP	-31	588,921	100.000 %		No
FAMICOS LAKEVIEW GP INC 1325 ANSEL RD CLEVELAND, OH 44106 81-1465255	REAL EST.	OH	N/A	C CORP	-2	-5,142	100.000 %		No
FAMICOS GLENVILLE ELDERLY I INC 1325 ANSEL RD CLEVELAND, OH 44106 81-3279503	REAL EST.	OH	N/A	C CORP	-1	88	100.000 %		No
FAMICOS GLENVILLE ELDERLY II INC 1325 ANSEL RD CLEVELAND, OH 44106 83-2416023	REAL EST.	OH	N/A	C CORP	-1	239,993	100.000 %		No
FAMICOS GLENVILLE HOMES II INC 1325 ANSEL RD CLEVELAND, OH 44106 81-1816595	REAL EST.	OH	N/A	C CORP	-12	-74	100.000 %		No
FAMICOS GLENVILLE HOMES III INC 1325 ANSEL RD CLEVELAND, OH 44106 81-1123508	REAL EST.	OH	N/A	C CORP	-20	-92	100.000 %		No
FAMICOS EMERITUS INC 1325 ANSEL RD CLEVELAND, OH 44106 56-2518745	REAL EST.	OH	N/A	C CORP	-202	1,914,160	100.000 %		No
NOTRE DAME COMMUNITY HOMES INC 1325 ANSEL RD CLEVELAND, OH 44106 34-1949275	REAL EST.	OH	N/A	C CORP	-43		100.000 %		No
1341 EAST BOULEVARD INC 1325 ANSEL RD CLEVELAND, OH 44106 27-2167129	REAL EST.	OH	N/A	C CORP	-4	-10	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
PARK VILLAGE COMMUNITY INC 1325 ANSEL RD CLEVELAND, OH 44106 34-1949275	REAL EST.	OH	N/A	C CORP	-35	300,275	100.000 %		No
FAMICOS LIBERTY II INC 1325 ANSEL RD CLEVELAND, OH 44106 20-4125010	REAL EST.	OH	N/A	C CORP	-61	-672	100.000 %		No
1990 FORD DRIVE MM INC 1325 ANSEL RD CLEVELAND, OH 44106 81-2620350	REAL EST.	OH	N/A	C CORP	-4	41,473	25.000 %		No
FAMICOS MORNING STAR INC 1325 ANSEL RD CLEVELAND, OH 44106 45-5260004	REAL EST.	OH	N/A	C CORP	-19	-231	100.000 %		No
FAMICOS DOAN CLASSROOM INC 1325 ANSEL RD CLEVELAND, OH 44106 27-3196746	REAL EST.	OH	N/A	C CORP	-171	-4,763	100.000 %		No
HISTORIC NEWTON AVENUE APTS INC 1325 ANSEL RD CLEVELAND, OH 44106 04-3612585	REAL EST.	OH	N/A	C CORP	-159,256	63,905	100.000 %		No
FAMICOS FOUNDATION UT INC 1325 ANSEL RD CLEVELAND, OH 44106 45-2714439	REAL EST.	OH	N/A	C CORP	-462	1,512,666	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
LIBERTY PLAZA II LTD	S	66,724	FMV
LIBERTY PLAZA II LTD	A	19,423	FMV
FAMICOS FOUNDATION ND LP	P	95,019	FMV
PARK VILLAGE COMMUNITY LP	P	147,262	FMV
WADE CHATEAU APARTMENTS LP	P	67,279	FMV
FAMICOS FOUNDATION UT LP	P	219,658	FMV
FAMICOS DOAN CLASSROOM LLC	P	117,684	FMV
1990 FORD DRIVE OWNER LLC	P	324,251	FMV
GLENVILLE HOMES III LP	P	104,622	FMV
GLENVILLE HOMES II LP	P	61,464	FMV
FAMICOS FOUNDATION UT LP	S	257,680	FMV
GLENVILLE ELDERLY II LP	P	74,707	FMV
FAMICOS DOAN CLASSROOM LLC	A	2,900	FMV
FAMICOS SCATTERED SITE LTD	A	31,105	FMV
GLENVILLE ELDERLY LP	P	53,107	FMV
CG-98 LP	P	63,094	FMV
LAKEVIEW PLACE DEVELOPMENT LTD	C	150,000	FMV
1464 EAST 105 LLC	B	67,478	FMV
NOTRE DAME COMMUNITY HOMES	B	192,709	FMV