

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

OMB No. 1545-0047

**2009**Open to Public  
Inspection

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

**A** For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type.

See Specific Instructions.

**C** Name of organization  
**FACING HISTORY AND OURSELVES  
NATIONAL FOUNDATION, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

**16 HURD ROAD**

City or town, state or country, and ZIP + 4

**BROOKLINE, MA 02445-6919****F** Name and address of principal officer: **MARGOT STERN STROM  
SAME AS C ABOVE****D** Employer identification number**04-2761636****E** Telephone number**617-735-1627****G** Gross receipts \$ **13,149,395.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.FACINGHISTORY.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1982** **M** State of legal domicile: **MA****Part I Summary**

Activities &amp; Governance

**1** Briefly describe the organization's mission or most significant activities: **FACING HISTORY AND OURSELVES IS  
AN EDUCATION AND PROFESSIONAL DEVELOPMENT ORGANIZATION WHOSE MISSION****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a) **34****4** Number of independent voting members of the governing body (Part VI, line 1b) **33****5** Total number of employees (Part V, line 2a) **181****6** Total number of volunteers (estimate if necessary) **43****7a** Total gross unrelated business revenue from Part VIII, column (C), line 12 **0.****7b** Net unrelated business taxable income from Form 990-T, line 34 **0.**

Revenue

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	19,691,317.	11,437,870.
<b>9</b> Program service revenue (Part VIII, line 2g)	783,888.	939,722.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	197,735.	87,098.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,273.	41,857.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,742,213.	12,506,547.

Expenses

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,704,607.	11,960,430.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,191,377.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,434,080.	4,543,774.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,138,687.	16,504,204.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,603,526.	-3,997,657.

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	30,016,286.	27,146,997.
<b>21</b> Total liabilities (Part X, line 26)	1,540,420.	1,395,764.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	28,475,866.	25,751,233.

**Part II Signature Block**

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

Sign Here

Signature of officer

Date

**MARTIN SLEEPER, ASSOCIATE EXEC. DIR.**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

**JOSEPH M. GISO, MST**

Date

**05/11/11**Check if self-employed ☐

Preparer's identifying number (see instructions)

**100030126**

EIN ▶

Phone no. ▶ **617-761-0600**May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No



**FACING HISTORY AND OURSELVES  
NATIONAL FOUNDATION, INC.**

Form 990 (2009)

04-2761636 Page **3**

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b>	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<b>N/A</b>	
<b>6</b>	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? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b>	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? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
<b>11</b>	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>X</b>	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
<b>12</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	<b>X</b>	
<b>12A</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<b>Yes</b>	<b>No</b>
			<b>X</b>
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule F, Part I</i>	<b>X</b>	
<b>15</b>	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? <i>If "Yes," complete Schedule F, Part II</i>	<b>X</b>	
<b>16</b>	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? <i>If "Yes," complete Schedule F, Part III</i>		<b>X</b>
<b>17</b>	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? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>X</b>	
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>

Form **990** (2009)

**FACING HISTORY AND OURSELVES  
NATIONAL FOUNDATION, INC.**

Form 990 (2009)

04-2761636 Page **4**

**Part IV Checklist of Required Schedules** (continued)

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

Form **990** (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	56
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	181
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	8	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? N/A	9a	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2009)

**FACING HISTORY AND OURSELVES  
NATIONAL FOUNDATION, INC.**

Form 990 (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.

**Section 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		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	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 members of the governing body?	7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	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 reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

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

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **MA, CA, IL, CO, OH, TN, NY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MARGOT STERN STROM - 617-735-1627**  
**16 HURD ROAD, BROOKLINE, MA 02445-6919**

Form 990 (2009)

**FACING HISTORY AND OURSELVES  
NATIONAL FOUNDATION, INC.**

Form 990 (2009)

04-2761636 Page 7

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

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
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				0.	0.	0.
JEFFREY BUSSGANG 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				0.	0.	0.
TRACY PALANDJIAN VC, AD. BOARD CHAIR NE	1.00	X		X				0.	0.	0.
ELIZABETH JICK TREASURER	1.00	X		X				0.	0.	0.
SANDRA GORDON SECRETARY/CLERK	1.00	X		X				0.	0.	0.
MARTHA MINOW CHAIR, SCHOLARS	1.00	X						0.	0.	0.
KAREN HARRISON CHAIR, COG	1.00	X						0.	0.	0.
DANA SMITH CHAIR, BD. OF TRUSTEES	1.00	X						0.	0.	0.
PAUL BERZ TRUSTEE	1.00	X						0.	0.	0.
ELLEN CARMELL TRUSTEE	1.00	X						0.	0.	0.
DAVID FIALKOW TRUSTEE	1.00	X						0.	0.	0.
PHILIP GORDON TRUSTEE	1.00	X						0.	0.	0.
JILL KARP TRUSTEE	1.00	X						0.	0.	0.
LAWRENCE LEVY TRUSTEE	1.00	X						0.	0.	0.

**FACING HISTORY AND OURSELVES  
NATIONAL FOUNDATION, INC.**

Form 990 (2009)

04-2761636 Page 8

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JIM MOONEY TRUSTEE	1.00	X						0.	0.	0.
JANE OCH TRUSTEE	1.00	X						0.	0.	0.
RICHARD PERRY TRUSTEE	1.00	X						0.	0.	0.
RICHARD SMITH TRUSTEE	1.00	X						0.	0.	0.
ROBERT SMITH TRUSTEE	1.00	X						0.	0.	0.
DOROTHY TANANBAUM TRUSTEE	1.00	X						0.	0.	0.
DORA ULLIAN TRUSTEE	1.00	X						0.	0.	0.
MAURICE VANDERPOL TRUSTEE	1.00	X						0.	0.	0.
JILL GARLING ADVISORY BD. CHAIR, CHI	1.00	X						0.	0.	0.
RITA HALBRIGHT ADVISORY BD. CHAIR, UK	1.00	X						0.	0.	0.
<b>1b Total</b>								<b>2,017,161.</b>	<b>0.</b>	<b>32,363.</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **12**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(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 J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)



FACING HISTORY AND OURSELVES  
NATIONAL FOUNDATION, INC.

Form 990 (2009)

04-2761636 Page 9

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	3,120,229.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,317,641.			
	g Noncash contributions included in lines 1a-1f: \$		40,130.			
	h <b>Total.</b> Add lines 1a-1f		11,437,870.			
Program Service Revenue	2 a <b>FEES</b>	Business Code 611710	939,722.	939,722.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g <b>Total.</b> Add lines 2a-2f		939,722.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		18,925.			18,925.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 68,173.				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)	68,173.				
	d Net gain or (loss)		68,173.			68,173.
	8 a Gross income from fundraising events (not including \$ 3120229. of contributions reported on line 1c). See Part IV, line 18	a	455,466.			
	b Less: direct expenses	b	455,466.			
	c Net income or (loss) from fundraising events		0.			
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	229,239.				
b Less: cost of goods sold	b	187,382.				
c Net income or (loss) from sales of inventory		41,857.			41,857.	
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e <b>Total.</b> Add lines 11a-11d						
12 <b>Total revenue.</b> See instructions.		12,506,547.	939,722.	0.	128,955.	

**FACING HISTORY AND OURSELVES  
NATIONAL FOUNDATION, INC.**

Form 990 (2009)

04-2761636 Page **10**

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, 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, trustees, and key employees .....	2,021,454.	1,576,734.	161,716.	283,004.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	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):				
a Management .....	1,742,932.	1,568,639.	34,859.	139,434.
b Legal .....				
c Accounting .....	98,396.	76,591.	6,295.	15,510.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....				
13 Office expenses .....	166,636.	137,000.	4,051.	25,585.
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.)				
a <b>PRINTING</b> .....	151,838.	91,725.	136.	59,977.
b <b>POSTAGE &amp; SHIPPING</b> .....	138,160.	96,383.	1,846.	39,931.
c <b>MACHINE MAINTENANCE</b> .....	112,040.	100,618.	3,299.	8,123.
d <b>AUDIO VISUAL &amp; LIBRARY</b> .....	73,427.	71,080.		2,347.
e <b>EVENT SERVICES</b> .....	39,745.	37,815.		1,930.
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	16,504,204.	13,246,989.	1,065,838.	2,191,377.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> 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 ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	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.	3	10,516,235.
	4 Accounts receivable, net .....	128,630.	4	229,371.
	5 Receivables from current and former officers, directors, trustees, key 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	
	7 Notes and loans receivable, net .....	542,301.	7	544,121.
	8 Inventories for sale or use .....	98,836.	8	107,896.
	9 Prepaid expenses and deferred charges .....	331,937.	9	225,389.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 5,536,226.		
	b 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 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
15 Other assets. See Part IV, line 11 .....		15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	30,016,286.	16	27,146,997.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	299,387.	17	280,240.
	18 Grants payable .....		18	
	19 Deferred revenue .....	32,486.	19	23,975.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	1,106,332.	23	1,027,235.
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....	102,215.	25	64,314.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	1,540,420.	26	1,395,764.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	6,282,768.	27	7,665,718.
	28 Temporarily restricted net assets .....	17,244,260.	28	13,099,401.
	29 Permanently restricted net assets .....	4,948,838.	29	4,986,114.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances</b> .....	28,475,866.	33	25,751,233.
	34 <b>Total liabilities and net assets/fund balances</b> .....	30,016,286.	34	27,146,997.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
b Were the organization's financial statements audited by an independent accountant? .....	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	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	

Form 990 (2009)

Department of the Treasury  
Internal Revenue Service

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

OMB No. 1545-0047

2009

**Open to Public Inspection**

Employer identification number  
04-2761636

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- |          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

## FACING HISTORY AND OURSELVES

Schedule A (Form 990 or 990-EZ) 2009 **NATIONAL FOUNDATION, INC.**

04-2761636 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**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						
4 <b>Total.</b> Add lines 1 through 3	11376879.	13668018.	25227428.	19691317.	11437870.	81401512.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8867583.
6 <b>Public support.</b> Subtract line 5 from line 4.						72533929.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	11376879.	13668018.	25227428.	19691317.	11437870.	81401512.
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.)						
11 <b>Total support.</b> Add lines 7 through 10						81862265.
12 Gross receipts from related activities, etc. (see instructions)					12	7,198,586.
13 <b>First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	88.60 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	91.15 %
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
13 <b>Total support</b> (Add lines 9, 10c, 11, and 12.) .....						

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	15		%
16 Public support percentage from 2008 Schedule A, Part III, line 15 .....	16		%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	17		%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 .....	18		%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

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

Schedule A (Form 990 or 990-EZ) 2009

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.

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization **FACING HISTORY AND OURSELVES  
NATIONAL FOUNDATION, INC.**

Employer identification number  
**04-2761636**

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

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

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

4 Number of states where property subject to conservation easement is located ▶ .....

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ .....

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ .....
b Assets included in Form 990, Part X .....	▶ \$ .....



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other \_\_\_\_\_
- 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.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if 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? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV.

**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
1a Beginning of year balance	5,619,932.5	4,417,101.			
b Contributions	37,276.	977,973.			
c Net investment earnings, gains, and losses	715,812.	-616,656.			
d Grants or scholarships					
e Other expenditures for facilities and programs	425,152.	158,486.			
f Administrative expenses					
g End of year balance	5,947,868.5	5,619,932.			

## 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

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

## 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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
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.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,810,673.

Schedule D (Form 990) 2009



FACING HISTORY AND OURSELVES  
NATIONAL FOUNDATION, INC.

Schedule D (Form 990) 2009

04-2761636 Page 4

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,506,547.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,504,204.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-3,997,657.
4	Net unrealized gains (losses) on investments	4	1,273,024.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,273,024.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-2,724,633.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	14,696,085.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,273,024.
b	Donated services and use of facilities	2b	729,132.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	187,382.
e	Add lines 2a through 2d	2e	2,189,538.
3	Subtract line 2e from line 1	3	12,506,547.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,506,547.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	17,420,718.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	729,132.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	187,382.
e	Add lines 2a through 2d	2e	916,514.
3	Subtract line 2e from line 1	3	16,504,204.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	16,504,204.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: FACING HISTORY'S PERMANENTLY RESTRICTED ENDOWMENT IS**

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

**Part XIV** Supplemental Information (continued)

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.

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

# 2009

**Open to Public Inspection**

FACING HISTORY AND OURSELVES  
NATIONAL FOUNDATION, INC.

04-2761636

to Form 990, Part IV, line 14b.

- 3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

[illegible]

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

Schedule F (Form 990) 2009

## Part II

**Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to question 100 on Form 990-BE.

Use Schedule E-1 (Form 990) if additional space is needed.

[illegible]

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the United States, and for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
---	---

3 Enter total number of other organizations or entities

Schedule E (Form 990) 2009

	DATE	FY FOR	COLUMN (D)	AND COLUMN (H)	DESCRIPTIONS
1	01-01-68	01-01-68	01-01-68	01-01-68	01-01-68
2	01-01-69	01-01-69	01-01-69	01-01-69	01-01-69
3	01-01-70	01-01-70	01-01-70	01-01-70	01-01-70
4	01-01-71	01-01-71	01-01-71	01-01-71	01-01-71
5	01-01-72	01-01-72	01-01-72	01-01-72	01-01-72
6	01-01-73	01-01-73	01-01-73	01-01-73	01-01-73
7	01-01-74	01-01-74	01-01-74	01-01-74	01-01-74
8	01-01-75	01-01-75	01-01-75	01-01-75	01-01-75
9	01-01-76	01-01-76	01-01-76	01-01-76	01-01-76
10	01-01-77	01-01-77	01-01-77	01-01-77	01-01-77
11	01-01-78	01-01-78	01-01-78	01-01-78	01-01-78
12	01-01-79	01-01-79	01-01-79	01-01-79	01-01-79
13	01-01-80	01-01-80	01-01-80	01-01-80	01-01-80
14	01-01-81	01-01-81	01-01-81	01-01-81	01-01-81
15	01-01-82	01-01-82	01-01-82	01-01-82	01-01-82
16	01-01-83	01-01-83	01-01-83	01-01-83	01-01-83
17	01-01-84	01-01-84	01-01-84	01-01-84	01-01-84
18	01-01-85	01-01-85	01-01-85	01-01-85	01-01-85
19	01-01-86	01-01-86	01-01-86	01-01-86	01-01-86
20	01-01-87	01-01-87	01-01-87	01-01-87	01-01-87
21	01-01-88	01-01-88	01-01-88	01-01-88	01-01-88
22	01-01-89	01-01-89	01-01-89	01-01-89	01-01-89
23	01-01-90	01-01-90	01-01-90	01-01-90	01-01-90
24	01-01-91	01-01-91	01-01-91	01-01-91	01-01-91
25	01-01-92	01-01-92	01-01-92	01-01-92	01-01-92
26	01-01-93	01-01-93	01-01-93	01-01-93	01-01-93
27	01-01-94	01-01-94	01-01-94	01-01-94	01-01-94
28	01-01-95	01-01-95	01-01-95	01-01-95	01-01-95
29	01-01-96	01-01-96	01-01-96	01-01-96	01-01-96
30	01-01-97	01-01-97	01-01-97	01-01-97	01-01-97
31	01-01-98	01-01-98	01-01-98	01-01-98	01-01-98
32	01-01-99	01-01-99	01-01-99	01-01-99	01-01-99
33	01-01-00	01-01-00	01-01-00	01-01-00	01-01-00
34	01-01-01	01-01-01	01-01-01	01-01-01	01-01-01
35	01-01-02	01-01-02	01-01-02	01-01-02	01-01-02
36	01-01-03	01-01-03	01-01-03	01-01-03	01-01-03
37	01-01-04	01-01-04	01-01-04	01-01-04	01-01-04
38	01-01-05	01-01-05	01-01-05	01-01-05	01-01-05
39	01-01-06	01-01-06	01-01-06	01-01-06	01-01-06
40	01-01-07	01-01-07	01-01-07	01-01-07	01-01-07
41	01-01-08	01-01-08	01-01-08	01-01-08	01-01-08
42	01-01-09	01-01-09	01-01-09	01-01-09	01-01-09
43	01-01-10	01-01-10	01-01-10	01-01-10	01-01-10
44	01-01-11	01-01-11	01-01-11	01-01-11	01-01-11
45	01-01-12	01-01-12	01-01-12	01-01-12	01-01-12
46	01-01-13	01-01-13	01-01-13	01-01-13	01-01-13
47	01-01-14	01-01-14	01-01-14	01-01-14	01-01-14
48	01-01-15	01-01-15	01-01-15	01-01-15	01-01-15
49	01-01-16	01-01-16	01-01-16	01-01-16	01-01-16
50	01-01-17	01-01-17	01-01-17	01-01-17	01-01-17
51	01-01-18	01-01-18	01-01-18	01-01-18	01-01-18
52	01-01-19	01-01-19	01-01-19	01-01-19	

2.7

Schedule F (Form 990) 2009 **NATIONAL FOUNDATION, INC.**

Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

**PART II, COLUMNS (D) AND (H):**

**REGION: EUROPE (INCLUDING ICELAND & GREENLAND)**

**(D) PURPOSE OF GRANT: AMOUNTS RELATE TO FACING HISTORY AND OURSELVES, LTD'S (UNITED KINGDOM) MISSION 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.**

**(H) DESCRIPTION OF NON-CASH ASSISTANCE: INTERCOMPANY ACCOUNT - CHARGES AGAINST FUNDS ON DEPOSIT AT A FINANCIAL INSTITUTION.**

**REGION: NORTH AMERICA**

**(D) PURPOSE OF GRANT: AMOUNTS RELATE TO FACING HISTORY AND OURSELVES' (CANADA) MISSION 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.**

**(H) DESCRIPTION OF NON-CASH ASSISTANCE: INTERCOMPANY ACCOUNT - CHARGES AGAINST FUNDS ON DEPOSIT AT A FINANCIAL INSTITUTION.**





FAC 3 HISTORY AND OURSELVES  
NATIONAL FOUNDATION, INC.

04-2761636 Page 2

Schedule G (Form 990 or 990-EZ) 2009

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>BENEFIT DINNER</b> (event type)	(b) Event #2 (event type)	(c) Other events <b>NONE</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts .....	3,120,229.			3,120,229.
	2 Less: Charitable contributions .....	2,664,763.			2,664,763.
	3 Gross income (line 1 minus line 2) .....	455,466.			455,466.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	455,466.			455,466.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				( 455,466 )
	11 Net income summary. Combine line 3, column (d), and line 10 .....				0.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....					( )
8 Net gaming income summary. Combine line 1, column (d), and line 7 .....					

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? .....

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....

b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? .....

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....

	Yes	No
9a		
10a		
11		
12		

Schedule G (Form 990 or 990-EZ) 2009

		Yes	No						
<p><b>13</b> Indicate the percentage of gaming activity operated in:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>a</b> The organization's facility .....</p> <p><b>b</b> An outside facility .....</p> </div> <div style="width: 35%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>13a</b></td> <td style="width: 50%;"></td> <td style="width: 40%; text-align: right;">%</td> </tr> <tr> <td><b>13b</b></td> <td></td> <td style="text-align: right;">%</td> </tr> </table> </div> </div>	<b>13a</b>		%	<b>13b</b>		%			
<b>13a</b>		%							
<b>13b</b>		%							
<p><b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:</p> <p><b>Name</b> ▶ .....</p> <p><b>Address</b> ▶ .....</p>									
<p><b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....</p>	<b>15a</b>								
<p><b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....</p> <p><b>c</b> If "Yes," enter name and address of the third party:</p> <p><b>Name</b> ▶ .....</p> <p><b>Address</b> ▶ .....</p>									
<p><b>16</b> Gaming manager information:</p> <p><b>Name</b> ▶ .....</p> <p>Gaming manager compensation ▶ \$ .....</p> <p>Description of services provided ▶ .....</p> <p>.....</p> <p>.....</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span><input type="checkbox"/> Director/officer</span> <span><input type="checkbox"/> Employee</span> <span><input type="checkbox"/> Independent contractor</span> </div>									
<p><b>17</b> Mandatory distributions:</p> <p><b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....</p> <p><b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....</p>	<b>17a</b>								

**SCHEDULE J  
(Form 990)**

**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

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization **FACING HISTORY AND OURSELVES  
NATIONAL FOUNDATION, INC.**

Employer identification number  
**04-2761636**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> 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 organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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 contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

Do not list any individuals that are not listed on Form 990, Part VII.

DO NOT check any information that does not equal the applicable column (N) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

Schedule J (Form 990) 2009

Part III Supplemental Information

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

SCHEDULE J, PART III: THE EXECUTIVE DIRECTOR'S SALARY IS  
REVIEWED BY AN OUTSIDE CONSULTING FIRM TO ESTABLISH COMPARABILITY DATA AND  
RECOMMEND SALARY/BENEFIT PACKAGES FOR BOARD REVIEW AND APPROVAL. OTHER KEY  
EMPLOYEES ARE REVIEW BY THE HUMAN RESOURCE DEPARTMENT WITH A RECOMMENDATION  
TO THE EXECUTIVE DIRECTOR AND FINAL REVIEW BY THE BOARD.

**SCHEDULE J-2**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the Organization

**FACING HISTORY AND OURSELVES  
NATIONAL FOUNDATION, INC.**

Employer Identification number  
**04-2761636**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JULIE LEFF ADVISORY BD. CHAIR, NY	1.00	X						0.	0.	0.
JOHN KRATZENBERG ADVISORY BD. CHAIR, DEN	1.00	X						0.	0.	0.
MARTY KELMAN ADVISORY BD. CHAIR, MEM	1.00	X						0.	0.	0.
EUGENE KRIEGER ADVISORY BD. CHAIR, LA	1.00	X						0.	0.	0.
MYRA NOVOGRODSKY ADVISORY BD. CHAIR, ON	1.00	X						0.	0.	0.
SUSIE RICHARDSON ADVISORY BD. CHAIR, SFBA	1.00	X						0.	0.	0.
HEATHER ROSS-LOWENSTEIN ADVISORY BD. CHAIR, CLE	1.00	X						0.	0.	0.
MICHAEL DURNEY CHIEF OPERATING OFFICER	40.00			X				185,207.	0.	3,392.
BENJAMIN MAHNKE DIRECTOR OF FINANCE	40.00			X				42,539.	0.	0.
MARC SKVIRSKY VICE PRESIDENT PROGRAM	40.00				X			184,206.	0.	3,392.
MARTIN SLEEPER ASSOCIATE EXEC. DIR.	40.00				X			187,945.	0.	3,392.
TERRY TOLLEFSON DIR. OF ADMIN FOR HR	40.00				X			185,207.	0.	3,392.
USHA PASI VP DEVELOPMENT	40.00				X			173,567.	0.	0.
ANNE C. STOKES DIR. OF DEV. & EXT. AFF.	40.00				X			152,286.	0.	2,746.
PETER NELSON DIRECTOR NY OFFICE	40.00					X		121,375.	0.	2,181.
GLENDA FISHMAN DIRECTOR OF FINANCE	40.00					X		120,004.	0.	2,114.
THEODORE SCOTT PROG. DIR. FOR REGIONS	40.00					X		106,472.	0.	1,812.
KAREN MURPHY DIR. INTL. PROGRAMS	40.00					X		105,361.	0.	1,781.
JANICE DARSA DIR. JEWISH EDUCATION	40.00					X		103,915.	0.	1,871.

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)

Department of the Treasury  
Internal Revenue Service

**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

**2009**

Open To Public  
Inspection

Name of the organization **FACING HISTORY AND OURSELVES  
NATIONAL FOUNDATION, INC.**

Employer identification number  
**04-2761636**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ADAM STROM	FAMILY MEMBER OF MA	99,617.	EMPLOYMENT		X
ILANA KLARMAN	FAMILY MEMBER OF SE	29,280.	EMPLOYMENT		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS



**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization **FACING HISTORY AND OURSELVES  
NATIONAL FOUNDATION, INC.**

Employer identification number  
**04-2761636**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	14	40,130.	FMV
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
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 organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

## SCHEDULE O

(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

## 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

2009

Open to Public  
InspectionFACING HISTORY AND OURSELVES  
NATIONAL FOUNDATION, INC.Employer identification number  
04-2761636

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  
 EXTRAORDINARY EVENTS. USING CURRENT 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)

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

2009

Open to Public  
Inspection

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)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2009**

Open to Public  
Inspection

**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.

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

2009

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 RESPONSIBILITY 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

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

**2009**

Open to Public  
Inspection

Name of the organization

**FACING HISTORY AND OURSELVES  
NATIONAL FOUNDATION, INC.**

Employer identification number  
**04-2761636**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

**FAMILY MEMBER OF SETH KLARMAN, CHAIR, BOARD OF DIRECTORS**



### Part III

[illegible][illegible][illegible]



**FACING HISTORY AND OURSELVES  
NATIONAL FOUNDATION, INC.**

04-2761636 Page 3

Schedule R (Form 990) 2009

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

		Yes	No
<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
<b>1</b>	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?		
<b>a</b>	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b>	Gift, grant, or capital contribution to other organization(s)		X
<b>c</b>	Gift, grant, or capital contribution from other organization(s)		X
<b>d</b>	Loans or loan guarantees to or for other organization(s)		X
<b>e</b>	Loans or loan guarantees by other organization(s)		X
<b>f</b>	Sale of assets to other organization(s)		X
<b>g</b>	Purchase of assets from other organization(s)		X
<b>h</b>	Exchange of assets		X
<b>i</b>	Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b>	Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b>	Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b>	Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b>	Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b>	Sharing of paid employees		X
<b>o</b>	Reimbursement paid to other organization for expenses		X
<b>p</b>	Reimbursement paid by other organization for expenses		X
<b>q</b>	Other transfer of cash or property to other organization(s)		X
<b>r</b>	Other transfer of cash or property from other organization(s)		X

**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.

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

	(measured by total assets or gross revenue)
more than five percent of its activities conducted 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.

[illegible]

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	OFFICE EQUIPMENT	VARI	ESSL	7.00	16	1803069.			1803069.	1287244.		254,304.
2	LEASEHOLD IMPROVEMENTS	VARI	ESSL	20.00	16	2274570.			2274570.	1274197.		110,086.
3	TRAVELING EXHIBITS	VARI	ESSL	10.00	16	1458587.			1458587.	658,160.		141,563.
	* TOTAL 990 PAGE 10 DEPR					5536226.		0.	5536226.	3219601.	0.	505,953.

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

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	<b>FACING HISTORY AND OURSELVES NATIONAL FOUNDATION, INC.</b>	<b>04-2761636</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	
	<b>16 HURD ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>BROOKLINE, MA 02445-6919</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**MARGOT STERN STROM**

- The books are in the care of ▶ **16 HURD ROAD - BROOKLINE, MA 02445-6919**

Telephone No. ▶ **617-735-1627**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-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 organization named above. The extension is for the organization's return for:

▶ ☐ calendar year \_\_\_\_\_ or▶ ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

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

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
Type or print  File by the extended due date for filing your return. See instructions.	Name of exempt organization <b>FACING HISTORY AND OURSELVES NATIONAL FOUNDATION, INC.</b>		Employer identification number <b>04-2761636</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>16 HURD ROAD</b>		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BROOKLINE, MA 02445-6919</b>		

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **MARGOT STERN STROM**  
Telephone No. **617-735-1627** FAX No.
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **MAY 15, 2011**.
- 5 For calendar year , or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **[Signature]** Title **Director** Date **2/8/11**