Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Open to Public

For this 2009 calendard year, or tax year beginningJUL _ 1, 2009 and endingJUL _ 1009 BEmployer identification number	Deparl	ment of th	e Treasury	The organization may have to use a copy of this return to satisfy state	reporting requirements.	Inspection
Signal of the control of the contro	Interna	d Revenue	Service		30 2010	<u> </u>
Part	A F	or the 2		lar year, or tax year beginning 000 17 2005		ion number
Second	B c	eck if	Please C 1	Name of organization	D'Emproyer racitament	
December Specific	ар		use IRS FA	CING HISTORY AND OURSELVES		
Position	(g	change			04-276	51636
Seeding See		change	type. [Doing Business As		
Septiment Sept		return			617-72	35-1627
Briefly describe the organization is mission or most significant activities: FACING HISTORY AND OURSELVES IS		ated	Instruc- L C			13,149,395.
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F Name and address of principal officer. MARCUT STARM S C ABOVE No SAME AS C ABOVE No SAME AS C ABOVE No SAME SC C ABOVE No SAME		ltion	BF	COOKLINE, MA UZ445-0919	-	Yes X No
Taxexampt status X SOTIG(3		pending	F Name a	and address of principal officer:MARGUT STERN STROM		
Website № WW. FACINGHISTORY. ORG Form of organization X Corporation Trust Association Other Lyear of formation: 1982 M State of legal domicili: MZ Form of organization X Corporation Trust Association Other Lyear of formation: 1982 M State of legal domicili: MZ Form of organization Trust Association Other Lyear of formation: 1982 M State of legal domicili: MZ Form of organization Trust Association Other Lyear of formation: 1982 M State of legal domicili: MZ Form of organization Trust Association Other Lyear of formation: 1982 M State of legal domicili: MZ Form of organization Trust Association Other Lyear of formation: 1982 M State of legal domicili: MZ Form of organization Trust Association Other Lyear of formation: 1982 M State of legal domicili: MZ Form of organization Trust Association Other Lyear of formation: 1982 M State of legal domicili: MZ Form of organization Trust Association Other Lyear of formation: 1982 M State of legal domicili: MZ Form of organization Trust Association Other Lyear of formation: 1982 M State of legal domicili: MZ Form of organization Other Lyear of formation: 1982 M State of legal domicili: MZ Form of organization M State of legal domicili: MZ Association M State of legal domicili: MZ Associati			SAME	AS C ABOVE	If "No " attach a lis	t. (see instructions)
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16a Professional fundraising fees (Part IX, column (A), line 11e)	w	15 S	alaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	13,704,607.	11,900,430
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Part II Signature Block Under penalties of perjury, I declars 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 property is based on altriformation of which preparer has any knowledge. Preparer's signature of officer MARTIN SLEEPER, ASSOCIATE EXEC. DIR. Preparer's signature of officer MARTIN SLEEPER, ASSOCIATE EXEC. DIR. Firm's name (or yours if self-employed), address, and address, and address, and statements, and to the best of my knowledge and belief, it is true, correct. Date Preparer's lignature of officer MARTIN SLEEPER, ASSOCIATE EXEC. DIR. Firm's name (or yours if self-employed), address, and address, and address, and statements, and to the best of my knowledge and belief, it is true, correct. Date Check if self-employed. Signature of officer MARTIN SLEEPER, ASSOCIATE EXEC. DIR. Firm's name (or yours if self-employed), address, and	Se	16a P	rofessiona	I fundraising fees (Part IX, column (A), line 11e)		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Part II Signature Block Under penalties of perjury, I declars 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 property is based on altriformation of which preparer has any knowledge. Preparer's signature of officer MARTIN SLEEPER, ASSOCIATE EXEC. DIR. Preparer's signature of officer MARTIN SLEEPER, ASSOCIATE EXEC. DIR. Firm's name (or yours if self-employed), address, and address, and address, and statements, and to the best of my knowledge and belief, it is true, correct. Date Preparer's lignature of officer MARTIN SLEEPER, ASSOCIATE EXEC. DIR. Firm's name (or yours if self-employed), address, and address, and address, and statements, and to the best of my knowledge and belief, it is true, correct. Date Check if self-employed. Signature of officer MARTIN SLEEPER, ASSOCIATE EXEC. DIR. Firm's name (or yours if self-employed), address, and	per	b T	otal fundra	ising expenses (Part IX, column (D), line 25) 2,191,377.	4 404 000	A E A 2 77 A
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 30 0 16 0 286 0 27 146 0 997 1,540,420 1,395,764 28,475,866 25,751,233 48 Net assets or fund balances. Subtract line 21 from line 20 Date subtract line 21 from line 20 Date subtract line 25 in a subtract line 25 in a subtract line 26 in a subtract line 26 in a subtract line 26 in a subtract line 27 from line 20 in a subtract line 26 in a subtract line 27 from line 20 in a subtract line 26 in a su	Ä	17 C	ther exper	nses (Part IX, column (A), lines 11a-11d, 11f-24f)		
19 Revenue less expenses. Subtract line 18 from line 12 2, 03, 320.		18 T	otal expen	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)		
Sign Part Signature		10 5	levenue les	as expenses. Subtract line 18 from line 12		
Part Signature Block	es c				Beginning of Current Year	
Part Signature Block	ets (20 T	'ntal accet	(Part X. line 16)		
Part Signature Block	ASS	24 7	otal liabiliti	ies (Part X. line 26)		
Part Signature Block	let /	20 1	lat seeste		28,475,866.	25,751,233
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 detected and complete. Declaration of product other than officer is based on all information of which preparer has any knowledge. Signature of officer MARTIN SLEEPER, ASSOCIATE EXEC. DIR. Type or print name and title Preparer's identifying number (see instructions) Freparer's signature of SEPH M. GISO, MST 05/11/11 employed IN Date (see instructions) Signature of Officer MARTIN SLEEPER, ASSOCIATE EXEC. DIR. Preparer's identifying number (see instructions) Signature of Officer Date Check if self-employed IN Date (see instructions) Firm's name (or yours if self-employed), address, and ZIP + 4 CAMBRIDGE, MA 02139 ZIP + 4 Yes IN The Associate that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Date Officer Date Check if self-employed IN Date (see instructions)				" . DIi-		
Sign Here Signature of officer Date		ai t ii	Linder penalti	es of periury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the best of my knowled	ge and belief, it is true, correct
Here Signature of officer MARTIN SLEEPER, ASSOCIATE EXEC. DIR. Type or print name and title		ļ	and complete	. Declaration of propager (other than officer) is based on apprintmention of which prepare has any known	. / /	
Here Signature of officer MARTIN SLEEPER, ASSOCIATE EXEC. DIR. Type or print name and title	٠.			Il buls selen	0/12/11	
MARTIN SLEEPER, ASSOCIATE EXEC. DIR. Type or print name and title Preparer's signature Preparer's Signature Preparer's Firm's name (or yours if self-employed), address, and ZiP + 4 MARTIN SLEEPER, ASSOCIATE EXEC. DIR. Date O5/11/11 Date O5/11/11 Check if self-employed Self-employed O5/11/11 Phone no. ▶ 617-761-0600 X Yes	_	-	Signa	ture of officer	Date /	
Paid Preparer's signature Preparer's Signature Preparer's Use Only	Не	re		/		
Paid Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP + 4 Preparer's Date Check if self-employed						
Preparer's Use Only Use Only Support of the preparer of the pr				Date		er's identifying number structions)
Preparer's Use Only Use Only Self-Employed, address, and ZIP + 4 CAMBRIDGE, MA 02139 EIN ► CBIZ TOFIAS Solution of CBIZ TOFIAS CAMBRIDGE, MA 02139 Phone no. ► 617-761-0600 X Yes	Pa	id				1 L M / 1 A
Use Only Use Only Use Only Use Only Self-employed, address, and ZIP + 4 CAMBRIDGE, MA 02139 CAMBRIDGE, MA 02139 CAMBRIDGE Main address Phone no. ► 617-761-0600 X Yes				, MOSELL M. CIEC, ME		
Self-employed, address, and ZP+4 CAMBRIDGE, MA 02139 Phone no. ▶ 617-761-0600 X Yes □			yours if	* POLO MAGGACHHGEMMG AMEMIE		
ZP+4 / CAMBRIDGE, ITA 02139 X Yes				ON DATE WA 02120	Phone no. ▶ 6	17-761-0600
	_		ZIP + 4	CAMBRIDGE, MA 02139	1	
May the included the control of the	M	ay the li	RS discuss	this return with the preparer shown above? (see instructions)	- instructions	Form 990 (20

NATIONAL TOUNDATION, INC.

Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
	FACING HISTORY AND OURSELVES IS AN EDUCATION AND PROFESSIONAL
	DEVELOPMENT ORGANIZATION WHOSE MISSION IS TO ENGAGE STUDENTS OF
	DIVERSE BACKGROUNDS IN AN EXAMINATION OF RACISM, PREJUDICE AND
	ANTI-SEMITISM IN ORDER TO PROMOTE THE DEVELOPMENT OF A MORE HUMANE AND
2	Did the organization undertake any significant program services during the year which were not listed on
2	
	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 X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	SEE SCHEDULE O FOR CONTINUATION(S)
4a	(Code:) (Expenses \$ 13, 246, 989. including grants of \$) (Revenue \$ 939, 722.)
	FACING HISTORY AND OURSELVES PROMOTES STUDENT ENGAGEMENT, CRITICAL
	THINKING, AND A DEEPER UNDERSTANDING OF THE LESSONS OF HISTORY BY
	TRAINING AND SUPPORTING MIDDLE AND HIGH SCHOOL TEACHERS. THROUGH NINE
	OFFICES IN NORTH AMERICA, AN INTERNATIONAL HUB IN LONDON, ROBUST ONLINE
	PROGRAMS, AND PARTNERSHIPS ACROSS THE UNITED STATES AND AROUND THE
	GLOBE, FACING HISTORY PROVIDES PROFESSIONAL DEVELOPMENT OPPORTUNITIES,
	RESOURCES, AND LONG-TERM SUPPORT FOR EDUCATORS. FACING HISTORY HELD 64
	IN-DEPTH SEMINARS ONLINE, IN LOCATIONS ACROSS THE UNITED STATES, AND
	INTERNATIONALLY FOR MORE THAN 1,500 EDUCATORS. MORE THAN 6,300
	ALL OF THESE EDUCATORS, AS WELL AS THE 29,000 TRAINED EDUCATORS FACING
	HISTORY HAS TRAINED OVER THE YEARS, ARE ELIGIBLE FOR ONGOING,
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
70	(Code:) (Exponess 4), received 4
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶\$ 13,246,989.
	Form 990 (2009)

Page 3

Part IV Checklist of Required Schedules

Ļ		***************************************	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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		_X_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	6		X
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	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21; 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	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	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.			
•	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. 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.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	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? If "Yes," complete Schedule D, Part X.	ŀ		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII.	12	x	
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
12,5	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	1	i	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	ļ	X
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	17	-	X
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	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	
	complete Schedule G, Part III	19	-	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 990 (2009) NATIONAL TOUNDATION Part IV Checklist of Required Schedules (continued)

			T	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			_ **
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			,
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	i		
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity?			
0.5	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
00	If "Yes," complete Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		7.7
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u>X</u>
37	· · · · · · · · · · · · · · · · · · ·			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.		v	
	Note: All Lorint 990 mets are required to complete ochiquate O.	38	X	

Form **990** (2009)

Form 990 (2009) NATIONAL r OUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

1 (4)	t v Statements riegarang other mer mingo and rax compilares				V	
.	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		İ		Yes	No
ia	U.S. Information Returns. Enter -0- if not applicable	1a	56			
L	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r		ble gaming			
C	(gambling) winnings to prize winners?			1c	х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
20	filed for the calendar year ending with or within the year covered by this return	2a	181			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		<u> </u>	2b	х	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
32	Did the organization have unrelated business gross income of \$1,000 or more during the year covered			3a		Х
			•••••	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
70	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		х
h	If "Yes," enter the name of the foreign country:		7			
U	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank :	and			
	Financial Accounts.					
5a	and the second s			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega					
Ŭ	Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
- Ou	any contributions that were not tax deductible?			6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contribu-					
_	were not tax deductible?			6b		}
7	Organizations that may receive deductible contributions under section 170(c).					
	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a		ial			
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		*********	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-		equired?	7h	ļ	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	ganiz	ations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess b	usiness holdings			
	at any time during the year?		N/A	8		ļ
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?		N/A	9a		-
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		ļ
10	Section 501(c)(7) organizations. Enter:	1	1			-
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a		-		
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	J	4		
11	Section 501(c)(12) organizations. Enter:	1	ı			
а	Gross income from members or shareholders N/A	11a		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		<u> </u>	000	(00:00)
				Horn	1 99 0	(2009)

04-2761636

Page 6

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

Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body	1a	34		
b	Enter the number of voting members that are independent	1b	33	İ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other			
	officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	s?	5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers of the			
	governing body?		7a	<u> </u>	X
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?	7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year			
	by the following:				
а	The governing body?			X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	<u>j</u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)	······································	1	T
				Yes	+
	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	•			
				77	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			7.7	1
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	-
D	Are officers, directors or trustees, and key employees required to disclose annually interests that couto conflicts?	· ·	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If '				
	in Schedule O how this is done				<u> </u>
13	Does the organization have a written whistleblower policy?			X	ļ
14	Does the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approva	d by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official			X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger				37
	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval		16a	-	X
D		• •	·		:
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organized exempt status with respect to such arrangements?		464		
Sec	exempt status with respect to such arrangements?		16b		
17	List the states with which a copy of this Form 990 is required to be filed ►MA, CA, IL, CO, O	א איז אי			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T		ilable for		
	public inspection. Indicate how you make these available. Check all that apply.	(= 5 . (5)(5)5 5			
	Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict of interest pol	icy, and fina	ancial	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books ar	nd records of the org	anization:		
	MARGOT STERN STROM - 617-735-1627				
	16 HURD ROAD, BROOKLINE, MA 02445-6919				
	·		Form	990	(2009)

932006 02-04-10

NATIONAL FOUNDATION, INC. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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. Use Schedule J-2 if additional space is needed.

- 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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average		Positi					Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	necitational trustee	Ollicer Ollicer	Key employee	Highest compensated demployee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MARGOT STERN STROM										
PRESIDENT/EXEC. DIR.	40.00	X		X				349,077.	0.	6,290
SETH KLARMAN										
CHAIR BOARD OF DIR.	1.00	X		X		ļ		0.	0.	0
JEFFREY BUSSGANG			İ						:	_
VICE CHAIR BOARD OF DIR.	1.00	X		X				0.	0.	0
RON CASTY										_
VICE CHAIR BOARD OF DIR.	1.00	X		X				0.	0.	0
KATHY FULD									_	
VICE CHAIR BOARD OF DIR.	1.00	X		X		ļ		0.	0.	0
TRACY PALANDJIAN								_		
VC, AD, BOARD CHAIR NE	1.00	X		X		<u> </u>		0.	0.	0 .
ELIZABETH JICK										_
TREASURER	1.00	X	ļ	X		<u> </u>		0.	0.	0 .
SANDRA GORDON										
SECRETARY/CLERK	1.00	X	ļ	X		ļ		0.	0.	0
MARTHA MINOW				:	-				•	
CHAIR, SCHOLARS	1.00	X		ļ	ļ	-		0.	0.	0
KAREN HARRISON						-				
CHAIR, COG	1.00	X		_		-		0.	0.	0
DANA SMITH	1 00								0	_
CHAIR, BD. OF TRUSTEES	1.00	X	-		<u> </u>	-	-	0.	0.	0
PAUL BERZ	1 00	7.						0	0.	0
TRUSTEE	1.00	X	-	-	-	-	-	0.	U •	0
ELLEN CARMELL	1 00	77			1			0.	0.	0
TRUSTEE	1.00	X	-		ļ			<u> </u>	0.	U
DAVID FIALKOW	1 00	v						0	0.	0
TRUSTEE	1.00	\ <u>^</u>	 	-	-	 		0.		<u> </u>
PHILIP GORDON	1.00							0.	0.	0
TRUSTEE	1.00	1	+	+	+-	\vdash	-	0.	0.	
JILL KARP	1.00	v						0.	0.	0
TRUSTEE	1.00		 	+	+-	-	_	1	1	
LAWRENCE LEVY	1 00	~						0.	0.	0
TRUSTEE 932007 02-04-10	1.00	Δ		1	<u>i</u>		<u> </u>		0.	Form 990 (2009

	NAL~~OUNDA				TN				04-2761	<u>636</u>	P	age 8
Part VII Section A. Officers, Directo	rs, Trustees, Key E	mple	уеє	es, a	nd l	High	est	Compensated Employ	ees (continued)	,	· · · · · · · · · · · · · · · · · · ·	
(A)										-	(F)	
Name and title	Average hours	Position (check all that apply)					ıly)	Reportable compensation	Reportable compensation	an	timate nount	
	per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	F 0rmer	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fr org and	other pensa om the anizat d relat anizati	e ion ed
		=	=	-	×	Ξ 5	T.					
JIM MOONEY	1.00	v						0.	0.			0.
TRUSTEE	1.00		-	\vdash	-		-	0.	<u> </u>			<u> </u>
JANE OCH TRUSTEE	1.00	x						0.	0.			0.
RICHARD PERRY				1								
TRUSTEE	1.00	X						0.	0.			0.
RICHARD SMITH	1 00											_
TRUSTEE	1.00	X	 	ļ			-	0.	0.			0.
ROBERT SMITH	1.00	v						0.	0.			0.
TRUSTEE	1.00	^	┼	 		-	-	0.	0.			<u> </u>
DOROTHY TANANBAUM TRUSTEE	1.00	X						0.	0.			0.
DORA ULLIAN		 -		 	1							
TRUSTEE	1.00	X						0.	0.			0.
MAURICE VANDERPOL												_
TRUSTEE	1.00	X	ļ	<u> </u>		ļ		0.	0.	·		0.
JILL GARLING	1 00									}		_
ADVISORY BD, CHAIR, CHI	1.00	X		╂	 	-	ļ	0.	0.			0.
RITA HALBRIGHT	1 00	7,						0.	0.			0.
ADVISORY BD, CHAIR, UK	1.00		1	<u></u>			1	2,017,161.	0.	3	2,3	
Total number of individuals (includin)					hov.	2) 11			1		د , ی	05.
2 Total number of individuals (includin compensation from the organization	_	iose	i iiSti	eu a	DOV	e) w	10 16	eceived more than \$100	5,000 iii reportable			12
Compensation from the organization									***************************************		Yes	No
3 Did the organization list any former	officer, director or tru	ıstee	e, ke	y en	nplo	yee,	or h	nighest compensated er	mployee on			
line 1a? If "Yes," complete Schedule	J for such individual								•••••	3		X
4 For any individual listed on line 1a, is	·										7.	
and related organizations greater that										4	X	
5 Did any person listed on line 1a rece	eive or accrue compe	nsat	ion	from	any	y uni	relat	ed organization for serv	rices rendered to			

Section B. Independent Contractors

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

the organization? If "Yes," complete Schedule J for such person

(A) Name and business address	(B) Description of services	(C) Compensation
HR GUEST, INC.		
1300 CHURCH ST., BROOKLYN, NY 11226	EXHIBIT CONSULTANTS	132,183.
PIER SIXTY, LLC, 23RD ST. AT WESTSIDE		
HWY., NEW YORK, NY 10011	FUNDRAISING EVENT	131,054.
GOVCONNECTION		
P.O. BOX 081018, WOBURN, MA 01813	COMPUTER & SUPPLIES	123,843.
RUSSELL BROSNAHAN HAFFNER		
12 HATCH TERRACE, DOBBS FERRY, NY 10522	EXHIBIT CONSULTANTS	123,370.
WESTIN HOTEL BOSTON		
10 HUNTINGTON AVE., BOSTON, MA 02110	FUNDRAISING EVENT	114,040.
2 Total number of independent contractors (including but not limited to those	listed above) who received more than	
\$100,000 in compensation from the organization > 5		
SEE SCHEDULE IT-2 FOR PART VII. SECTIO	N A CONTINUATION	Form 990 (2009)

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Form **990** (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl		· · · · · · · · · · · · · · · · · · ·		
	not include amounts reported on lines 6b, Bb, 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 governments and				
	organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in		,		
2	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	2,021,454.	1,576,734.	161,716.	283,004.
6	Compensation not included above, to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,571,998.	5,906,158.	605,760.	1,060,080.
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)	387,958.	302,607.	31,037.	54,314.
9	Other employee benefits	1,132,219.	883,131.	90,578.	158,510.
10	Payroll taxes	846,801.	660,505.	67,744.	118,552.
11	Fees for services (non-employees):				
	Management	1,742,932.	1,568,639.	34,859.	139,434.
b	Legal				
	Accounting	98,396.	76,591.	6,295.	15,510.
	Lobbying	,			
e	Professional fundraising services. See Part IV, line 17	'			
f	Investment management fees				
g g	Other				
12	Advertising and promotion				
13	Office expenses	166,636.	137,000.	4,051.	<u>25,585.</u>
14	Information technology	212,433.	191,190.	4,249.	16,994.
15	Royalties				
16	Occupancy	708,937.	667,215.	12,045.	29,677.
17	Travel	487,551.	400,121.	4,518.	82,912.
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			,	
20	interest	53,727.	41,535.	3,520.	8,672.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	505,952.	391,142.	33,145.	81,665.
23	Insurance	52,000.	46,800.	1,040.	4,160.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				·
_	PRINTING	151,838.	91,725.	136.	59,977.
d h	POSTAGE & SHIPPING	138,160.	96,383.	1,846.	39,931.
ū	MACHINE MAINTENANCE	112,040.	100,618.	3,299.	8,123.
d	ATTOTO TITOTIAL C TENDANY	73,427.	71,080.		2,347.
u e	EVENT SERVICES	39,745.	37,815.		1,930.
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	16,504,204.	13,246,989.	1,065,838.	2,191,377.
26	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Section of the sectio				Form 990 (2000)

932010 02-04-10 Form **990** (2009)

Form				04-	2761636 Page 11
Pari	t X	Balance Sheet		,	
			(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing	2,908,410.	1	2,522,330.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	14,729,975.		10,516,235.
	4	Accounts receivable, net	128,630.		229,371.
	5	Receivables from current and former officers, directors, trustees, key			
Ī		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	_	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
S	7	Notes and loans receivable, net	542,301.	7	544,121.
Assets	8	Inventories for sale or use	98,836.	-	107,896.
As	9	Prepaid expenses and deferred charges	331,937.		225,389.
		Land, buildings, and equipment: cost or other			223,303.
	104	basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation 10b 3,725,553.	1,675,337.	10c	1,810,673.
	11	Investments - publicly traded securities	9,600,860.	11	11,190,982.
	12	Investments - other securities. See Part IV, line 11	2,000,000.	12	11,150,502.
	13	Investments - program-related. See Part IV, line 11	W. A. A. A. A. A. A. A. A. A. A. A. A. A.	13	
	14		P. 1	14	
	15	Intangible assets Other assets. See Part IV, line 11		15	
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	30,016,286.	16	27,146,997.
	17	Accounts payable and accrued expenses	299,387.		280,240.
1	18		279,307.	18	200,240.
	19	Grants payable	32,486.		23,975.
- 1	20	Deferred revenue Tax-exempt bond liabilities	32,400.	20	40,713.
1		Escrow or custodial account liability. Complete Part IV of Schedule D		21	
.ല ∣	21	Payables to current and former officers, directors, trustees, key employees,		21	
iiiq	22	highest compensated employees, and disqualified persons. Complete Part II			
Lia				00	
	^^	Secured mortgages and notes payable to unrelated third parties	1,106,332.	22	1,027,235.
į	23 24	Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	1,100,334.	24	1,021,233.
	24 25	Other liabilities. Complete Part X of Schedule D	102,215.	25	64,314.
	26 26	Total liabilities. Add lines 17 through 25	1,540,420.		1,395,764.
- +	20	Organizations that follow SFAS 117, check here X and complete	1,540,420.	20	1,333,104.
(0		lines 27 through 29, and lines 33 and 34.			
ě .	27	Unrestricted net assets	6,282,768.	27	7,665,718.
lan	27 28	Temporarily restricted net assets	17,244,260.		13,099,401.
8	26 29		4,948,838.		4,986,114.
Net Assets or Fund Balances	LJ	Permanently restricted net assets Organizations that do not follow SFAS 117, check here and	272±07030•	23	
F		complete lines 30 through 34.			
ts o	30	Capital stock or trust principal, or current funds		30	
sse	30 31	Paid in or capital surplus, or land, building, or equipment fund		31	
t As	31 32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne		- ·	28 475 866	-	25,751,233.
1					27,146,997.
'	33 <u>34</u>	Total liabilities and net assets/fund balances	28,475,866. 30,016,286.	33 34	

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:	,		
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	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?	3a		X
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.	3b		Ĺ
		F	agn /	(0000)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of t	the organization	n FACING I	HISTORY AND	OURSE	LVES			En		entification	
		NATIONAL	L FOUNDATION	, INC	•				04-	<u>-27616</u>	36
Part I	Reason f		ty Status (All organiza			e this part) See insti	ructions.			
The organ	ization is not a	private foundation b	pecause it is: (For lines 1	through 1	1, check c	nly one bo	ox.)				
1			, or association of churc								
2 🗔	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
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			penefit of a college or un	iversity ow	ned or op	erated by	a governn	nental unit	described	in	
3	_	b)(1)(A)(iv). (Comple		,	•		Ū				
6 🔲			ent or governmental unit	described	in section	170(b)(1)(A)(v).				
7 X											
1 143	section 170(b)(1)(A)(vi). (Complete Part II.)										
8 🔲			ection 170(b)(1)(A)(vi). (Complete	Part II.)						
9 🗔			eives: (1) more than 33 1			om contrit	outions, m	embership	fees, and	gross recei	ipts from
9	activities relat	ed to its exempt fun	ctions - subject to certa	in excentic	ons, and (2) no more	than 33 1	/3% of its	support fro	om gross in	vestment
	income and u	prolated business to	exable income (less sect	ion 511 tax	x) from bus	sinesses a	cauired b	v the organ	nization aft	er June 30.	1975.
		509(a)(2). (Complete			· ,			,		,	
10			erated exclusively to te	st for publi	c safety. S	ee sectio	n 509(a)(4	.).			
10	An organizati	on organized and op	erated exclusively for the	ne benefit d	of, to perfo	rm the fur	ctions of.	or to carry	out the p	urposes of o	one or
11			tions described in section								
			organization and comple				,	•	,, ,		
	a Type I			Туре			egrated		d 🔲 🧵	Type III - Oti	her
е 🗔	By checking t		t the organization is not					more disc	ualified pe	ersons other	r than
-	foundation m	anagers and other th	nan one or more publicly	v supporte	d organiza	tions desc	ribed in s	ection 509	(a)(1) or se	ection 509(a)(2).
	If the organize	ation received a writ	ten determination from t	he IRS tha	nt it is a Tvi	pe I. Type	II. or Type	e III			
f	-		is box								
~			rganization accepted ar								
g	(i) A persor	who directly or ind	irectly controls, either al	one or tog	ether with	persons d	escribed i	n (ii) and (i	ii) below,		Yes No
	the gove	rning body of the su	upported organization?							11g(i)	
			described in (i) above?								
			person described in (i)								
h			about the supported or								
	1 TOVIGO GIO II	ono ming in normalien		J	. ,						
/*) Na	a of our parted	(::) CIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) is	the	(vii) Amo	unt of
	e of supported panization	(ii) EIN	organization	in col. (i) lis	sted in your	organizat	ion in col.	organizatio (i) organiz	on in col. ed in the	suppo	
ury	janization		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	Ü.S.	.?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
	·										
	· · · · · · · · · · · · · · · · · · ·										
Total											,

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

FAC: Schedule A (Form 990 or 990-EZ) 2009 NATIONAL FOUNDATION, 04-2761636 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008(e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 11376879.13668018.25227428.19691317.11437870.81401512. 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 11376879.13668018.25227428.19691317.11437870.81401512. Total. Add lines 1 through 3 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) 8867583. 72533929. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 11376879.13668018.25227428.19691317.11437870.81401512. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 186,338. 102,673. 82,714 70,103. 18,925. 460,753. 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 IV.) 81862265. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 7,198,586. 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 2009 (line 6, column (f) divided by line 11, column (f)) 88.60 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 91.15 15 16a 33 1/3% support test - 2009. 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 \mathbf{X} b 33 1/3% support test - 2008. 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 - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

Schedule A (Form 990 or 990-EZ) 2009

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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

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

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Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

FACING HISTORY AND OURSELVES

Employer identification number 04-2761636

ra	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line		S OF ACCOUNTS. Complete if the
•		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring
Pa	rt II Conservation Easements. Complete if the organic	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or pl	easure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year >		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6 -	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements of	during the year ➤
7	Amount of expenses incurred in monitoring, inspecting, and e	nforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	n easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pu	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these its	ems.	
b	If the organization elected, as permitted under SFAS 116, to re-	eport in its revenue statement and balar	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or	research in furtherance of public servic	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		🕨 \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 11	•	
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051

Schedule D (Form 990) 2009

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04-2761636	Page 2							
ar Assets (continued)								
use of its collection items								

a Lang the organization's acquisition, accession, and other records, check all that apply: a		t III Organizations Maintaining C										
a Public exhibition d	3	Using the organization's acquisition, access	ion, and other record	ls, check a	ny of the	following tha	it are a s	ignificant u	se of its o	collection	n item	s
b Scholarly research e Other Preservation for future generations Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes applian the arrangement in Part XIV and complete the following table:		(check all that apply):										
C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 4 Provide a description of 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	а	Public exhibition	d	Lo:	an or excl	hange progra	ams					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 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 answered "Yes" to 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, line 21. 1b if Yes, "explain the arrangement in Part XIV and complete the following table:	b	Scholarly research	е	Otl	ner							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 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 answered "Yes" to 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, line 21. 1b if Yes, "explain the arrangement in Part XIV and complete the following table:	С	Preservation for future generations										
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?	4		ollections and explain	n how they	further th	ne organizati	on's exe	mpt purpo:	se in Part	XIV.		
Ves No Part IV Escrew and Custodial Arrangements. Complete if organization answered "Yes" to 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, line 21. 1b If "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning balance	5											
Part IV Endowment Endowment Part IV Endowment Part IV Endowment Part IV Endowment Endowment Part IV Endowment	•									Yes		No
Tesported an amount on Form 990, Part X, line 21. Tesported as a majorit, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Tesported assets not included on Form 990, Part X Tesported assets not included on Form 990, Part X Tesported assets not included on Form 990, Part X Tesported assets not included on Form 990, Part X Tesported assets not included on Form 990, Part X Tesported assets not included on Form 990, Part X Tesported assets not included on Form 990, Part X Tesported assets not included on Form 990, Part X Tesported assets not included on Form 990, Part X Tesported assets not included on Form 990, Part X Tesported assets not included on Form 990, Part X Tesported assets not included on Form 990, Part X Tesported assets not included on Form 990, Part X Tesported assets not included on Form 990, Part X Tesported assets not included on Form 990, Part X Tesported assets not included on Form 990, Part X Tesported assets not included on Form 990, Part X Tesported assets not included assets not include assets not included assets not include assets not included assets not included assets not include assets not included assets not included assets not included assets not include assets not included assets not included assets not included assets not included assets not included assets not included assets not included assets not included assets not included assets not included assets not included assets not included not included assets not included not in	Par	The control of the co								e, or		
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XY			•					, , , , , , , , , , , , , , , , , , , ,	,	,		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount Ic	1a			liary for co	ntribution	s or other as	sets not	included				
Building Building	ıa									Yes		No
Additions during the year 1d 1d 1d 1d 1d 1d 1d 1	h									1 103	-	, 140
Comparison Co	D	it res, explain the alrangement in Fart Aiv	and complete the io	mowning tac						Amount	<u></u>	
d Additions during the year e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 2b Did the organization include an amount on Form 990, Part X, line 21? 2c Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization include an amount on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (for Three years back (for										Amoun		
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 10. 4 Describe in Part XIV 1 Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 4 Describe in Part XIV investment at 1 September 1 1, 80 3, 10 September 2 1, 274, 570 . 1, 384, 283 . 890, 287 . d Equipment 4 Describe in Part XIV the intended uses of the organization's endowment funds. September 2 2, 274, 570 . 1, 384, 283 . 890, 287 . d Equipment 5 Leasehold improvements 6 Distributions 6 Contributions 7 Distributions 7 Distributions 7 Distributions 7 Distributions 8 Distributions 9 Distributions 7 Distributions 7 Distributions 7 Distributions 9												
1 Ending balance								1 1				
2a Did the organization include an amount on Form 990, Part X, line 21? b f *Yes,* explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance 5,619,932.5,417,101. b Contributions 37,276.977,973. c Net investment earnings, gains, and losses of Grants or scholarships Cther expenditures for facilities and programs 425,152.158,486. f Administrative expenses Gender of year balance 5,947,868.5,619,932. g End of year balance 5,947,868.5,619,932. e Permanent endowment ▶ 33.83	e											
B F Y S F T S F T S F T S F T T S F T S T T S T T T T T										1		1
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.		_		21?					L	Yes		J No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e)												
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 425,152. 158,486. 4Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ 14.49 % b Permanent endowment ▶ 83.83 % c Term endowment ▶ 1.68 % 3 Are there endowment tunds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment basis (investment) basis (investment) basis (investment) basis (other) c Leasehold improvements c Leasehold improvements d Equipment 1,803,068. 1,541,548. 261,520. e Other Other Other Other Cother Par	t V Endowment Funds. Complete				1							
b Contributions 37,276. 977,973.							rs back	(d) Three ye	ars back	(e) Four	years	back
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 year end balance held as: a Board designated or quasi-endowment ▶ 14.49 % b Permanent endowment ▶ 83.83 % c Term endowment ▶ 1.68 % 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 b If "Yes" to 3a(ii), are the related organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1 Land b Buildings c Leasehold improvements d Equipment See Tolar (c) Accumulated depreciation 1 1, 803, 068. 1, 541, 548. 261, 520. 658, 866.	1a	Beginning of year balance	5,619,932.	5,417	<u>,101.</u>							
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f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ 14.49 % b Permanent endowment ▶ 83.83 % c Term endowment ▶ 1.68 % 3a Are there endowment tunds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other (b) Cost or other depreciation 1a Land basis (investment) basis (other) depreciation b Buildings c Leasehold improvements 2, 2, 274, 570 1, 384, 283 890, 287 described improvements 1, 803, 068 1, 541, 548 261, 520 described other other basis (other) 1, 458, 588 799, 722 658, 866 description of the companization of the other basis (other) 1, 458, 588 799, 722 658, 866 description of the companization of the other basis (other) 1, 458, 588 799, 722 658, 866 description of the companization of the companization of the other basis (other) 1, 458, 588 799, 722 658, 866 description of the companization of the companization of the other basis (other) 1, 458, 588 799, 722 658, 866 description of the companization of the companization of the other basis (other) 1, 458, 588 799, 722 658, 866 description of the companization of the other basis (other) 1, 458, 588 799, 722 658, 866 description of the other basis (other) 1, 458, 588 799, 722 658, 866 description of the other basis (other) 1, 458, 588 799, 722 658, 866 description of the other basis (other) 1, 458, 588 799, 722 658, 866 description of the other basis (other) 1, 458, 588 799, 722 658, 866 description of the other basis (other) 1, 458, 588 799, 722 658, 866 description of the other basis (other) 1, 458, 588 799, 722 658, 866 description of the other			425,152.	158	,486.							
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(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) X 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings 2,274,570. 1,384,283. 890,287. c Leasehold improvements 2,274,570. 1,384,283. 890,287. d Equipment 1,803,068. 1,541,548. 261,520. e Other 1,458,588. 799,722. 658,866.		•								0-(1)	168	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land basis (investment) 2,274,570. 1,384,283. 890,287. d Equipment 2,803,068. 1,541,548. 261,520. e Other 1,458,588. 799,722. 658,866.		• • • • • • • • • • • • • • • • • • • •										
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b Buildings c Leasehold improvements 2,274,570. 1,384,283. 890,287. d Equipment 1,803,068. 1,541,548. 261,520. e Other 1,458,588. 799,722. 658,866.			pasis (investr	nent)	Dasis	(otner)	ae	preciation				
c Leasehold improvements 2,274,570. 1,384,283. 890,287. d Equipment 1,803,068. 1,541,548. 261,520. e Other 1,458,588. 799,722. 658,866.	1a	Land										
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e Other 1,458,588. 799,722. 658,866.	С	Leasehold improvements										
e Other 1,458,588. 799,722. 658,866.	d	Equipment										
Tetal Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10(c).)					1,45	8,588.		799,72				
Otal. Add lines ta throught to: Johanni (a) mast equal to the education (b); who to (o);	Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 1	0(c).)				1,81	0,6	<u>73.</u>

Schedule D (Form 990) 2009	NATTON	F	7	T(П

Harry VIII Instantone Alle C	OUNDATION, INC.		04-2761636 Pa
Part VII Investments - Other Securities.	See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value		of valuation: ear market value
nancial derivatives			
losely-held equity interests			
ther			
	-		
tal. (Col (b) must equal Form 990, Part X, col (B) line 12.)			•
Part VIII Investments - Program Related.			
(a) Description of investment type	(b) Book value	(c) Method	
		Cost or end-of-y	ear market value
Y			
		· · · · · · · · · · · · · · · · · · ·	
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, lir	ne 15. a) Description		(L) Dealership
1	a) Description	-	(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) li	ine 15.)		
Part X Other Liabilities. See Form 990, Part 3			
		nount	
Part X Other Liabilities. See Form 990, Part 3 (a) Description of liability deral income taxes	X, line 25. (b) An		
Part X Other Liabilities. See Form 990, Part 3 (a) Description of liability deral income taxes	X, line 25. (b) An	nount 54,314.	
Part X Other Liabilities. See Form 990, Part 3 (a) Description of liability deral income taxes	X, line 25. (b) An		
rart X Other Liabilities. See Form 990, Part 3 (a) Description of liability deral income taxes	X, line 25. (b) An		
rart X Other Liabilities. See Form 990, Part 3 (a) Description of liability deral income taxes	X, line 25. (b) An		
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Part X Other Liabilities. See Form 990, Part (a) Description of liability deral income taxes	X, line 25. (b) An		
	X, line 25. (b) An		
Part X Other Liabilities. See Form 990, Part 2 (a) Description of liability deral income taxes CCRUED LEASE COSTS	X, line 25. (b) An	54,314.	
rart X Other Liabilities. See Form 990, Part 3 (a) Description of liability deral income taxes	x, line 25. (b) An	4,314.	the organization's liability to

MANAGED SO AS TO PROVIDE CONSISTENT, RELIABLE SUPPORT FOR THE

ORGANIZATION'S PROGRAMS AND OPERATING BUDGET. WHILE IT HAS ENJOYED MODEST

INVESTMENT INCOME AND FUND GROWTH OVER THE YEARS, THE ENDOWMENT IS

INVESTED CONSERVATIVELY SO AS TO PROTECT ITS PRINCIPAL AND PROVIDE HIGHLY

RELIABLE INCOME TO THE ORGANIZATION'S OPERATING BUDGET.

PART X: FACING HISTORY ACCOUNTS FOR THE EFFECT OF ANY

Schedule D (Form 990) 2009

UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE
RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL
MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY.
IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF
THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A
"CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX
LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. FACING HISTORY HAS IDENTIFIED
ITS TAX STATUS AS A TAX-EXEMPT ENTITY AS A TAX POSITION; HOWEVER, FACING
HISTORY HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN
UNCERTAINTY REQUIRING RECOGNITION. FACING HISTORY IS NOT CURRENTLY UNDER
EXAMINATION BY ANY TAXING JURISDICTION. FACING HISTORY'S FEDERAL AND STATE
RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE
DATE FILED.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
COST OF GOODS SOLD - NETTED ON FORM 990, PAGE 9, PART VIII, LINE
10B:: 187382.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:
COST OF GOODS SOLD - NETTED ON FORM 990, PAGE 9, PART VIII, LINE
10B:: 187382.

Schedule F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

e of the organization	r aaro oude	et vec			incation number
CING HISTORY		~		04-27616	36
rt I General In	formation on A	ctivities Out	side the United States. Comple	te if the organization answered	"Yes"
+- Farm 000 I	Part IV line 14h				
		maintain record	s to substantiate the amount of the gra	ants or assistance, the	Yes No
grantees' eligibility fo	r the grants or assis	stance, and the s	election criteria used to award the gran	nts or assistance? La	res No
For grantmakers. D	escribe in Part IV th	e organization's p	procedures for monitoring the use of g	rant funds outside the United S	iales.
			(Wassiannes in ponded)		
			ditional space is needed.) (d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
(a) Region	(b) Number of offices	(c) Number of employees or	(by type) (i.e., fundraising,	is a program service,	expenditures
	in the region	agents in	program services, grants to	describe specific type	for region
	In the region	region	recipients located in the region)	of service(s) in region	
			·		
•					
	.	0 0	1		

FACING HISTORY AND OURSELVES

NATIONAL FOUNDATION,

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organ recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Schedule F (Form 990) 2009

Part II

r aye c	[}	₹
04-2/61636	nization answered "Yes" to Form 990, Part IV, line 15, for any	

Schedule F (Form 990) 2009 (i) Method of valuation (book, FMV, appraisal, other) Σ FMV ACCOUNT - CHARGES ACCOUNT - CHARGES AGAINST FUNDS ON AGAINST FUNDS ON (h) Description of non-cash assistance INTERCOMPANY 65,070, DEPOSIT AT A INTERCOMPANY DEPOSIT AT A 210,321 (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of 0 of cash grant (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter URSELVES' (CANADA) FACING HISTORY AND FACING HISTORY AND AMOUNTS RELATE TO MISSION TO ENGAGE AMOUNTS RELATE TO (d) Purpose of DURSELVES, LTD'S UNITED KINGDOM) grant SUROPE (INCLUDING Use Schedule F-1 (Form 990) if additional space is needed. NORTH AMERICA (c) Region SREENLAND) CELAND & Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization N

SEE PART IV FOR COLUMN (D) AND COLUMN (H) DESCRIPTIONS

932072 02-01-10

FACING HISTORY AND OURSELVES

Page 3

04-2761636

NATIONAL FOUNDATION, INC.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. Schedule F (Form 990) 2009

Schedule F (Form 990) 2009 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement 28 (c) Number of (d) Amount of recipients cash grant (b) Region (a) Type of grant or assistance 932073 02-01-10

SCHEDULE G (Form 990 or 990-EZ)

Suppremental Information Regarding **Fundraising or Gaming Activities**

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Employer identification number FACING HISTORY AND OURSELVES Name of the organization 04-2761636 NATIONAL FOUNDATION, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations] Solicitation of government grants f Internet and email solicitations h Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (vi) Amount paid (iii) Did fundraise (iv) Gross receipts to (or retained by) to (or retained by) fundraiser have custody or control of contributions? (i) Name of individual fundraiser (ii) Activity organization from activity listed in col. (i) or entity (fundraiser) Yes

				1	i	ļ		
Tota	al		ed to colicit fur	de or has	been notified it is	exempt from regis	tration or licer	nsing.
3	al List all states in which the organizatio	n is registered or licens	ea to solicit iai	103 01 1100	boom man a			
						_		
		_						200 571 000

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009

		i i i a a a a a a a a a a a a a a a a a	'Yes" to Form 990, Part I	V, line 18, or reported	more than \$15,000
rt I	le G (Form 990 or 990-EZ) 2009 NAT LONG	organization answered			
	on Form 990-EZ, line 6a. List events with o	gross receipts greater tha	in \$5,000.		
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BENEFIT		NONE	(add col. (a) through
		DINNER			col. (c))
		(event type)	(event type)	(total number)	
					2 120 220
1	Gross receipts	3,120,229.			3,120,229.
•					2,664,763.
2	Less: Charitable contributions	2,664,763.		<u> </u>	2,004,1000
_				,	455,466.
3	Gross income (line 1 minus line 2)	455,466.			200,200
4	Cash prizes				
				•	
5	Noncash prizes				
6	Rent/facility costs				
	•				
7	Food and beverages				
8					455,466
9	Other direct expenses	t- 0 := -= tump (d)		>	(455,466
10	·				. 0
	Net income summary. Combine line 3, columnation in the complete of the organization	answered "Yes" to Form	990. Part IV, line 19, or r	eported more than	
art	III Gaming. Complete if the organization	allsweied 103 to 1011.			
<u> </u>					
u : L	\$15,000 on Form 990-EZ, line 6a.				(d) Total gaming (add
T	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
T	\$15,000 on Form 990-EZ, line 6a.				(d) Total gaming (add col. (a) through col. (c)
T	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add col. (a) through col. (c)
	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add col. (a) through col. (c)
T	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add col. (a) through col. (c)
1	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add col. (a) through col. (c)
1	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add col. (a) through col. (c)
1	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add col. (a) through col. (c)
2001000	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add col. (a) through col. (c)
20000000	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add col. (a) through col. (c)
2001000	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add col. (a) through col. (c)
1	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
1	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
1 2 3	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
1 2 3 4 4	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	(a) Bingo Yes%	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other-gaming Yes No	col. (a) through col. (c)
	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes%	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other-gaming Yes No	col. (a) through col. (c)
	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through	(a) Bingo Yes % No Sh 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other-gaming Yes No	col. (a) through col. (c)
1 2 3 4 4 4	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	(a) Bingo Yes % No Sh 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other-gaming Yes No	col. (a) through col. (c)
1 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes% No 1, column (d), and line 7	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes No	col. (a) through col. (c)
	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	Yes% No Solution (d)	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes No	% Yes N
מומרו וומרו ומרו וומרו ו	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	Yes% No Solution (d)	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes No	% Yes N
9 a	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	Yes% No Solution (d)	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes No	% Yes N
9 a	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	Yes% No Solution (d)	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes No	% Yes N
opening the part of the part o	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the state (s) in which the organization opense is the organization licensed to operate gaming if "No," explain:	Yes % No The column (d), and line 7 The activities in each of these	(b) Pull tabs/instant bingo/progressive bingo Yes% No states?	(c) Other-gaming Yes No	% Yes N 9a
opening the part of the part o	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	Yes % No The column (d), and line 7 The activities in each of these	(b) Pull tabs/instant bingo/progressive bingo Yes% No states?	(c) Other-gaming Yes No	% Yes N 9a
9 a b	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the state (s) in which the organization opense is the organization licensed to operate gaming if "No," explain:	Yes % No The column (d), and line 7 The activities in each of these	(b) Pull tabs/instant bingo/progressive bingo Yes% No states?	(c) Other-gaming Yes No	% Yes N
9 a b	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	Yes % No The column (d), and line 7 The activities in each of these	(b) Pull tabs/instant bingo/progressive bingo Yes% No states?	(c) Other-gaming Yes No	% Yes N 9a
9 a b	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	Yes % No The states gaming activities: activities in each of these strevoked, suspended or states.	(b) Pull tabs/instant bingo/progressive bingo Yes% No states?	(c) Other-gaming Yes No x year?	9a 10a
9 a b	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	Yes% No The second of these second of these second of these second of these second of these second of these second of these second of these second of these second of these second of these second of the sec	(b) Pull tabs/instant bingo/progressive bingo Yes% No states? terminated during the tax	(c) Other-gaming Yes No	col. (a) through col. (c)

FA(3 HISTORY AND OURSELVES

NAT FOINDATION INC. 04-276	<u>51636</u>	<u>5 Pa</u>	ge 3
Schedule G (Form 990 or 990-EZ) 2009 NATIONAL FOUNDATION, INC. 04-276		Yes	
1 1			
13 Indicate the percentage of gaming activity operated in:	,		
a The organization's facility 13a 9% 13b 9%	,		
123	7		
 b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: 	1		ı
Name	1 1		l
			ĺ
Address			1
the expenience receives gaming revenue?	15a		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
and the amount			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name	-		
	ŀ		
Address >	-		
16 Gaming manager information:			
	_		
Name			
······································	Ì		
Gaming manager compensation > \$	ŀ		
	_		
Description of services provided	_		
	_		
	Ì		
Director/officer Employee Independent contractor			
Director/officer Employee Independent contractor			
17 Mandatory distributions:a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a Is the organization required under state law to make character distributions now any games of retain the state gaming license?	178	3	
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			l
to the state of the few years Rev. St.			
organization's own exempt activities during the tax year ▶ \$ Schedule G (Form	990 or	990-E	Z) 200

SCHEDULE J (Form 990)

Department of the Treasury

compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

FACING HISTORY AND OURSELVES NATIONAL FOUNDATION, INC.

Employer identification number 04-2761636

Part	I Questions Regarding Compensation		V	No
		-	Yes	NO
1a C	heck the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			Í
P	2-4 VIL Section A line 13. Complete Part III to provide any relevant information regarding triese items.			1
Ė	First class or charter travel			1
F	Travel for companions Payments for business use of personal residence			
Ė	Tax indempification and gross-up payments Health or social club dues or initiation fees			
Ē	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ls 14	any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	the expenses described above? If "No," complete Part III to explain	1b		
	stable agreement in require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			1
2 [rustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		ļ
Ţ	rustees, and the GEO/Executive birector, regularing the manufacture of the control of the contro			
3 I	ndicate which, if any, of the following the organization uses to establish the compensation of the organization's			
(CEO/Executive Director. Check all that apply.			}
	Compensation committee Written employment contract			
	X Independent compensation consultant Compensation survey or study			1
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	er o related organization:	4-		X
		4a 4b	+	X
	supplemental nonqualified retirement plan?	·	-	X
	Deticipate in or receive payment from an equity-based compensation arrangement?	4c	+-	122
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of:			77
_	The organization?	5a		X
a h	Any related organization?	. 5b		
	K IIV II to line 50 or 5b, describe in Part III.			}
•	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
	The organization?	. 6a		X
<u>а</u>	Any related organization?	6b		X
b	Value The Color Shi departible in Part III			
_	Supermore lighted in Form 900. Part VII. Section A. line 1a, did the organization provide any non-fixed payments			_
7	" I I I I I I I I I I I I I I I I I I I	7	<u> </u>	<u> </u>
	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
8	Were any amounts reported in Form 990, Part VII, paid of accidence percentage and accidence perc	8		<u> }</u>
	initial contract exception described in Regs. section 33.4335 4(a)(c). If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
9	If "Yes" to line 8, did the organization also follow the rebuttable produitions section 53.4958-6(c)?	9		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Page 2

FACING HISTORY AND OURSELVES

04-2761636 NATIONAL FOUNDATION, INC.

Schedule J (Form 990) 2009

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown of W-2 an	W-2 and/or 1099-MIS	id/or 1099-MISC compensation	(C)	(D)	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(l)-(D)	reported in prior Form 990 or Form 990-EZ
	349.077.	0.	0	6,290.	0.	355,367.	0
		0	0		0	1	0
MARGOT STERN STROM	185,20		0.	3,392.	0.	188,599.	0
			0	i	0.	- 1	
MICHAEL DOMNET	184,		0.	3,392.	00	187, 598.	0
XX2 QIXX			0.		00	1	0
	(1) 187,945.		0	3,392.	00	7	0
			0		0	L	0
MAKTIN SLEEFER	185,		0.	3,392.	0	188,599.	0
		0	0	0	0		0
TERRY TOLLEFSON	173.56		0	0	0.	173,567.	0
	1	0	0.	0	0.	- 1,	0
USHA PASI	152 28		0	2,746.	0.	155,032.	0.0
			0	0	0	0	•
ANNE C. STOKES							
	(S)						
	(3)						
	E						
	(ii)						
	(9)						
	(9)						
	ε						
							0000 000
						Schedu	Schedule J (Form 990) 2009

34

932112 02-02-10

FACING HISTORY AND OURSELVES NATIONAL FOUNDATION, INC.

04-2761636

Page 3

d 8. Also complete this part for any additional information. g Part III Supplemental Information Schedule J (Form 990) 2009 S

Somplete this part to provide the information, explanation	Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, bb, 7, and 6. Also complete this part of any accordance to the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, bb, 7, and 6. Also complete this part of any accordance to the part of
SCHEDULE J, PART III: THE EXI	THE EXECUTIVE DIRECTOR'S SALARY IS
BY	LTING FIRM TO ESTABLISH COMPARABILITY DATA AND
RECOMMEND SALARY/BENEFIT PACKAGES	KAGES FOR BOARD REVIEW AND APPROVAL. OTHER KEY
EMPLOYEES ARE REVIEW BY THE	HUMAN RESOURCE DEPARTMENT WITH A RECOMMENDATION
SCUTIVE DIRECTOR	AND FINAL REVIEW BY THE BOARD.
	000 mm 1/1 -1/1 -1 -0
	Schedule 3 (Total 990) 2009
932113 02-02-10	35

SCHEDULE J-2

(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

➤ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. See the Instructions for Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the Organization

FACING HISTORY AND OURSELVES

Employer Identification number 04-2761636

arile of the Organization ====	CING HISTORY A TIONAL FOUNDAT	170	TE	T	NTO				04-2763	L636
NA NA	TIONAL FOUNDAT	usto	es	. K	ev l	Em	plo	vees, and Highest	Compensated E	mployees
	(B)			, (C	;)		T	(D)	(E)	(1)
(A) Name and title	Average	Position (check all that appl					-	Reportable	Reportable	Estimated
Name and title	hours						y)	compensation	compensation	amount of
	per							from	from related organizations	other compensation
	week	5				ploye		the organization	(W-2/1099-MISC)	from the
		direct				ша ра		(W-2/1099-MISC)		organization
		tee or	stee			ensate		,		and related
		II trus	nal tri		layee	ошоз			•	organizations
		ndividual trustee or director	nstitutional trustee	icer	key employee	Highest compensated employee	Former		!	
		Ĕ	Ė	10	\$	포	ů.			
ULIE LEFF	1 00							0.	0.	0.
DVISORY BD. CHAIR, NY	1.00	X						0.		
OHN KRATZENBERG	1 00	x		ļ				0.	0.	0.
DVISORY BD, CHAIR, DEN	1.00	^	-							
ARTY KELMAN	1.00	X						0.	0.	0.
DVISORY BD, CHAIR, MEM	1.00	<u> </u>	-	-	-	-	\vdash			
UGENE KRIEGER	1.00	x						0.	0.	0.
ADVISORY BD. CHAIR, LA	1.00	122	-	╁	 	╁	-			
YRA NOVOGRODSKY	1.00	Y						0.	0.	0
ADVISORY BD. CHAIR, ON	1.00	A	-	1	+					
SUSIE RICHARDSON	1.00	v						0.	0.	0
ADVISORY BD, CHAIR, SFBA	1.00	 1	+-		1.	1				
HEATHER ROSS-LOWENSTEIN	1.00	x						0.	0.	0
ADVISORY BD, CHAIR, CLE	1.00		\dagger	T		T	T			
MICHAEL DURNEY	40.00			X				185,207.	0.	3,392
CHIEF OPERATING OFFICER		1								
BENJAMIN MAHNKE DIRECTOR OF FINANCE	40.00			X	:			42,539.	. 0	. 0
MARC SKVIRSKY		T								2 202
WARC SKVIRSKI VICE PRESIDENT PROGRAM	40.00				X		_	184,206	. 0	3,392
MARTIN SLEEPER								105.045	0	3,392
ASSOCIATE EXEC. DIR.	40.00	1	1	1	X		-	187,945		. 3,372
TERRY TOLLEFSON		[105 207	0	. 3,392
DIR. OF ADMIN FOR HR	40.00	1		_	<u> </u>	4	-	185,207	•	. 3,352
USHA PASI								173,567	. 0	. 0
VP DEVELOPMENT	40.00	4	-	+	X	-	+-	1/3,307	•	
ANNE C. STOKES	40.04	†	1		2	,		152,286	_ 0	. 2,746
DIR. OF DEV. & EXT. AFF.	40.00	 	-	-	+2	- 2	+-	132,200		
PETER NELSON	40.04					X	-	121,375	. 0	. 2,181
DIRECTOR NY OFFICE	40.00	- -	+	+	- -		+	1217575		
GLENDA FISHMAN	40.00	۱,			}	2	7	120,004	. 0	. 2,114
DIRECTOR OF FINANCE	40.00	<u>-</u>	-	-	+	- 2	•			
THEODORE SCOTT	40.0	n				2	τ	106,472	. 0	. 1,812
PROG. DIR. FOR REGIONS	40.0	-	+	\dashv	+	- -	-			
KAREN MURPHY	40.0	۱ م				7	X	105,361	. 0	1,78
DIR. INTL. PROGRAMS	#0.0	-	\dashv	-	+	+	-			
JANICE DARSA	40.0	0					x	103,915		1,87
DIR. JEWISH EDUCATION	70.0	<u> </u>	- + -						j	l l

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

me of the organization FA(TNG HTS	TORY A	ND C	URSELV	ES				mployer			ımber
7 / 7 / 7	ΡΤΛΝΊΔΙ. Έ	יויאכועוזוטי	TON.	INC				0	4-27	<u>61636</u>	5	
ert I Excess Benefit	Transactio	ns (section	501(c)(3	3) and section	n 501(c)(4) or	ganization	is only).					
Complete if the orga	anization answ	ered "Yes" or	n Form	990, Part IV,	line 25a or 25	b, or Forn	n 990-EZ	, Part \	√, line 40l	b.		
						scription o				}	(c) Corre	ected?
(a) Name of dis	squalified perso	on			(a) Des	scription o	Hansac				Yes	No
									 			
Enter the amount of tax imposection 4958 Enter the amount of tax, if a												
art II Loans to and/o	or From Inte	erested Pe	erson	S.	1: 00 Fr	000 E	7 Part V	line 3	8a			
Complete if the org	anization answ	rered "Yes" c	n Form	990, Part IV,	(d) Balan	oo diro	(e)	!n	(f) App	proved	(g) W	ritten
(a) Name of interested	(-)			inal principal mount	(a) Balan	ce due	defa		by board or committee?		agree	ment?
person and purpose							Yes	No	Yes	No	Yes	No
	То	From					1.00					<u> </u>
				> (<u> </u>							
otal Part III Grants or Ass	ictorce Rei	afiting In	teres				<u></u>					
Part III Grants or Ass	istalice Del	ionenia il/ooi	on Forn	o QQQ Part IV	/ line 27							
Complete if the or		wered Yes	(h) Polo	tionship bet	veen interest	ed person	and		(c) Ar	nount ar	nd type o	of
(a) Name of intereste	d person		(D) neid	the o	organization	ou percen				assista	nce	
	<u> </u>											
Part IV Business Tra	nsactions l	nvolving li	nteres	sted Perso	ns.							
Complete if the or	rganization ans	wered "Yes"	on For	m 990, Part I	V, line 28a, 28	8b, or 28c					(a) St	naring
(a) Name of intereste		(b) F	Relation	ship betweer	n interested	(c) Am	iount of	(d) Descri		òrgan	nization
(a) Name of fine este	sa person	1	oerson a	and the orga	nization	trans	action		transac	ction	reve	enues?
						,					Yes	No
			TT 37	MEMBER	OF MA	9	9,61	7.EN	IPLOY	MENT		X
NDAM CODOM		FAM	TTTZ	111111111111		_	~ ~ ~				1	X
						2	9,28	J.EN	IPLOY	WENT.		-
ADAM STROM ILANA KLARMAN				MEMBER		2	9,28).EN	IPLOY	MENT		
						2	9,28).EN	MPLOY	MENT		
						2	9,28	J.EN	IPLOY	MENT		

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

Instructions for Form 990 or 990-EZ.

SCHEDULE M (Form 990)

Noncash Contributions

 Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990. OMB No. 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FACING HISTORY AND OURSELVES NATIONAL FOUNDATION, INC.

Employer identification number 04-2761636

Parl	Types of Property			· ·	(4)			
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of det revenue		9	
1	Art - Works of art							
	Art - Historical treasures							
	Art - Fractional interests							
-	Books and publications							
	Clothing and household goods	t						
_	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	l	14	40,130.	FMV			
10	Securities - Closely held stock	1						
	Securities - Partnership, LLC, or							
11	trust interests							
40	Securities - Miscellaneous	L						
12	Qualified conservation contribution -							
13								
	Historic structures Qualified conservation contribution - Other							
14								
15	Real estate - Residential	1						
16	Real estate - Commercial	1						
17	Real estate - Other	II.						
18	Collectibles	1						
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts	.						
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()	·						
27	Other ()							
28	Other ()						
29	Number of Forms 8283 received by the orga	anization duri	ng the tax year for	contributions				
	for which the organization completed Form	8283, Part IV	, Donee Acknowle	dgment29			Yes	No
					u + 2 thold for		163	140
30a	During the year, did the organization receive	e by contribu	tion any property r	eported in Part I, lines 1-28	that it must hold for			
	at least three years from the date of the init	ial contributio	on, and which is no	or required to be used to ex	empt purposse is:	200		X
	the entire holding period?					30a		77
۲	ways and a site of the arrangement in Part II	I						v
~4	Done the organization have a gift acceptant	ce policy that	requires the revie	w of any non-standard cont	nbutions?	31		X
30.	Does the organization hire or use third parti	ies or related	organizations to s	olicit, process, or sell norica	SIT			v
JEC	contributions?					32a		X
	K IIV II describe in Part II							1
	If the organization did not report revenues	in column (c)	for a type of prope	erty for which column (a) is c	hecked,			
33	describe in Part II		_				<u> </u>	L
1 1 2 2		tion Act Noti	ce, see the Instru	ctions for Form 990.	Schedule	M (For	m 990) 2009
LHA	TOP Privacy Act and Paper Work Hedde		•					

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FACING HISTORY AND OURSELVES NATIONAL FOUNDATION, INC.

Employer identification number 04-2761636

NATIONAL TOURS.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IS TO ENGAGE STUDENTS OF DIVERSE BACKGROUNDS IN AN EXAMINATION OF
RACISM, PREJUDICE AND ANTI-SEMITISM IN ORDER TO PROMOTE THE DEVELOPMENT
OF A MORE HUMANE AND INFORMED CITIZENRY. BY STUDYING THE HISTORICAL
DEVELOPMENT AND THE LESSONS OF THE HOLOCAUST AND OTHER EXAMPLES OF
GENOCIDE, STUDENTS MAKE THE CONNECTION BETWEEN HISTORY AND MORAL
CHOICES IN THEIR LIVES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INFORMED CITIZENRY. BY STUDYING THE HISTORICAL DEVELOPMENT AND THE
LESSONS OF THE HOLOCAUST AND OTHER EXAMPLES OF GENOCIDE, STUDENTS MAKE
THE CONNECTION BETWEEN HISTORY AND MORAL CHOICES IN THEIR LIVES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
INDIVIDUALIZED SUPPORT FROM FACING HISTORY'S PROGRAM ASSOCIATES. THE
EFFECTIVENESS OF OUR PROGRAM HAS BEEN DEMONSTRATED IN MORE THAN 100
STUDIES BY INDEPENDENT RESEARCHERS AND FACING HISTORY EVALUATORS.
FACING HISTORY PROVIDES EDUCATORS WITH RICH CONTENT AND EFFECTIVE
TEACHING STRATEGIES. ALL OUR RESOURCES, BEGINNING WITH OUR CORE
PUBLICATION FACING HISTORY AND OURSELVES: HOLOCAUST AND HUMAN BEHAVIOR,
ARE BASED ON A SEQUENCE OF STUDY THAT MOVES FROM INDIVIDUAL IDENTITY TO
THE COLLECTIVE RESPONSIBILITIES OF CITIZENSHIP, USING HISTORICAL AND
LITERARY DOCUMENTS AND THE STORIES OF INDIVIDUALS AND GROUPS TO HELP
YOUNG PEOPLE DISCOVER THE CAPACITY OF ORDINARY PEOPLE TO INFLUENCE
THEORIES OF ADOLESCENT AND ADULT
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

932211 02-03-10

SCHEDULE O (Form 990)

Suppremental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

FACING HISTORY AND OURSELVES NATIONAL FOUNDATION, INC.

Employer identification number 04-2761636

DEVELOPMENT, AND BASED ON RIGOROUS RESEARCH BY EXPERIENCED HISTORIANS

AND CURRICULUM WRITERS, WE CONTINUE TO ADD RESOURCES THAT DEEPEN OUR

SCHOLARSHIP AND BROADEN THE CHOICES THAT EDUCATORS HAVE FOR THEIR

CLASSES. THIS YEAR FACING HISTORY DEVELOPED SIX NEW STUDY GUIDES AND

RESOURCE BOOKS AND TRANSLATED THREE RESOURCES INTO FRENCH, GERMAN, AND

SPANISH. WE ALSO EXPANDED OUR ONLINE CONTENT, WHICH CAN BE DOWNLOADED

BY EDUCATORS OR STREAMED IN THE CLASSROOM.

FROM PRINT AND ONLINE RESOURCE BOOKS AND STUDY GUIDES TO PODCASTS,

VIDEOS, AND INTERACTIVE ONLINE MODULES, FACING HISTORY AND OURSELVES IS

A LEADER IN USING EMERGING TECHNOLOGY TO ENRICH OUR RESEARCH AND KEEP

OUR WORK TIMELY AND RELEVANT. MORE THAN 30,000 COPIES OF OUR RESOURCES

WERE DOWNLOADED FROM OUR WEBSITE LAST YEAR, AND WE LENT MORE THAN

13,000 RESOURCES IN A VARIETY OF MEDIA THROUGH OUR LIBRARY.

FACINGHISTORY.ORG RECEIVED MORE THAN 820,000 VISITS FROM PEOPLE IN 211

COUNTRIES AND TERRITORIES, WITH MORE THAN 2.7 MILLION PAGE VIEWS. MORE

THAN 50,000 UNIQUE VISITORS SPEND TIME ON OUR SITE EACH MONTH.

FACING HISTORY PURSUES AN AMBITIOUS AND STRATEGIC RESEARCH AND

EVALUATION AGENDA EACH YEAR. SINCE FACING HISTORY WAS FOUNDED,

INDEPENDENT RESEARCHERS AND FACING HISTORY EVALUATORS HAVE CARRIED OUT

MORE THAN 100 STUDIES TO ASSESS THE EFFECTIVENESS OF THE PROGRAM AND TO

DEMONSTRATE THE IMPORTANCE OF CIVIC EDUCATION. THROUGH COMMUNITY

OUTREACH AND EVENTS, PARTICIPATION IN KEY CONFERENCES, AND PARTNERSHIPS

WITH POLICY MAKERS AS WELL AS BUSINESS, EDUCATION, AND COMMUNITY

LEADERS, WE SHARE BEST PRACTICES AND HIGHLIGHT THIS IMPORTANT WORK.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211 02-03-10

SCHEDULE O (Form 990)

Suppremental Information to Form #90

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ➤ Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FACING HISTORY AND OURSELVES NATIONAL FOUNDATION, INC.

Employer identification number 04-2761636

FORM 990, PART VI, SECTION A, LINE 2: ADAM STROM IS DIRECTOR OF RESEARCH
AND DEVELOPMENT OF THE ORGANIZATION AND ALSO THE SON OF THE EXECUTIVE
DIRECTOR. ILANA KLARMAN IS PROJECT SPECIALIST FOR RESEARCH AND DEVELOPMENT
OF THE ORGANIZATION AND THE DAUGHTER OF THE BOARD CHAIR.
FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING, THE DRAFT VERSION
OF FORM 990 WAS REVIEWED BY THE AUDIT AND FINANCE COMMITTEES OF THE BOARD
OF DIRECTORS. THE FORM 990 WAS THEN PROVIDED TO THE BOARD OF DIRECTORS VIA
EMAIL. THE FORM 990 WILL BE FILED UPON APPROVAL BY THE AUDIT AND FINANCE
COMMITTEES.
FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY REQUEST BOARD MEMBERS TO
COMPLETE CONFLICT OF INTEREST STATEMENT.
COMPLETE CONFLICT OF INTEREST STREET
FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR/PRESIDENT
COMPENSATION PACKAGE REVIEWED BY OUTSIDE CONSULTING FIRM TO ESTABLISH
COMPARABILITY DATA AND RECOMMENDATION OF A COMPENSATION PACKAGE TO THE
BOARD OF DIRECTORS FOR APPROVAL. CURRENT REPORTABLE COMPENSATION INCLUDES
AN ADDITIONAL ONETIME ADJUSTMENT SPREAD OUT ACROSS 5 YEARS.
ALL OTHER KEY EMPLOYEE'S ARE REVIEWED BY THE HUMAN RESOURCE DEPARTMENT.
EXTERNAL BENCHMARKING RESOURCES ARE REFERENCED SUCH AS THE MOST RECENT
GUIDESTAR NONPROFIT COMPENSATION REPORT. FINAL RECOMMENDATIONS ARE MADE TO
THE EXECUTIVE DIRECTOR/PRESIDENT WITH A FINAL REVIEW BY THE BOARD OF

DIRECTORS. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211 02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ➤ Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FACING HISTORY AND OURSELVES NATIONAL FOUNDATION, INC.

Employer identification number 04-2761636

FORM 990, PART VI, SECTION C, LINE 19: OUR FORMS 990 (CURRENT AND PRIOR
THREE YEARS) ARE AVAILABLE ON THE OFFICIAL WEBSITE OF THE ATTORNEY GENERAL
OF MASSACHUSETTS AT WWW.CHARITIES.AGO.STATE.MA.US AND GUIDESTAR AT
WWW2.GUIDESTAR.ORG. WE ALSO MAKE OUR FORM 990, FORM 1023, FORM 990-T,
ARTICLES OF INCORPORATION, AND BYLAWS AVAILABLE TO THE PUBLIC UPON REQUEST.
OUR AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE OFFICIAL WEBSITE
OF THE ATTORNEY GENERAL OF MASSACHUSETTS AT WWW.CHARITIES.AGO.STATE.MA.US.
WE DO NOT MAKE OUR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.
IN ADDITION, VARIOUS OTHER GOVERNING DOCUMENTS ARE ALSO AVAILABLE OFFICIAL
WEBSITE OF THE SECRETARY OF STATE OF MASSACHUSETTS AT:
WWW.CORP.SEC.STATE.MA.US/CORP/CORPSEARCH/CORPSEARCHINPUT.ASP
FORM 990, PAGE 12, PART XI -FINANCIAL STMTS & REPORTING
LINE 2C-DOES ORGANIZATION HAVE A COMMITTEE THAT ASSUMES OVERSIGHT OF AUDIT?
THERE HAVE BEEN NO CHANGES IN THE COMMITTEE'S RESPONSIBILTY FOR THE
OVERSIGHT OF THE AUDIT.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: ADAM STROM (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
FAMILY MEMBER OF MARGOT STROM, PRESIDENT/EXECUTIVE DIRECTOR

(A) NAME OF PERSON: ILANA KLARMAN

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

SCHEDULE 0

Suppremental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ➤ Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

nternal Revenue Service Name of the organization	FACING HISTORY AND OURSELVES	Employer identification number
	NATIONAL FOUNDATION, INC.	04-2761636
(B) RELATIONSI	HIP BETWEEN INTERESTED PERSON AND ORGANIZAT	ION:
FAMILY MEMBER	OF SETH KLARMAN, CHAIR, BOARD OF DIRECTORS	

Schedule R (Form 990) 2009 2009 Open to Public Inspection Employer identification number OMB No. 1545-0047 Direct controlling Direct controlling 04-2761636 entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets status (if section Public charity 501(c)(3)) <u>e</u> <u>e</u> Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Exempt Code Total income section 501(0)(3) ਉ ਉ ▼ See separate instructions. Related Organizations and Unrelated Partnerships Legal domicile (state or Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) foreign country) **MASSACHUSETTS** LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. SUPPORT FOR FACING HISTORY ► Attach to Form 990. FACING HISTORY AND OURSELVES Primary activity Primary activity <u>@</u> NATIONAL FOUNDATION, INC. AND OURSELVES FRIENDS OF FACING HISTORY AND OURSELVES 04-2754319, 16 HURD RD., BROOKLINE, MA Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) 932161 02-04-10 Part II 02445 Part

Page 2 04-2761636

FACING HISTORY AND OURSELVES

NATIONAL FOUNDATION, INC.

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 Code V-UBI General or managing amount in box managing 20 of Schedule K-1 (Form 1065) Yes No Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Share of end-of-year assets <u>(6</u> ate allocations? Dispropartion-Yes No Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) e) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>e</u> <u>ပ</u> 45 Direct controlling entity Primary activity ত্ত <u>a</u> Legal domicile (state or foreign country) <u>စ</u> Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization a 932162 07-21-10 Part IV Part III

FACING HISTORY AND OURSELVES

Page 3

04-2761636

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NATIONAL FOUNDATION, Schedule R (Form 990) 2009

Amount involved Yes 19 표 두 9 4 ÷ 4 ပ္ 무 1e 5 두 쏮 19 Reimbursement paid to other organization for expenses Reimbursement paid by other organization for expenses Lease of facilities, equipment, or other assets to other organization(s) Sharing of facilities, equipment, mailing lists, or other assets 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. Transaction type (a-r) c Gift, grant, or capital contribution from other organization(s) 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? Part V Transactions With Related Organizations (complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Other transfer of cash or property from other organization(s) Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundralising solicitations by other organization(s) Lease of facilities, equipment, or other assets from other organization(s) Name of other organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, $|\mathrm{III}|$ or IV of this schedule. q Other transfer of cash or property to other organization(s) b Gift, grant, or capital contribution to other organization(s) d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) Sharing of paid employees Sale of assets to other organization(s) Purchase of assets from other organization(s) h Exchange of assets æ Ξ 2

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Schedule R (Form 990) 2009

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Page 4 04 - 2761636

FACING HISTORY AND OURSELVES

NATIONAL FOUNDATION, INC. Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Parthership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Schedule R (Form 990) 2009 General or managing partner? Yes No Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Dispropor-tionate allocations? Yes No Ξ Share of end-ofyear assets (e) Are all partners section 501(c)(3) organizations? Yes No ਉ (state or foreign Legal domicile country) Primary activity Name, address, and EIN of entity

932164 02-04-10

990

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

							1 =
Current Year Deduction	254,304.	141,563.					* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Current Sec 179		o					nmercial Revi
Accumulated Depreciation	1287244.	658,160.					Ivage, Bonus, Con
Basis For Depreciation	1803069. 2274570.	1458587.					2, Section 179, Sa
Reduction In Basis		0)_ *
Bus % Excl							
Unadjusted Cost Or Basis	1803069.	1458587. 5536226.		·			 (D) - Asset disposed
Line No.	16 16	016					 <u> </u>
Life	7.00 16	10.00			.,,,,,		
Method	SSL	SSL	 			·	 _
Date Acquired	VARIESSL	VARIESSL				7	
Description	OFFICE EQUIPMENT LEASEHOLD IMPROVEMENTS	3TRAVELING EXHIBITS * * TOTAL 990 PAGE 10 DEPR					
Asset No.	7 7	(7)	 			,	 928102 06-24-09

Form **8868**

Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

(Rev. April 2009) Department of the Treasury Internal Revenue Service

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this I you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part I unless you have already been granted an automatic 3-month extension.	It is to bage 2 or also forms.	▶ LX.I
Part 1 Automatic 3-Month Extension of Time. Only submit original (no c	opies needed).	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - ch	neck this box and complete	
Part I only		
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Fo	rm 7004 to request an extension of time	
o file income tax returns		
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-mor noted below (6 months for a corporation required to file Form 990-T). However, you cannot fil not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more detayww.irs.gov/efile and click on e-file for Charities & Nonprofits.	ails on the electronic filing of this form, visit	Instead,
Type or Name of Exempt Organization	Employer identificati	on number
print FACING HISTORY AND OURSELVES		_
NATIONAL FOUNDATION, INC.	04-2761636	5
lie by the Number street, and room or suite no. If a P.O. box, see instructions.		
ling your 16 HURD ROAD		
eturn. See ostructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.	tions.	
BROOKLINE, MA 02445-6919		
Check type of return to be filed (file a separate application for each return):		
X Form 990 Form 990-T (corporation)	Form 4720	
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 5227	
Form 990-EZ Form 990-T (trust other than above)	Form 6069	
Form 990-PF Form 1041-A	Form 8870	
MARGOT STERN STROM		
The books are in the care of 16 HURD ROAD - BROOKLINE, MA	<u> 4 02445-6919</u>	
Telephone No. ► 617-735-1627 FAX No. ► _		. —
If the expenization does not have an office or place of business in the United States, che	ck this box	
true is a common Deturn, anter the organization's four digit Group Exemption Number	· (GEN) . If this is for the whole grou	ip, check uns
ox ► . If it is for part of the group, check this box ► . and attach a list with the	names and EINs of all members the extension	n will cover.
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-	T) extension of time until	
FEBRUARY 15, 2011 , to file the exempt organization return for the	e organization named above. The extension	
is for the organization's return for:		
colondar year Of		
X tax year beginning JUL 1, 2009 , and ending JUI	N 30, 2010	
2 If this tax year is for less than 12 months, check reason: Initial return	Final return Change in acco	unting perio
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentativ	e tax, less any	
nonrefundable credits. See instructions.	3a \$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estim	ated	
tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	
Ralance Due, Subtract line 3b from line 3a. Include your payment with this form, or, it	if required,	
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payr	ment System).	_
See instructions.	3c \$	N/A
	Town 9459 EO and Form 9970 EO for navment	t instructions
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see F	OIII 0403-EO and FORM 00/3-EO for payment	
A.A. Nation and Instructions	Form 88	68 (Rev. 4-200
LHA For Privacy Act and Paperwork Reduction Act Notice, see insulctions.		

Town 2009 (Day 1,2011)					Page 2				
Form 8868 (Rev. 1·2011) ■ If you are filing for an Additional (Not Automatic) 3-Mon	ıth Extension, c	omplete only Part II and check this bo	ох	>	X				
lote. Only complete Part II if you have already been grante	d an automatic 3	3-month extension on a previously filed	Form 88	368.					
When are filled for an Automatic 2-Month Extension, CO	omplete only Pa	rt I (on page 1).		`					
Part II Additional (Not Automatic) 3-Mon	th Extension	of Time. Only file the original (no c	opies ne	eded).					
			Emplo	yer identification	number				
ype or FACING HISTORY AND OURSEI									
rint NATIONAL FOUNDATION, INC.	04-2761636								
MATIONAL FOODBITTEON,	NATIONAL FOUNDATION, INC.								
extended due date for filing your									
BROOKLINE, MA 02445-051.									
	f /fil	to application for each return)			0 1				
nter the Return code for the return that this application is	for (file a separa	te application for each return		*************************					
	Return	Application			Return				
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For	01				APARTHA NA				
orm 990		Form 1041-A			08				
orm 990-BL	02				09				
orm 990-EZ	03	Form 4720			10				
orm 990-PF	04	Form 5227			11				
orm 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			12				
orm 990-T (trust other than above)	06	Form 8870	uch file	L Form 8868					
TOP! Do not complete Part II if you were not already g	ranted an autor	matic 3-month extension on a previo	usiy ille	ar orm occor					
The books are in the care of ▶ MARGOT STER	N STROM	FAVIL &							
Telephone No. ► 617-735-1627		FAX No.							
If the organization does not have an office or place of b	usiness in the U	nited States, check this box	hia ia far	the whole group	chack this				
If this is for a Group Return, enter the organization's fou	ar digit Group Ex	emption Number (GEN) If the	1115 15 1U1 11 mamba	trie wrote group,	e for				
ox . If it is for part of the group, check this box	► L and atta	ach a list with the names and EINS of a	II III GIND	als the extension	3 101.				
I request an additional 3-month extension of time un	til MAY	15, 2011	MIT.	30, 2010					
For calendar year, or other tax year beginn	ing טטי ד		Final re						
If the tax year entered in line 5 is for less than 12 mg	onths, check reas	son: L Initial return L	J Final re	eturn					
Change in accounting period									
7 State in detail why you need the extension		D DUD THEODMANTON D	FOIT	DED TO DE	EDARE				
ADDITIONAL TIME IS NEEDED	TO GATHE	R THE INFORMATION K	EQUI.	KED TO III					
A COMPLETE AND ACCURATE RE	TURN.								
	·								
Ba If this application is for Form 990-BL, 990-PF, 990-T,	, 4720, or 6069,	enter the tentative tax, less any	8a	\$	0.				
nonrefundable credits. See instructions.	pprefundable credits. See instructions.								
b If this application is for Form 990-PF, 990-T, 4720, o	his application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated								
tax payments made. Include any prior year overpay	ax payments made. Include any prior year overpayment allowed as a credit and any amount paid								
previously with Form 8868.	reviously with Form 8868.								
c Balance due. Subtract line 8b from line 8a. Include	alance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using								
EFTPS (Electronic Federal Tax Payment System), S	ee instructions.		8c	\$	0				
	Signature a	nd Verification		f my length day and	holiof				
nder penalties of perjury, I declare that I have examined this for	m, including accon	npanying schedules and statements, and to	me dest o	i my knowieage and	nener,				
is true, correct, and complete, and that I am authorized to prepa	ile uno lottus			T. March	<i>'</i>				
ignature Description of the T	itle ▶ D L	nocron	Date						
				Form 8868 (Rev. 1-201				