

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

2008Open to Public
Inspection

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

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ 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 \$**22,807,750.****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** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1982** **M** State of legal domicile: **MA****Part I Summary**

Activities & 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	37
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	36
	5	Total number of employees (Part V, line 2a)	5	203
	6	Total number of volunteers (estimate if necessary)	6	10
		7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a
b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 25,227,428.	Current Year 19,691,317.
	9	Program service revenue (Part VIII, line 2g)	762,889.	783,888.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	595,164.	197,735.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65,350.	69,273.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,650,831.	20,742,213.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,660,281.	13,704,607.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,453,020.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,761,008.	4,434,380.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,421,289.	18,138,987.
19		Revenue less expenses. Subtract line 18 from line 12	9,229,542.	2,603,226.
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	Beginning of Year 29,115,099.
	21	Total liabilities (Part X, line 26)	1,649,276.	1,540,420.
	22	Net assets or fund balances. Subtract line 21 from line 20	27,465,823.	28,475,866.

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

MARGOT STERN STROM, PRESIDENT/EXECUTIVE DIRECTOR

Type or print name and title

Paid

Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

**CBIZ TOFIAS
350 MASSACHUSETTS AVENUE
CAMBRIDGE, MA 02139**

EIN ▶

Phone no. ▶ **617-761-0600**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

832001 12-18-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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

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Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION**
FACING HISTORY AND OURSELVES IS AN EDUCATION AND PROFESSIONAL
DEVELOPMENT ORGANIZATION WHOSE MISSION IS TO ENGAGE STUDENTS OF
DIVERSE BACKGROUNDS IN AN EXAMINATION OF RACISM, PREJUDICE AND
ANTI-SEMITISM IN ORDER TO PROMOTE THE DEVELOPMENT OF A MORE HUMANE AND
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ **6,120,994.** including grants of \$) (Revenue \$)
OUR WORK OVER THE PAST 30 YEARS DEMONSTRATES THAT EFFECTIVE TEACHING
CAN CULTIVATE THE SENSE OF CIVIC RESPONSIBILITY NEEDED TO PROTECT HUMAN
DIGNITY AND PREVENT VIOLATIONS OF HUMAN RIGHTS. THE FLOW OF PEOPLE,
IDEAS, CAPITAL, AND IMAGES ACROSS BORDERS OPENS NEW POSSIBILITIES FOR
TOLERANCE AND ALSO NEW RISKS OF MISUNDERSTANDING. FACING HISTORY,
INFORMED BY LEADING THINKERS FROM THE FIELDS OF PHILOSOPHY, RELIGION,
AND EDUCATION, IS A LEADER IN EDUCATING FOR TOLERANCE AND
UNDERSTANDING. FACING HISTORY HIGHLIGHTS EDUCATION, OFTEN OVERLOOKED,
AS A CRUCIAL TOOL FOR STRENGTHENING CIVIL SOCIETIES.

GLOBAL PROFESSIONAL DEVELOPMENT:

FACING HISTORY AND OURSELVES PROMOTES STUDENT ENGAGEMENT, CRITICAL

4b (Code:) (Expenses \$ **929,563.** including grants of \$) (Revenue \$)
RESEARCH AND DEVELOPMENT:
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
DEVELOPMENT, AND BASED ON RIGOROUS RESEARCH BY EXPERIENCED HISTORIANS
AND CURRICULUM WRITERS, FACING HISTORY IS CONTINUALLY DEVELOPING NEW
EDUCATOR RESOURCES TO ADDRESS A RANGE OF HISTORICAL MOMENTS AND

4c (Code:) (Expenses \$ **571,850.** including grants of \$) (Revenue \$)
PUBLICATIONS AND NEW MEDIA:
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. IN THE PAST YEAR FACING HISTORY
DISTRIBUTED MORE THAN 20,000 PUBLISHED RESOURCES AND OUR LIBRARY LOANED
MORE THAN 13,000 BOOKS, DVDS, AND OTHER RESOURCES TO EDUCATORS. OUR
WEBSITE RECEIVED MORE THAN 700,000 VISITS FROM PEOPLE IN 215 COUNTRIES,
WITH MORE THAN 2.6 MILLION PAGE VIEWS, AND MORE THAN 34,000 COPIES OF
OUR RESOURCES WERE DOWNLOADED DIRECTLY FROM WWW.FACINGHISTORY.ORG.

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ **6,796,714.** including grants of \$) (Revenue \$)

4e Total program service expenses ▶ \$ **14,419,121.** (Must equal Part IX, Line 25, column (B).)

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Part IV Checklist of Required Schedules

		Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3 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>	3		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	N/A	
6 Did the organization maintain any donor advised funds or any 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>	6		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	X	
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	74	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	203	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b	
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

	Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>		
1a Enter the number of voting members of the governing body	37	
b Enter the number of voting members that are independent	36	
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?	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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a 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?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or 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		X

Section B. Policies

	Yes	No
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	
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?		

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, EXECUTIVE DIRECTOR - 617-735-1627**
16 HURD ROAD, BROOKLINE, MA 02445-6919

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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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 officer, director, trustee, or key employee.

(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/EXECUTIVE DIR.	40.00	X		X				380,142.	0.	38,188.
MICHAEL DURNEY CHIEF OPERATING OFFICER	40.00				X			174,994.	0.	18,119.
MARC SKVIRSKY VICE PRESIDENT PROGRAM	40.00				X			174,994.	0.	18,119.
MARTIN SLEEPER ASSOCIATE EXEC. DIR.	40.00				X			173,318.	0.	17,009.
TERRY TOLLEFSON DIR. OF ADMIN. FOR HR	40.00				X			166,258.	0.	16,998.
ANDREW TARSY CHIEF OF INST. ADV.	40.00					X		148,235.	0.	10,500.
ANNE C. STOKES DIR. OF DEV. & EXT. AFFA	40.00					X		145,043.	0.	14,740.
PETER NELSON DIRECTOR, NY OFFICE	40.00					X		122,263.	0.	12,937.
GLENDA FISHMAN DIRECTOR OF FINANCE	40.00				X			118,379.	0.	12,342.
SCOTT THEODORE PROG. DIR. FOR REGIONAL	40.00					X		112,421.	0.	5,610.
KAREN MURPHY DIRECTOR OF INTL. PROGRA	40.00					X		109,359.	0.	11,631.
SETH KLARMAN CHAIR, BOARD OF DIRECTOR	1.00	X		X				0.	0.	0.
RONALD CASTY VICE 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.
KATHY FULD VICE CHAIR, BOARD OF DIR	1.00	X		X				0.	0.	0.
DANA SMITH VICE CHAIR, BOARD OF DIR	1.00	X		X				0.	0.	0.
ELIZABETH JICK TREASURER	1.00	X		X				0.	0.	0.

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

Form 990 (2008)

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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			
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.
SUE ZAMKOW BERMAN TRUSTEE	1.00	X						0.	0.	0.
SANDRA GORDON SECRETARY/CLERK	1.00	X		X				0.	0.	0.
PAUL BERZ TRUSTEE	1.00	X						0.	0.	0.
SUSAN BLOCK 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.
1b Total								1,825,406.	0.	176,193.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 16

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 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	
5 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
ABT ASSOCIATES P.O BOX 84-5586, BOSTON, MA 02284-5586	EDUCATIONAL CONSULTANT	222,253.
GOVCONNECTION PO BOX 081018, WOBURN, MA 01813	COMPUTERS & SUPPLIES	113,876.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 2

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

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

Form 990 (2008)

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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	3242499.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16448818.				
	g Noncash contributions included in lines 1a-1f: \$		1011859.				
	h Total. Add lines 1a-1f			19691317.			
Program Service Revenue	2 a FEES	Business Code	611710	783,888.	783,888.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			783,888.			
	3 Investment income (including dividends, interest, and other similar amounts)			70,103.			70,103.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	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	1360507.			
	b Less: cost or other basis and sales expenses			1232875.			
	c Gain or (loss)			127,632.			
	d Net gain or (loss)			127,632.			127,632.
	8 a Gross income from fundraising events (not including \$ <u>2714235.</u> of contributions reported on line 1c). See Part IV, line 18	a		528,264.			
	b Less: direct expenses	b		528,264.			
	c Net income or (loss) from fundraising events						
	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		373,671.			
	b Less: cost of goods sold	b		304,398.			
	c Net income or (loss) from sales of inventory			69,273.			69,273.
	Miscellaneous Revenue			Business Code			
	11 a						
	b						
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			20742213.	783,888.	0.	267,008.	

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

Form 990 (2008)

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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	1,338,338.	1,043,904.	107,067.	187,367.
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	9,594,527.	7,483,731.	767,562.	1,343,234.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	609,039.	475,051.	48,723.	85,265.
9 Other employee benefits	1,146,645.	894,383.	91,732.	160,530.
10 Payroll taxes	1,016,058.	792,525.	81,285.	142,248.
11 Fees for services (non-employees):				
a Management	1,684,424.	1,515,902.	36,581.	131,941.
b Legal				
c Accounting	94,150.	33,240.	22,165.	38,745.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	246,353.	199,884.	8,665.	37,804.
14 Information technology	220,888.	169,264.	16,864.	34,760.
15 Royalties				
16 Occupancy	587,156.	542,383.	15,074.	29,699.
17 Travel	556,606.	461,476.	25,543.	69,587.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	57,756.	45,050.	4,620.	8,086.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	336,037.	258,916.	25,965.	51,156.
23 Insurance	38,702.	30,188.	3,096.	5,418.
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 PRINTING	218,925.	163,524.	805.	54,596.
b POSTAGE & SHIPPING	186,857.	128,097.	2,954.	55,806.
c MACHINE MAINTENANCE	90,911.	81,363.	3,158.	6,390.
d AUDIO VISUAL AND LIBRAR	63,805.	56,423.	2,606.	4,776.
e EVENT SERVICES	48,858.	41,748.	1,869.	5,241.
f All other expenses	2,952.	2,069.	512.	371.
25 Total functional expenses. Add lines 1 through 24f	18,138,987.	14,419,121.	1,266,846.	2,453,020.
26 Joint Costs. 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 ...				

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

Form 990 (2008)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,789,471.	1	2,908,410.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	12,842,338.	3	14,729,975.	
	4 Accounts receivable, net	168,175.	4	128,630.	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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	210,621.	7	542,301.	
	8 Inventories for sale or use	65,350.	8	98,836.	
	9 Prepaid expenses and deferred charges	344,909.	9	331,937.	
	10a Land, buildings, and equipment: cost basis	4,894,938.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D	3,219,601.			
		1,747,573.	10c	1,675,337.	
	11 Investments - publicly traded securities	11,946,662.	11	9,600,860.	
	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 Total assets. Add lines 1 through 15 (must equal line 34)	29,115,099.	16	30,016,286.		
Liabilities	17 Accounts payable and accrued expenses	440,440.	17	299,387.	
	18 Grants payable		18		
	19 Deferred revenue	27,433.	19	32,486.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow 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	1,181,403.	23	1,106,332.	
	24 Unsecured notes and loans payable		24		
	25 Other liabilities. Complete Part X of Schedule D	0.	25	102,215.	
	26 Total liabilities. Add lines 17 through 25	1,649,276.	26	1,540,420.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	7,272,135.	27	6,282,768.	
	28 Temporarily restricted net assets	16,224,862.	28	17,244,260.	
	29 Permanently restricted net assets	3,968,826.	29	4,948,838.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	27,465,823.	33	28,475,866.	
	34 Total liabilities and net assets/fund balances	29,115,099.	34	30,016,286.	

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		
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 lines 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
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?	3b	

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

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

Employer identification number
04-2761636

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

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h ☐ Provide the following information about the organizations the organization supports.

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

[illegible]

Total

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

Schedule A (Form 990 or 990-EZ) 2008

FACING HISTORY AND OURSELVES

Schedule A (Form 990 or 990-EZ) 2008 NATIONAL FOUNDATION, INC.

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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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13478545.	11376879.	13668018.	25227428.	19004996.	82755866.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	13478545.	11376879.	13668018.	25227428.	19004996.	82755866.
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)						6519955.
6 Public support. Subtract line 5 from line 4.						76235911.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	13478545.	11376879.	13668018.	25227428.	19004996.	82755866.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	404,629.	186,338.	102,673.	82,714.	104,646.	881,000.
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 Total support. Add lines 7 through 10						83636866.
12 Gross receipts from related activities, etc. (see instructions)					12	6,061,240.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	91.15 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	89.33 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2008

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18		%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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 certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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)?

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,742,213.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,138,987.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,603,226.
4	Net unrealized gains (losses) on investments	4	-1,490,968.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-102,215.
9	Total adjustments (net). Add lines 4-8	9	-1,593,183.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,010,043.

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	21,850,900.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	686,321.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	422,366.
e	Add lines 2a through 2d	2e	1,108,687.
3	Subtract line 2e from line 1	3	20,742,213.
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 should equal Form 990, Part I, line 12.)	5	20,742,213.

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

1	Total expenses and losses per audited financial statements	1	19,129,406.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	686,321.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	304,398.
e	Add lines 2a through 2d	2e	990,719.
3	Subtract line 2e from line 1	3	18,138,687.
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	300.
c	Add lines 4a and 4b	4c	300.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	18,138,987.

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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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 IT'S PRINCIPAL AND PROVIDE HIGHLY RELIABLE

INCOME TO THE ORGANIZATION'S OPERATING BUDGET.

PART X: THE UNCERTAINTIES OF ANY TAX POSITIONS WERE ACCOUNTED

Part XIV Supplemental Information (continued)

FOR UNDER THE GUIDANCE IN SFAS NO. 5, ACCOUNTING FOR CONTINGENCIES. UNDER THIS APPROACH, DISCLOSURE IS NOT REQUIRED OF A LOSS CONTINGENCY INVOLVING AN UNASSERTED CLAIM OR ASSESSMENT UNLESS IT IS CONSIDERED PROBABLE THAT A CLAIM WILL BE ASSERTED AND THERE IS A REASONABLE POSSIBILITY THAT THE OUTCOME WILL BE UNFAVORABLE. IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) RELEASED FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AN INTERPRETATION OF FASB STATEMENT 109 (FIN 48). FIN 48 PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, PRESENTED AND DISCLOSED IN THE FINANCIAL STATEMENTS. FIN 48 REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER TAX POSITIONS ARE "MORE-LIKELY THAN- NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. ON DECEMBER 30, 2008, THE FASB STAFF ISSUED FASB STAFF POSITION (FSP) FIN 48-3, EFFECTIVE DATE OF FASB INTERPRETATION NO. 48 FOR CERTAIN NONPUBLIC ENTERPRISES, WHICH DEFERS THE ADOPTION OF THE PROVISIONS OF FIN 48 FOR THE ORGANIZATION UNTIL FISCAL 2010. AT THIS TIME, THE ORGANIZATION'S MANAGEMENT IS EVALUATING THE IMPLICATIONS OF FIN 48.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

LOSS ON SUBLEASE: -102215.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD - NETTED ON FORM 990, PAGE 9, PART VIII, LINE
10B: 304398.SPENDING RATE TRANSFER APPROPRIATED FOR OPERATION-EXCESS OF
ACTUAL RETURN: 117968.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

COST OF GOODS SOLD - NETTED ON FORM 990, PAGE 9, PART VIII, LINE

10B: 304398.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

MISC. EXPENSES - ADJUSTMENT: 300.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2008

Open to Public Inspection

FACING HISTORY AND OURSELVES
NATIONAL FOUNDATION, INC.

Employer identification number

04-2761636

Part I	General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.
---------------	---

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Totals					

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

Schedule F (Form 990) 2008

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

04-2761636

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

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

1

[illegible]

2	Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
---	---

3 Enter total number of other organizations or entities

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

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

[illegible]

Part IV Supplemental Information

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

SCHEDULE F, PART I, LINE 2: FACING HISTORY AND OURSELVES ("CANADA") WAS INCORPORATED AS A PUBLIC CHARITY IN CANADA TO ASSIST IN CARRYING OUT THE FACING HISTORY PROGRAMS IN CANADA WITH GOVERNANCE SEPARATE FROM THE GOVERNANCE OF FACING HISTORY. FACING HISTORY AND CANADA OPERATE UNDER A MEMORANDUM OF UNDERSTANDING OUTLINING THE RIGHTS AND RESPONSIBILITIES OF EACH ORGANIZATION.

FACING HISTORY AND OURSELVES LTD ("LIMITED") WAS INCORPORATED AS A PUBLIC CHARITY IN THE UNITED KINGDOM TO ASSIST IN CARRYING OUT THE FACING HISTORY PROGRAMS IN THE UNITED KINGDOM AS WELL AS IN OTHER COUNTRIES OUTSIDE OF THE UNITED STATES. WHILE THE GOVERNANCE OF LIMITED IS INDEPENDENT OF FACING HISTORY, OFFICERS OF THE TWO ORGANIZATIONS SIGNED A MEMORANDUM OF UNDERSTANDING THAT OUTLINES THE RIGHTS AND RESPONSIBILITIES OF EACH ORGANIZATION IN THEIR AFFILIATED ACTIVITIES.

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

REGION: EUROPE

(D) PURPOSE OF GRANT: AMOUNTS RELATE TO FACING HISTORY AND OURSELVES LTD (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 INSTIT.

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

Part IV Supplemental Information

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

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 INSTIT.

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

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1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations

- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2008

FACING HISTORY AND OURSELVES

Schedule G (Form 990 or 990-EZ) 2008 **NATIONAL FOUNDATION, INC.**

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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) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		BENEFIT DINNER (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	3,242,499.			3,242,499.
	2 Less: Charitable contributions	2,714,235.			2,714,235.
	3 Gross revenue (line 1 minus line 2)	528,264.			528,264.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	528,264.			528,264.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(528,264.)
9 Net income summary. Combine lines 3 and 8 in column (d)					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				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
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 lines 1 and 7 in column (d)				

	Yes	No
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?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

FACING HISTORY AND OURSELVES

Schedule G (Form 990 or 990-EZ) 2008

NATIONAL FOUNDATION, INC.

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		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a %		
b An outside facility	13b %		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ►			
Address ►			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$			
c If "Yes," enter name and address:			
Name ►			
Address ►			
16 Gaming manager information:			
Name ►			
Gaming manager compensation ► \$			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$			

Schedule G (Form 990 or 990-EZ) 2008

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public
Inspection

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 line 1a is 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:

- a** Receive a severance payment or change of control payment? **4a** ☐ Yes ☒ No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** ☐ Yes ☒ No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** ☐ Yes ☒ No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

- 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? **5a** ☐ Yes ☒ No
- b** Any related organization? **5b** ☐ Yes ☒ No
- 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? **6a** ☐ Yes ☒ No
- b** Any related organization? **6b** ☐ Yes ☒ No
- 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 **7** ☐ Yes ☒ No

- 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 **8** ☐ Yes ☒ No

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

Schedule J (Form 990) 2008

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

Schedule J (Form 990) 2008

04-2761636

Page 2

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARGOT STERN STROM	(i)	380,142.	0.	0.	38,188.	0.	418,330.
	(ii)	0.	0.	0.	0.	0.	0.
MICHAEL DURNEY	(i)	174,994.	0.	0.	18,119.	0.	193,113.
	(ii)	0.	0.	0.	0.	0.	0.
MARC SKVIRSKY	(i)	174,994.	0.	0.	18,119.	0.	193,113.
	(ii)	0.	0.	0.	0.	0.	0.
MARTIN SLEEPER	(i)	173,318.	0.	0.	17,009.	0.	190,327.
	(ii)	0.	0.	0.	0.	0.	0.
TERRY TOLLEFSON	(i)	166,258.	0.	0.	16,998.	0.	183,256.
	(ii)	0.	0.	0.	0.	0.	0.
ANDREW TARSY	(i)	148,235.	0.	0.	10,500.	0.	158,735.
	(ii)	0.	0.	0.	0.	0.	0.
ANNE C. STOKES	(i)	145,043.	0.	0.	14,740.	0.	159,783.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

FACING HISTORY AND OURSELVES
NATIONAL FOUNDATION, INC.

Schedule J (Form 990) 2008

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Page 3

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.

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 REVIEWED BY THE HUMAN RESOURCE DEPARTMENT WITH A RECOMMENDATION TO THE
EXECUTIVE DIRECTOR AND FINAL REVIEW BY THE BOARD.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2008

Open to Public Inspection

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
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[illegible]

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

**"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.**

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2008

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).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

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.
----------------	---

To be completed by organizations that 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.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

[illegible]

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 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	EMPLOYEE (SON OF EX	103,093.	DIRECTOR OF		X
ILANA KLARMAN	EMPLOYEE (DAUGHTER	2,814.	SPECIALIST		X

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

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public
Inspection

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	1	1,011,859.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

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?

	Yes	No
30a		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?

31		X
----	--	---

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a		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.

--	--	--

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Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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2008

Open to Public
Inspection

Name of the organization

FACING 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

THINKING, AND A DEEPER UNDERSTANDING OF THE LESSONS OF HISTORY BY TRAINING AND SUPPORTING MIDDLE AND HIGH SCHOOL TEACHERS. THROUGH NINE OFFICES IN NORTH AMERICA, AN INTERNATIONAL HUB IN LONDON, ROBUST ONLINE PROGRAMS, AND PARTNERSHIPS ACROSS THE UNITED STATES AND AROUND THE GLOBE, FACING HISTORY PROVIDES PROFESSIONAL DEVELOPMENT OPPORTUNITIES, RESOURCES, AND LONG-TERM SUPPORT FOR EDUCATORS. LAST YEAR FACING HISTORY HELD 66 INTENSIVE SEMINARS ONLINE, IN LOCATIONS ACROSS THE UNITED STATES, AND INTERNATIONALLY FOR 1,400 EDUCATORS. MORE THAN 6,800 EDUCATORS ACROSS THE U.S. AND AROUND THE WORLD ATTENDED OUR WORKSHOPS. ALL OF THESE EDUCATORS, AS WELL AS THE 28,000 TRAINED EDUCATORS IN OUR NETWORK, ARE ELIGIBLE FOR ONGOING, INDIVIDUALIZED SUPPORT FROM FACING HISTORY® PROGRAM ASSOCIATES. THE EFFECTIVENESS OF OUR PROGRAM HAS BEEN

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Internal Revenue Service

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Name of the organization

FACING HISTORY AND OURSELVES
NATIONAL FOUNDATION, INC.

Employer identification number
04-2761636

DEMONSTRATED IN MORE THAN 100 STUDIES BY INDEPENDENT RESEARCHERS AND
FACING HISTORY EVALUATORS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS
MOVEMENTS. NEW THIS YEAR ARE TWO ACCLAIMED RESOURCES THAT CONSIDER THE
THEMES OF IDENTITY AND MEMBERSHIP IN A CONTEMPORARY CONTEXT, AS WELL AS
AN ONLINE RESOURCE, UPDATED SEMIWEEKLY, THAT EXAMINES CURRENT EVENTS
USING THE THEMES REPRESENTED IN FACING HISTORY® SEQUENCE OF STUDY, AND
CONNECT THEM TO OUR TEACHING METHODS, LESSONS, AND RESOURCES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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.
EXPENSES \$ 6796714. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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.

SCHEDULE O
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Department of the Treasury
Internal Revenue Service

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FORM 990, PART VI, SECTION A, LINE 10: 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 MADE AVAILABLE 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.

LINE 15-C 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.

FORM 990, PART VI, SECTION C, LINE 18: 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.

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

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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization

FACING HISTORY AND OURSELVES
NATIONAL FOUNDATION, INC.

Employer identification number
04-2761636

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, 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 11, PART XI - FINANCIAL STATEMENTS & 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.

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SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ADAM STROM

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EMPLOYEE (SON OF EXECUTIVE DIRECTOR)

(D) DESCRIPTION OF TRANSACTION: DIRECTOR OF RESEARCH AND DEVELOPMENT -
SALARY

(A) NAME OF PERSON: ILANA KLARMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EMPLOYEE (DAUGHTER OF BOARD CHAIR)

(D) DESCRIPTION OF TRANSACTION: SPECIALIST FOR RESEARCH AND DEVELOPMENT
- SALARY

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

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Open to Public Inspection

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

Employer identification number
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Part I	Identification of Disregarded Entities
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[illegible]

Part II

[illegible]

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Schedule R (Form 990) 2008

[illegible][illegible]

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

Part V Transactions With Related Organizations

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)		<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)		<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
h Exchange of assets		<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)		<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets		<input checked="" type="checkbox"/>
n Sharing of paid employees		<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses		<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses		<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>

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)			

Part VI

Unrelated Organizations Taxable as a Partnership

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

[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	MACHINERY & EQUIPMENT											
	OFFICE EQUIPMENT			7.00	16	1525415.			1525415.	1186459.		100,785.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPMENT					1525415.		0.	1525415.	1186459.	0.	100,785.
	OTHER											
2	LEASEHOLD IMPROVEMENTS			20.00	16	2268307.			2268307.	1164352.		109,845.
3	TRAVELING EXHIBITS			10.00	16	1101216.			1101216.	532,733.		125,427.
	* 990 PAGE 10 TOTAL											
	OTHER					3369523.		0.	3369523.	1697085.	0.	235,272.
	* GRAND TOTAL 990 PAGE 10 DEPR					4894938.		0.	4894938.	2883544.	0.	336,057.