

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

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

OMB No 1545-0052
2018
Open to Public Inspection

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

Name of foundation FUSION POWER ASSOCIATES		A Employer identification number 52-1162794	
% STEPHEN DEAN			
Number and street (or P O box number if mail is not delivered to street address) 2 PROFESSIONAL DRIVE Room 249	Room/suite	B Telephone number (see instructions) (301) 258-0545	
City or town, state or province, country, and ZIP or foreign postal code GAITHERSBURG, MD 20879		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>224,059</u>		J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	9,711			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	2	2	2	
	4 Dividends and interest from securities	2,322	2,322	2,322	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	2,036			
	b Gross sales price for all assets on line 6a	2,036			
	7 Capital gain net income (from Part IV, line 2)		2,036		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	118,444		118,444		
12 Total. Add lines 1 through 11	132,515	4,360	120,768		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	61,300	2,442	2,442	56,416
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	975			975
	c Other professional fees (attach schedule)	860			860
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	4,579			4,579
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	5,040			5,040
	21 Travel, conferences, and meetings	32,330			32,330
	22 Printing and publications	358			358
	23 Other expenses (attach schedule)	16,131			16,131
	24 Total operating and administrative expenses. Add lines 13 through 23	121,573	2,442	2,442	116,689
	25 Contributions, gifts, grants paid	6,000			6,000
26 Total expenses and disbursements. Add lines 24 and 25	127,573	2,442	2,442	122,689	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	4,942				
b Net investment income (if negative, enter -0-)		1,918			
c Adjusted net income (if negative, enter -0-)			118,326		

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	52,131	57,607	57,607
	2 Savings and temporary cash investments	98,205	97,647	97,647
	3 Accounts receivable ▶ <u>12,000</u>			
	Less allowance for doubtful accounts ▶ _____	11,790	12,000	12,000
	4 Pledges receivable ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ <u>169,374</u>			
Less accumulated depreciation (attach schedule) ▶ <u>112,569</u>	56,805	56,805	56,805	
12 Investments—mortgage loans				
13 Investments—other (attach schedule)				
14 Land, buildings, and equipment basis ▶ _____				
Less accumulated depreciation (attach schedule) ▶ _____				
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	218,931	224,059	224,059	
Liabilities	17 Accounts payable and accrued expenses	1,135	1,055	
	18 Grants payable			
	19 Deferred revenue	104,700	109,887	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	105,835	110,942	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	113,096	113,117	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	113,096	113,117		
31 Total liabilities and net assets/fund balances (see instructions) .	218,931	224,059		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	113,096
2 Enter amount from Part I, line 27a	2	4,942
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	118,038
5 Decreases not included in line 2 (itemize) ▶ _____	5	4,921
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	113,117

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	2,036
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	115,351	251,003	000 459560
2016	118,310	147,808	000 800430
2015	126,752	355,541	000 356505
2014	90,672	448,853	000 202008
2013			

2 Total of line 1, column (d)	2	1 818503
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	000 363701
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	152,925
5 Multiply line 4 by line 3	5	55,619
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	19
7 Add lines 5 and 6	7	55,638
8 Enter qualifying distributions from Part XII, line 4	8	122,689

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculation. Includes questions about exempt foundations, tax under section 511, and tax due. Total amount owed is \$19.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

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15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year.


Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.


Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	50,294
b	Average of monthly cash balances.	1b	57,607
c	Fair market value of all other assets (see instructions).	1c	47,353
d	Total (add lines 1a, b, and c).	1d	155,254
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	155,254
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)  .	4	2,329
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	152,925
6	Minimum investment return. Enter 5% of line 5.	6	7,646

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	7,646
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	19
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	19
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	7,627
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	7,627
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	7,627

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26  .	1a	122,689
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	122,689
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	19
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	122,670

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				7,627
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for prior years 2014, 2015, 2016		22,443		
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>122,689</u>				
a Applied to 2017, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2018 distributable amount.				7,627
e Remaining amount distributed out of corpus	115,062			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	115,062			
b Prior years' undistributed income Subtract line 4b from line 2b		22,443		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions		22,443		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	115,062			
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015.				
c Excess from 2016.				
d Excess from 2017.				
e Excess from 2018.	115,062			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input checked="" type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
	7,646	12,550	7,390	17,777	45,363
b 85% of line 2a	6,499	10,668	6,282	15,110	38,559
c Qualifying distributions from Part XII, line 4 for each year listed	122,689	115,351	118,310	126,753	483,103
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	122,689	115,351	118,310	126,753	483,103
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets		218,931		208,653	427,584
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		218,931		208,653	427,584
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.	5,097	8,367	4,927	11,851	30,242
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
See Additional Data Table
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
- Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions
- a** The name, address, and telephone number or email address of the person to whom applications should be addressed
- b** The form in which applications should be submitted and information and materials they should include
- c** Any submission deadlines
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total				▶ 3a
b <i>Approved for future payment</i>				
Total				▶ 3b

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
STEPHEN O DEAN 2 PROFESSIONAL DRIVE STE 249 GAITHERSBURG, MD 20879	PRESIDENT OFFICER 020 00	52,650		
RUTH A WATKINS 2 PROFESSIONAL DRIVE STE 249 GAITHERSBURG, MD 20879	VICE PRESIDENT- ADMINISTRATION FINANCE OFFICER 005 00	8,650		
PROF MOHAMED ABDOU 420 WESTWOOD PLAZA LOS ANGELES, CA 90095	DIRECTOR 001 00	0		
MR MICHAEL CAMPBELL 250 E RIVER RD ROCHESTER, NY 14623	DIRECTOR 001 00	0		
DR HIROSHI AZECHI 2-6 YAMADAOKA SUITA OSAKA JA	DIRECTOR 001 00	0		
MR DAVID BABINEAU SAVANNAH RIVER NATIONAL LAB AIKEN, SC 29808	DIRECTOR 001 00	0		
DR MICHL BINDERBAUER PO BOX 7010 RANCHO SANTA MARGARITA, CA 92688	DIRECTOR 001 00	0		
DR KIMBERLY BUDIL 1111 BROADWAY SUITE 2130 OAKLAND, CA 94607	DIRECTOR VICE CHAIRMAN 001 00	0		
DR FARHAT BEG 9500 GILMAN DR LA JOLLA, CA 92093	DIRECTOR 001 00	0		
DR PHILLIP D FERGUSON PO BOX 2008 OAK RIDGE, TN 37831	DIRECTOR 001 00	0		
DR ROBERT L McCROY 250 EAST RIVER RD ROCHESTER, NY 14623	DIRECTOR 001 00	0		
DR DALE MEADE 48 OAKLAND STREET PRINCETON, NJ 08540	DIRECTOR 001 00	0		
DR SIGFRIED GLENZER 2757 SAND HILL RD MENLO PARK, CA 94025	DIRECTOR 001 00	0		
MR MARK HAYNES 715 N EDISON ST ARLINGTON, VA 22203	DIRECTOR 001 00	0		
DR STEVEN COWLEY PO BOX 451 PRINCETON, NJ 08540	DIRECTOR 001 00	0		

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
PROF GERALD NAVRATIL 206 SW MUDD NEW YORK, NY 10027	DIRECTOR OFFICER 001 00	0		
DR STEPHEN OBENSCHAIN NATIONAL RSEARCH LABORATORY WASHINGTON, DC 20375	DIRECTOR 001 00	0		
DR MICHAEL FARRELL PO BOX 81608 SAN DIEGO, CA 92121	DIRECTOR 001 00	0		
DR FRANCOIS WAELBROECK 1 UNIVERSITY STATION C1500 AUSTIN, TX 78712	DIRECTOR 001 00	0		
DR RICHARD HAWRYLUK PO BOX 451 PRINCETON, NJ 08540	DIRECTOR 001 00	0		
PROF YICAN WU PO BOX 1135 NO 350 HEFEI ANHUI 230031 CH	DIRECTOR 001 00	0		
DR TONY TAYLOR PO BOX 85608 SAN DIEGO, CA 92186	DIRECTOR 001 00	0		
DR DANIEL SINARS PO BOX 5800 ALBUQUERQUE, NM 87185	DIRECTOR 001 00	0		
MR PETER SEIDL 1 CYCLOTRON RD BERKELEY, CA 94720	DIRECTOR 001 00	0		
MR DENNIS WHYTE 167 ALBANY ST CAMBRIDGE, MA 02139	DIRECTOR 001 00	0		
DR MARK TILLACK UNIVERSITY OF CALIFORNIA SAN DIEGO LA JOLLA, CA 92120	VICE PRESIDENT- COMMUNICATIONS OFFICER 001 00	0		
DR MARK HERRMANN PO BOX 808 L-466 LIVERMORE, CA 94550	DIRECTOR 001 00	0		
DR HARRY S MCLEAN 7000 EAST AVENUE LIVERMORE, CA 94550	DIRECTOR 001 00	0		
DR DON REJ PO BOX 1663 E-526 LOS ALAMOS, NM 87545	DIRECTOR 001 00	0		

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

NONE

NONE

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DANIEL CHRISTENSEN 221621 SE 20TH ST SAMMAMISH, WA 98075			SCIENCE	1,250
MICHAELA FENNELL1916 NW 89TH ST SEATTLE, WA 98117			SCIENCE	1,250
VICTOR KARWACINSKI 52181 WYNDHAM CREST COURT GRANGER, IN 46530			SCIENCE	1,250
Total				6,000

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHAD PARISH OAK RIDGE NATIONAL LAB OAK RIDGE, TN 37831			SCIENCE	500
MARY SGROI1423 E MONROE ST SOUTH BEND, IN 46615			SCIENCE	1,250
WAYNE SOLOMONGENERAL ATOMICS SAN DIEGO, CA 92121			SCIENCE	500
Total ▶ 3a				6,000

TY 2018 Accounting Fees Schedule**Name:** FUSION POWER ASSOCIATES**EIN:** 52-1162794**Software ID:** 18007340**Software Version:** 19.1.1.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
RONALD H THOMAS CPA	975			975

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2018 Depreciation Schedule

Name: FUSION POWER ASSOCIATES

EIN: 52-1162794

Software ID: 18007340

Software Version: 19.1.1.0

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
CONDO	1984-01-01	77,400	77,400	S/L	0000000030 000000000000				
FURNITURE	2000-01-01	35,169	35,169	S/L	0000000007 000000000000				

TY 2018 Investments - Land Schedule

Name: FUSION POWER ASSOCIATES

EIN: 52-1162794

Software ID: 18007340

Software Version: 19.1.1.0

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND	56,805		56,805	56,805
CONDO	77,400	77,400		
FURNITURE/EQUIPMENT	35,169	35,169		

TY 2018 Other Decreases Schedule**Name:** FUSION POWER ASSOCIATES**EIN:** 52-1162794**Software ID:** 18007340**Software Version:** 19.1.1.0

Description	Amount
ADJUSTMENT BETWEEN BOOKS AND TAX RETURN	4,921

TY 2018 Other Expenses Schedule**Name:** FUSION POWER ASSOCIATES**EIN:** 52-1162794**Software ID:** 18007340**Software Version:** 19.1.1.0**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BOOKS, SUBSCRIPTIONS, REFERENCE	145			145
BANK CHARGES	3,543			3,543
SUPPLIES SERVICES	5,733			5,733
TELEPHONE	3,692			3,692
POSTAGE, SHIPPING, DELIVERY	204			204
ELECTRIC	2,814			2,814

TY 2018 Other Income Schedule**Name:** FUSION POWER ASSOCIATES**EIN:** 52-1162794**Software ID:** 18007340**Software Version:** 19.1.1.0**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MEETINGS SEMINARS	48,696		48,696
DONATIONS	2,085		2,085
SUBSCRIPTIONS	4,963		4,963
DUES	62,700		62,700

TY 2018 Other Professional Fees Schedule**Name:** FUSION POWER ASSOCIATES**EIN:** 52-1162794**Software ID:** 18007340**Software Version:** 19.1.1.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
XIXI DMOON	860			860

TY 2018 Taxes Schedule**Name:** FUSION POWER ASSOCIATES**EIN:** 52-1162794**Software ID:** 18007340**Software Version:** 19.1.1.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FICA	536			536
MEDICARE	125			125
REAL ESTATE TAXES	3,843			3,843
TAXES OTHER	75			75

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to www.irs.gov/Form990 for the latest information

OMB No 1545-0047
2018

Name of the organization
FUSION POWER ASSOCIATES

Employer identification number
52-1162794

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization FUSION POWER ASSOCIATES	Employer identification number 52-1162794
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Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	IEEE 445 HOLES LANE PISCATAWAY, NJ 08854	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Name of organization FUSION POWER ASSOCIATES	Employer identification number 52-1162794
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Part II **Noncash Property**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<small>(See instructions) Use duplicate copies of Part II if additional space is needed</small>			
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

Name of organization FUSION POWER ASSOCIATES	Employer identification number 52-1162794
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____