

# 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)

**2005**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2005 calendar year, or tax year beginning** 7/1/2005 , and ending 6/30/2006

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C Name of organization**  
**Facing History And Ourselves National Foundation, Inc.**  
 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 ZIP + 4  
Brookline MA 02445-6919

**D Employer identification number**  
04-2761636

**E Telephone number**  
617-735-1627

**F Accounting method:**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G Website:** www.facinghistory.org

**J Organization type (check only one)**  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K Check here**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

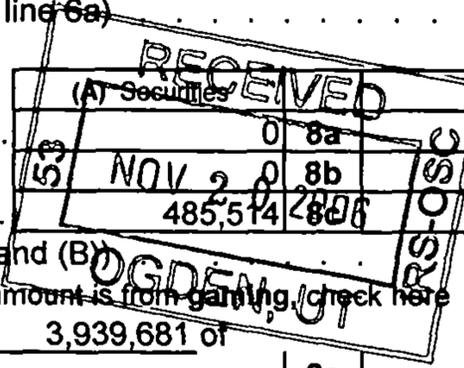
**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 13,208,262

**M Check**  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

**H and I are not applicable to section 527 organizations**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates \_\_\_\_\_  
**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number \_\_\_\_\_

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Direct public support	<b>1a</b>	11,376,879		
<b>b</b>	Indirect public support	<b>1b</b>	0		
<b>c</b>	Government contributions (grants)	<b>1c</b>	0		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <u>11,376,879</u> noncash \$ <u>0</u> )	<b>1d</b>	11,376,879		
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	494,090		
<b>3</b>	Membership dues and assessments	<b>3</b>	0		
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	0		
<b>5</b>	Dividends and interest from securities	<b>5</b>	186,338		
<b>6a</b>	Gross rents	<b>6a</b>	0		
<b>b</b>	Less: rental expenses	<b>6b</b>	0		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>	0		
<b>7</b>	Other investment income (describe _____)	<b>7</b>	0		
<b>8a</b>	Gross amount from sales of assets other than inventory	<b>8a</b>	0		
<b>b</b>	Less: cost or other basis and sales expenses	<b>8b</b>	0		
<b>c</b>	Gain or (loss) (attach schedule)	<b>8c</b>	0		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>	485,514		
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ <u>3,939,681</u> of contributions reported on line 1a)	<b>9a</b>	518,547		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	518,547		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	0		
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	146,894		
<b>b</b>	Less: cost of goods sold	<b>10b</b>	43,102		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	103,792		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	0		
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	12,646,613		
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	9,676,397		
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	861,838		
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	2,374,252		
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>	0		
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>	12,912,487		
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	-265,874		
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	17,633,047		
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	106,796		
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	17,473,969		



12 615

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc.	267,753	190,105	21,420	56,228
26	Other salaries and wages	7,097,046	5,038,903	567,764	1,490,379
27	Pension plan contributions	618,256	438,962	49,460	129,834
28	Other employee benefits	721,907	512,554	57,753	151,600
29	Payroll taxes	656,836	466,353	52,547	137,936
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	40,847	29,001	3,268	8,578
32	Legal fees	0	0	0	0
33	Supplies	211,156	211,156	0	0
34	Telephone	176,205	170,825	0	5,380
35	Postage and shipping	229,742	182,858	0	46,884
36	Occupancy	410,803	336,929	64,253	9,621
37	Equipment rental and maintenance	68,061	67,687	58	316
38	Printing and publications	312,875	201,331	0	111,544
39	Travel	649,218	615,575	996	32,647
40	Conferences, conventions, and meetings	112,320	112,320	0	0
41	Interest	0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	83,951	56,035	9,006	18,910
43	Other expenses not covered above (itemize):				
a	Professional Services	910,742	853,032	8,297	49,413
b	Audio Visual and Library Expense	68,128	68,128	0	0
c	Events	228,703	106,799	0	121,904
d	Miscellaneous Expense	47,938	17,844	27,016	3,078
e		0	0	0	0
f		0	0	0	0
g		0	0	0	0
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	12,912,487	9,676,397	861,838	2,374,252

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 0 ; (ii) the amount allocated to Program services \$ 0 ;  
 (iii) the amount allocated to Management and general \$ 0 , and (iv) the amount allocated to Fundraising \$ 0

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ► <u>Not for profit-education.</u></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</p>
<p><b>a</b> <u>Facing History and Ourselves is an educational and professional development organization whose mission is to engage students of diverse backgrounds in an examination of racism, prejudice and antisemitism 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 essential connection between history and the moral choices they confront in their own lives.</u></p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>9,676,397</p>
<p><b>b</b></p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>0</p>
<p><b>c</b></p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>0</p>
<p><b>d</b></p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>0</p>
<p><b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . ►</p>	<p>9,676,397</p>

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	45 Cash—non-interest-bearing . . . . .	1,176,897	45	900,953
	46 Savings and temporary cash investments . . . . .	8,252,316	46	10,071,163
	47 a Accounts receivable . . . . .	47a 159,413		
	b Less: allowance for doubtful accounts . . . . .	47b 1,588	321,661	47c 157,825
	48 a Pledges receivable . . . . .	48a 5,670,813		
	b Less: allowance for doubtful accounts . . . . .	48b 394,218	6,595,838	48c 5,276,595
	49 Grants receivable . . . . .		966,111	49 846,442
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	50 0
	51 a Other notes and loans receivable (attach schedule) . . . . .	51a 0		
	b Less: allowance for doubtful accounts . . . . .	51b 0	0	51c 0
	52 Inventories for sale or use . . . . .			52
	53 Prepaid expenses and deferred charges . . . . .		332,525	53 319,934
	54 Investments—securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 0
	55 a Investments—land, buildings, and equipment: basis . . . . .	55a		
	b Less: accumulated depreciation (attach schedule) . . . . .	55b	0	55c 0
	56 Investments—other (attach schedule) . . . . .		0	56 0
	57 a Land, buildings, and equipment: basis . . . . .	57a 2,755,546		
	b Less accumulated depreciation (attach schedule) . . . . .	57b 2,533,464	131,394	57c 222,082
	58 Other assets (describe . . . . . )		0	58 0
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .		17,776,742	59 17,794,994	
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .	132,070	60	314,233
	61 Grants payable . . . . .	0	61	0
	62 Deferred revenue . . . . .	11,625	62	6,792
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	63 0
	64 a Tax-exempt bond liabilities (attach schedule) . . . . .		0	64a 0
	b Mortgages and other notes payable (attach schedule) . . . . .		0	64b 0
	65 Other liabilities (describe . . . . . )		0	65 0
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		143,695	66 321,025	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted . . . . .	5,845,140	67	6,660,149
	68 Temporarily restricted . . . . .	9,427,234	68	7,725,138
	69 Permanently restricted . . . . .	2,360,673	69	3,088,682
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds . . . . .		0	70 0
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		0	71 0
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		0	72 0
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .		17,633,047	73 17,473,969
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .		17,776,742	74 17,794,994

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)**

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	13,144,900
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>	455,185	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	0	
<b>4</b>	Other (specify): Cost of Books Sold	<b>b4</b>	43,102	
	Add lines b1 through b4		<b>b</b>	498,287
<b>c</b>	Subtract line b from line a		<b>c</b>	12,646,613
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	0	
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines d1 and d2		<b>d</b>	0
<b>e</b>	Total revenue (Part I, line 12). Add lines c and d		<b>e</b>	12,646,613

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	13,410,774
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>	455,185	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	0	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	0	
<b>4</b>	Other (specify): Cost of Books Sold	<b>b4</b>	43,102	
	Add lines b1 through b4		<b>b</b>	498,287
<b>c</b>	Subtract line b from line a		<b>c</b>	12,912,487
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	0	
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines d1 and d2		<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17). Add lines c and d		<b>e</b>	12,912,487

**Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name Margot S. Strom Str 16 Hurd Rd City Brookline ST MA ZIP 02445	Title President/Exec. Hr/WK 35	243,412	24,341	0
Name Seth Klarman Str 16 hurd Rd City Brookline ST MA ZIP 02445	Title Chair-Bd.Dir. Hr/WK 0	0	0	0
Name Ronald G. Casty Str 16 Hurd Rd City Brookline ST MA ZIP 02445	Title Vice-Ch. Dir Hr/WK 0	0	0	0
Name Elizabeth Jick Str 16 Hurd Rd City Brookline ST MA ZIP 02445	Title Treasurer Hr/WK 0	0	0	0
Name Karen Sulzberger Str 16 Hurd Rd City Brookline ST MA ZIP 02445	Title Vice-Ch.Dir Hr/WK 0	0	0	0
Name D. Tananbaum Str 16 Hurd Rd City Brookline ST MA ZIP 02445	Title Chair-Trustee Hr/WK 0	0	0	0
Name Beth Klarman Str 16 Hurd Rd City Brookline ST MA ZIP 02445	Title Vice Ch. Trustee Hr/WK 0	0	0	0
Name Zezette Larsen Str 16 Hurd Rd City Brookline ST MA ZIP 02445	Title Vice Ch.Trustee Hr/WK 0	0	0	0
Name Sandra Gordon Str 16 Hurd Rd City Brookline ST MA ZIP 02445	Title Secretary-Dir Hr/WK 0	0	0	0
Name Ellen Poss Str 16 Hurd Rd City Brookline ST MA ZIP 02445	Title Vice-Ch-Dir Hr/WK 0	0	0	0

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)</b>		Yes	No
<b>75 a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <b>84</b>		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	<b>75b</b>	X
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? . <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations.  If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	<b>75c</b>	X
<b>d</b>	Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
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Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				

<b>Part VI Other Information (See the instructions.)</b>		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>76</b>	X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes	<b>77</b>	X
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	X
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	<b>78b</b>	X
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	X
<b>80 a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	<b>80a</b>	X
<b>b</b>	If "Yes," enter the name of the organization ► Friends of Facing History And Ourselves and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b>	Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . . <b>81a</b> 0		
<b>b</b>	Did the organization file Form 1120-POL for this year? . . . . .	<b>81b</b>	X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 455,185		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts 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?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0; section 4912 0; section 4955 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	N/A	
90 a	List the states with which a copy of this return is filed MA, CA, CO, IL, OH, TN, NY		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	116
91 a	The books are in care of Name Margot Stern Strom Telephone no 617-735-1627 Located at 16 Hurd Road City Brookline ST MA ZIP + 4 02445-6919		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Rows include 93a Fees to provide teacher training, workshops, resource materials and speakers in conjunction with a curriculum development and teacher training, 102 Sale of Resource Books part of teacher training.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity, (B) Percentage of ownership interest, (C) Nature of activities, (D) Total income, (E) End-of-year assets. Row 1: N/A, %, 0, 0.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No (X)
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No (X)

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here: 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. Signature of officer: Margot Stern Strom, Date: Nov. 13, 06, Title: Margot Stern Strom, President/Executive Director.

Paid Preparer's Use Only: Preparer's signature: Lawrence J. Cady CPA, Date: 11/9/06, Check if self-employed: [ ], Preparer's SSN or PTIN: [ ], Firm's name (or yours if self-employed), address, and ZIP + 4: TOPICS PC, 350 MASSACHUSETTS AVE CAMBRIDGE MA 02139, EIN: [ ], Phone no: 617 761 0600.

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Facing History And Ourselves National Foundation, Inc.

Employer identification number

04-2761636

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Bonnie Rosenberg 16 Hurd Rd., Brookline, MA 02445	VP-Development 35	140,889	14,089	0
Marc Skvirsky 16 Hurd Rd., Brookline, MA 02445	VP-Program 35	140,889	14,089	0
Michael Durney 16 Hurd Rd., Brookline, MA 02445	Dir. Technology 35	140,889	14,089	0
Martin Sleeper 16 Hurd Rd., Brookline, MA 02445	Dir. Operations 35	133,297	13,330	0
Terry Tollefson 16 Hurd Rd., Brookline, MA 02445	Dir. Administration 35	114,400	11,440	0
Total number of other employees paid over \$50,000 ▶	62			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		0
		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		0
		0
		0
		0
		0
		0
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . Officers See Part V-A	X	
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

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

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
N/A	

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28)	13,478,545	15,232,531	10,247,519	8,806,099	47,764,694
<b>16</b> Membership fees received	0	0	0	0	0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	487,081	453,604	524,205	395,657	1,860,547
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	404,629	288,613	350,953	268,794	1,312,989
<b>19</b> Net income from unrelated business activities not included in line 18	0	0	0	0	0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
<b>22</b> Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
<b>23</b> Total of lines 15 through 22	14,370,255	15,974,748	11,122,677	9,470,550	50,938,230
<b>24</b> Line 23 minus line 17	13,883,174	15,521,144	10,598,472	9,074,893	49,077,683
<b>25</b> Enter 1% of line 23	143,703	159,747	111,227	94,706	
<b>26</b> Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				<b>26a</b> 981,554
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts.					<b>26b</b> 3,196,452
c Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b> 49,077,683
d Add Amounts from column (e) for lines	18 1,312,989	19 0			<b>26d</b> 4,509,441
	22 0	26b 3,196,452			<b>26e</b> 44,568,242
e Public support (line 26c minus line 26d total)					<b>26e</b> 44,568,242
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 90.81%
<b>27</b> Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year				
(2004) .....	(2003) .....	(2002) .....	(2001) .....		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2004) .....	(2003) .....	(2002) .....	(2001) .....		
c Add. Amounts from column (e) for lines	15 0	16 0			<b>27c</b> 0
	17 0	20 0	21 0		
d Add Line 27a total	0	and line 27b total	0		
e Public support (line 27c total minus line 27d total)					<b>27e</b> 0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b> 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> 0.00%
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement )		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	<b>The lobbying nontaxable amount is—</b>		
	Not over \$500,000		20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000		\$1,000,000
41		41	0
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



Facing History and Ourselves National Foundation, Inc. 04-2761636  
 Schedule B, Schedule of Contributions over 2% Line 1, Part 1.

Recognition Name	FY06 Total
	\$237,500.00
	\$250,000.00
	\$255,000.00
	\$300,000.00
	\$365,300.00
	\$375,240.00
	\$425,000.00
	\$517,859.24
	\$1,012,226.77
Total Gifts over 2% Line 1, Part 1	<b>\$3,738,126.01</b>
Other Contributions	7,638,753.00
Total Contributions	<u>11,376,879.00</u>

NOT FOR PUBLIC DISCLOSURE

Facing History And Ourselves National Foundation, Inc.  
04-2761636

990-Part I, 8c Gain/Loss on Investments

Jewish Community Endowment Pool, LLP

Endowment Account	\$238,008
Unrestricted Investments Account	247,506
Total Realized Gains on Investments	<u><u>\$485,514</u></u>

Facing History and Ourselves national Foundation, Inc.  
04-2761636  
Form 990 2005-06

Part I, Line 10b: Cost of Books Sold

Gross revenue from the sale of assets held for inventory in the course of rendering program services during the Fiscal Year ending 06/30/2006 totaled \$146,894. The Cost of Goods Sold expense directly related to the production of each service was \$43,102 and reported in Part I, Line 10b.

1380 Books sold at a cost of \$3.49	\$4,816
5580 Books sold at a cost of \$3.09	17,242
3315 Books sold at a cost of \$ .89	2,950
705 Books sold at a cost of \$3.29	2,319
2424 Books sold at a cost of \$4.10	9,938
2359 Books sold at a cost of \$2.45	5,779
257 Books sold at a cost of \$2.57	56
<b>Total Costs of Books Sold</b>	<b>\$43,102</b>

**Line 9 (990) - Special events and activities**

	Event A	Event B	Event C	All others	Totals
1 Special event name	Annual Dinners	.....	.....	.....	
1a Number of special events	6	.....	.....	.....	
2 Gross receipts	3,939,681	.....	.....	.....	2 3,939,681
3 Less contributions	.....	.....	.....	.....	3 0
4 Gross revenue	3,939,681	0	0	0	4 3,939,681
5 Less direct expenses	518,547	.....	.....	.....	5 518,547
6 Net income or (loss)	3,421,134	0	0	0	6 3,421,134

**Line 47 (990) - Accounts receivable**

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Accounts Receivable	1	99,622	99,622	1,588	1,588
2 AR-FHAO Ltd.-UK	2	59,791	59,791	0	
3 .....	3			0	
4 .....	4			0	
5 .....	5				
6 .....	6				
7 .....	7				
8 .....	8				
9 .....	9				
10 .....	10				
11 Total accounts receivable	11	159,413	159,413	1,588	1,588

**Line 48 (990) - Pledges receivable**

		Pledges receivable		Present value Discount-Pldg.	
		Beginning	End	Beginning	End
1 Pledge Receivable-Unrestricted	1	5,643,125	3,901,848		
2 Pledge Receivable-Temp. Restricted	2	1,414,205	1,301,965		
3 Pledge Allow/Discount-Unrestricted	3			-361,828	-251,348
4 Pledge Allow/Discount-Temp. Restricted	4			-99,664	-120,879
5 Pledge Receivable-Perm. Restricted	5	0	467,000	0	-21,991
6 Pledge Allow/Discount-Perm. Restricted	6				
7 .....	7				
8 .....	8				
9 .....	9				
10 .....	10				
11 Total pledges receivable	11	7,057,330	5,670,813	-461,492	-394,218

**Line 57 (990) - Land, buildings, and equipment**

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	.....		
2	.....		
3	.....		
4	.....		
5	.....		
6	Total land (net of any amortization)	0	0

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	Equipment	1,512,869	1,610,435	-1,398,767	-1,458,015
8	Leasehold Improvements	1,068,038	1,145,111	-1,050,746	-1,075,449
9	.....				
10	.....				
11	.....				
12	.....				
13	.....				
14	.....				
15	.....				
16	.....				
17	Total buildings and equipment	2,580,907	2,755,546	-2,449,513	-2,533,464
18	Buildings and equipment (less accumulated depreciation)			131,394	222,082
19	Total land, buildings and equipment			131,394	222,082

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	.....			
2	.....			
3	.....			
4	.....			
5	.....			
6	.....			
7	.....			
8	.....			
9	.....			
10	.....			
11	Total	0	0	0



Facing History and Ourselves National Foundation, Inc.  
04-2761636  
Form 990 2005-06

Statement of Allocation of Officers Compensation:

	Total Compensation	Program	Management	Fundraising
Margot Stern Strom President/Executive Director	\$267,753	\$190,105	\$21,420	\$56,228

## Board of Directors

### Chair

**Seth A. Klarman**  
President  
The Baupost Group, LLC  
Boston, Massachusetts

### Vice Chairs

**Ronald G. Casty**  
Chairman and President  
Chelsea Industries  
Chestnut Hill, Massachusetts

**Ellen M. Posa, M.D.**  
Psychiatrist  
Trustee, Bill T. Jones and Arnie Zane Dance  
Company  
Trustee, Cambridge School of Weston  
Vice Chair, Institute of Contemporary Art,  
Boston  
Brookline, Massachusetts

**Karen Sulzberger**  
Beverly Hills, California

**Treasurer**  
**Elizabeth E. Jick**  
Managing Director, Zions Bank  
Board Member, Anti-Defamation League  
Board Member, Beaver Country Day School  
Chestnut Hill, Massachusetts

**Secretary/Clerk**  
**Sandra P. Gordon**  
Chair of the Foundation Board  
Boston Arts Academy  
Boston, Massachusetts

**President**  
**Margot Stern Strom** Salary \$243,412  
Executive Director Benefit \$23,341  
Facing History and Ourselves  
Brookline, Massachusetts

**Members**  
**Jennifer Aubrey**  
Chicago, Illinois

**Paul H. Berz**  
Managing Director, Highland Capital  
Management  
Board Member, Memphis Jewish Home

**Howard J. Freedman**  
Partner  
Weiss & Freedman, LLP  
Chagrin Falls, Ohio

**Kathy Fuld**  
Greenwich, Connecticut

**Ruthanne Fuller**  
Strategic Planner  
Board of Directors, Boys & Girls Clubs of  
Boston  
Member of the Corporation, Belmont Hill  
School  
Member, Brown University Annual Fund  
Leadership Council  
Overseers Advisory Board, WGBH  
President, Chestnut Hill Association  
Newton, Massachusetts

**Philip H. Gordon**  
Gordon Brothers Retail Partners (Retired)  
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