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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)

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

7	A Fo	r the	2007 calendar year, or tax year beginningOctober 1, 2007, and end	ding Septem	ber 30, 2008
₩.I	_	ck if applic	Please C Name of organization		D Employer identification number
<u> </u>	į.	Address change	label or ESCO Technologies Foundation		20-3192719
		Name ch	print or Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
気を	5	Initial ret			314-213-7200
		Terminat	Specific Instruc- City or town, state or country, and ZIP + 4		F Accounting X Cash Accrual
OSTMARK DATE	Χ	Amended return	tions St. Louis, MO 63124		Other (speafy)
<u> </u>		Application pending	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable	l and I are not app	licable to section 527 organizations
MAR				l(a) Is this a group	return for affiliates? Yes X No
	G V			l(b) If "Yes," enter	number of affiliates
N:		rganiza	tion type (check only one) ▶ X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	(c) Are all affiliate	
		heck he	re Fig. 1 if the organization is not a 509(a)(3) supporting organization and its gross	(If "No," attach i(d) Is this a separati	a a list See instructions)
2010	re	eceipts a	are normally not more than \$25,000 A return is not required, but if the organization chooses		ered by a group ruling? Yes X No
٧	to	file a re	stum, be sure to file a complete retum	I Group Exemp	tion Number ▶N / A
-				M Check ▶	if the organization is not required
Ī	_ G	ross re	ceipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 149, 904	to attach Sch	B (Form 990, 990-EZ, or 990-PF)
	Par	t i F	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the inst	tructions.)	
		1	Contributions, gifts, grants, and similar amounts received:		
			Contributions to donor advised funds	0	[
		b	Direct public support (not included on line 1a)	38,079	[
		С	Indirect public support (not included on line 1a) 1c	108,679	1
		d	Government contributions (grants) (not included on line 1a)	0	
		е	Total (add lines 1a through 1d) (cash \$ noncash \$	0)	146,758
		2	Program service revenue including government fees and contracts (from Part VII, line 93)		2 0
		3	Membership dues and assessments		3 0
		4	Interest on savings and temporary cash investments		3,146
		5	Dividends and interest from securities		5 0
		6 a	Gross rents	0	
			Less: rental expenses	. 0	
	•	C	Net rental income or (loss). Subtract line 6b from line 6a		6c 0
	Revenue	7	Other investment income (describe		7 0
	e ve	8 a	Gross amount from sales of assets other (A) Secuntues (B) O		
	œ	١.	than inventory	0	
		1	Less. Cost of other basis and sales expenses.	0	
		C	- Too	0	
		a	Net gain or (loss). Combine line 8c, columns (A) and (B)		8d <u>0</u>
		9	Special events and activities (attach schedule). If any amount is from gaming, check here	▶ [_]	
		а	Gross revenue (not including \$ of	0	
			contributions reported on line 1b)	0	
			Less. direct expenses other than fundraising expenses		96 0
			Net income or (loss) from special events. Subtract line 9b from line 9a · · · · · · · · Gross sales of inventory, less returns and allowances		9c 0
			Less: cost of goods sold	0	
			Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line		100
⊇		11	Other revenue (from Part VII, line 103)		10c 0
		12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12 149,904
		13	Program services (from line 44, column (B)) Management and general (from line 44, column (C))	∀ED · · · 	13 147,935
Э	es	14	Management and general (from line 44, column (C))	·····	14 4,116
APR ©	Expenses	15	Fundraising (from line 44, column (D))	2010 8	15 0
A F	χĎ	16	Payments to offiliates (attach schedule)	(6)	16 0
	-	17	Total expenses. Add lines 16 and 44, column (A). Excess or (deficit) for the year. Subtract line 17 from line 12		17 152,051
<u> </u>	25	18	Excess or (deficit) for the year. Subtract line 17 from line 12	, UT	18 -2,147
2	988	19	Net assets or fund balances at beginning of year (from line 73, column (A))		
₹	Net Assets	20	Other changes in net assets or fund balances (attach explanation)		
	S	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20		, , , , , , , , , , , , , , , , , , ,
	or P	rivacy	Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2007)

Part II Statement of Functional Expenses orga	organizati nizations	ions must complete colum and section 4947(a)(1)	nn (A) Columns (B), (C), nonexempt charitable tru	and (D) are required for sts but optional for other	section 501(c)(3) and (4
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
22a Grants paid from donor advised funds (attach schedule)					
(cash \$ 0 noncash \$ 0	_)			,	
If this amount includes foreign grants, check here	22a	0	0	* *	*
22b Other grants and allocations (attach schedule)			· · ·		
(cash \$ 147, 935 noncash \$ 0	_)]			•	\$
If this amount includes foreign grants, check here	22b	147,935	147,935		
23 Specific assistance to individuals	1 1				
(attach schedule)	23	0	0		· · · · · · · · · · · · · · · · · · ·
24 Benefits paid to or for members					
(attach schedule)	24	0	0	* * * *	· · · · · · · · · · · · · · · · · · ·
25a Compensation of current officers,					
directors, key employees, etc. listed in					
Part V-A	25a	0	0	0	0
b Compensation of former officers,					
directors, key employees, etc listed in					
Part V-B	25b	0	0	0	0
C Compensation and other distributions, not includ-					
ed above, to disqualified persons (as defined under section 4958(f)(1)) and persons described					
ın section 4958(c)(3)(B)	25c	0	0	0	0
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	0	0	0	0
27 Pension plan contributions not	1 1	_			
included on lines 25a, b, and c	27	0	0	0	0
28 Employee benefits not included on		_			
lines 25a - 27	28	0	0	0	0
29 Payroll taxes	29	0	0	0	0
30 Professional fundraising fees	30	0	0	0	0
31 Accounting fees	31	0	0	0	0
32 Legal fees	32	150	0	150	0
33 Supplies	33	0	0	0	0
34 Telephone	34	0	0	0	0
35 Postage and shipping	35	0	0	0	0
36 Occupancy	36	0	0	0	0
37 Equipment rental and maintenance	37	0	0	0	0
38 Printing and publications	38	0	0	0	0
39 Travel	39	0	0	0	0
40 Conferences, conventions, and meetings .	40	0	0	0	0
41 Interest	41	0	0	0	0
42 Depreciation, depletion, etc. (attach schedule)	42	0	0	0	0
43 Other expenses not covered above (itemize)	1 1				
a Insurance	43a	1,216	0	1,216	0
b Bank Fees	43b	2,750	0	2,750	0
C	43c	0			
d	43d	0		-	
e	43e	0			
f	43f	0			
9	43g	0			
44 Total functional expenses. Add lines 22a					
through 43g. (Organizations completing columns (B)-(D), carry these totals to lines					
13-15).	44	152,051	147,935	4,116	0
Joint Costs. Check ▶ if you are follo				,	
Are any joint costs from a combined educationa	•		citation reported in (B) Pro	ogram services?	► Yes X No
If "Yes," enter (i) the aggregate amount of these				ated to Program services	
(iii) the amount allocated to Management and ge			-	llocated to Fundraising \$	
			· · · · · · · · · · · · · · · · · · ·	<u> </u>	Earn 990 (2007)

For par on	art III Statement of Program Service Accomplishments (See the instructions.) rm 990 is available for public inspection and, for some people, serves as the primary or sole source of rticular organization. How the public perceives an organization in such cases may be determined by the its return. Therefore, please make sure the return is complete and accurate and fully describes, in Partograms and accomplishments.	information presented
All of	organization's primary exempt purpose? Support a core group of charities focused on organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) panizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	Supported core charities on attached Schedule I. Also see Foundation website for further details.	
b	(Grants and allocations \$ 137,935) If this amount includes foreign grants, check here ▶ Annual college scholarship program awards for children of employees of ESCO Technologies Inc.	137,935
С	(Grants and allocations \$ 10,000) If this amount includes foreign grants, check here ▶ Two teams of 15 worked two days in support of home building projects for Habitat for Humanity	10,000
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
_	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	147,935

147, 935 Form **990** (2007)

_	m 990 art IV	(2007) Balance Sheets (See the instructions.)					Page 4
_		Where required, attached schedules and amounts column should be for end-of-year amounts only	withın t	he description	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			0	45	0
	46	Savings and temporary cash investments			87,978	46	85,831
		Accounts receivable		0	_		
	b	Less' allowance for doubtful accounts	47b	0	0	47c	0
	40-	Diadaga rasayahla	40-	0			
		Pledges receivable	$\overline{}$	0	0	1480	0
		Grants receivable		48c			
	50a	Receivables from current and former officers,	<u>-</u>	1 4 3	<u> </u>		
		key employees (attach schedule)	0	50a	0		
	b	Receivables from other disqualified persons (a					
	ĺ	4958(f)(1)) and persons described in section 4958	(c)(3)(B) (attach schedule)	0	50b	0
s	51a	Other notes and loans receivable (attach	1 1				
Assets		schedule)		0	•		•
As		Less allowance for doubtful accounts		0	0	51c	0
		Inventories for sale or use			0	52	0
	53				0	53	0
		Investments - publicly-traded securities Investments - other securities (attach schedule)				54a	0
		Investments - land, buildings, and	. – _	Cost [FIMIV		54B	
			55a	0		1 1	
	b	Less: accumulated depreciation (attach				1 1	
		schedule)	55b	0	0	55c	0
	56	Investments - other (attach schedule)	,		0	56	0
	57a	Land, buildings, and equipment: basis		0			
	b	Less: accumulated depreciation (attach					_
		schedule)		0	0	57c	0
	58	Other assets, including program-related investment	S		0		0
	59	(describe ►	ough 5		0 87 , 978	58	85,831
	60	Accounts payable and accrued expenses			0	60	03,031
	61	Grants payable			0	61	0
	62	Deferred revenue			0	62	0
S	63	Loans from officers, directors, trustees, and	key	employees (attach			
Liabilities		schedule)			0	63	0_
iabi		Tax-exempt bond liabilities (attach schedule)			0	64a	0
	b	Mortgages and other notes payable (attach schedul			0	64b	0
	65	Other liabilities (describe ►)	0	65	0
	66	Total liabilities. Add lines 60 through 65			0	66	0
_		nizations that follow SFAS 117, check here ▶				88	0
	0.9 .	67 through 69 and lines 73 and 74.	_	Complete miles			
68	67	Unrestricted				67	
anc	68	Temporarily restricted				68	
Bal	69	Permanently restricted				69	
pu	Orga	nizations that do not follow SFAS 117, check here	• ▶ 🗅	and			
Net Assets or Fund Balances		complete lines 70 through 74.			07 070		05 001
ō	70	Capital stock, trust principal, or current funds			87,978	70	85,831
sets	71	Paid-in or capital surplus, or land, building, and equ			0	71	0
Ass	72 73	Retained earnings, endowment, accumulated in the state of fund balances. Add lines			<u> </u>	72	0
et	13	Total net assets or fund balances. Add lines 70 through 72. (Column (A) must equal line 1		-			
-		equal line 21)		• •	87,978	73	85,831
	74	Total liabilities and net assets/fund balances. Add			87,978	74	85,831

Pa	rt IV-A	Reconciliation of Revenue per Audited Fi instructions.) N/A	nancial Stateme	nts With Reveni	ue per Return (S	ee the
a	Total rev	enue, gains, and other support per audited financ	al statements		a	
b	Amounts	s included on line a but not on Part I, line 12:				
1		alized gains on investments				
2	Donated	services and use of facilities				
3		es of prior year grants		4 1		
4	Other (sp	pecify)				
_		s b1 through b4			1 1	
C		line b from line a			· · · · · · · C	· · · · · · · · · · · · · · · · · · ·
d 1		included on Part I, line 12, but not on line a: ent expenses not included on Part I, line 6b		المما		
1 2		pecify)				
_	Other (sp					
	Add lines	s d1 and d2			d	
<u>e</u>		renue (Part I, line 12). Add lines c and d	<u> </u>		▶ e	
Pa	rt IV-B	Reconciliation of Expenses per Audited F	inancial Stateme	nts With Expen	ses per Return	N/A
а	Total exp	enses and losses per audited financial statements			a	
b	Amounts	included on line a but not on Part I, line 17		1 1		
1		services and use of facilities				
2	Prior yea	r adjustments reported on Part I, line 20		b2		
3	Losses re	eported on Part I, line 20		b3		
4	Other (sp	ecify)				
	Add lines	b1 through b4			1	
C		line b from line a			c	
d		included on Part I, line 17, but not on line a:		امرا		
1		nt expenses not included on Part I, line 6b				
2	Other (sp	ecify):				
				<u> d2 </u>		
е	Add lines	d1 and d2				
_	rt V-A	Current Officers, Directors, Trustees, and I	Sev Employees	List each nerson	who was an office	er director trustee
		or key employee at any time during the year even				or, an ootor, tractoo,
			(B)	(C) Compensation	(D) Contributions to employe	
		(A) Name and address	Title and average hours per week devoted to position		benefit plans & deferred compensation plans	and other allowances
Jo	hn Hab:	is				
10	350 Va	cco St., South El Monte, CA 9173	Bless than 1	0	0	0
Br	uce Ke	ssler				
94	5 Horne	et Dr., Hazelwood, MO 63042	less than 1	0	0	0
Ch	uck Kr	etschmer				
99	00A Cla	ayton Rd., St. Louis, MO 63124	less than 1	0	0	0
Ка	te Low	rey				
99	00A Cla	ayton Rd., St. Louis, MO 63124	less than 1	0	0	0
Ma	tt Mair	ner		-		_
99	00A Cla	ayton Rd., St. Louis, MO 63124	less than 1	0	0	0
Нe	athre N	Moler				
40	0 High	Grove, Glendale Hghts, IL 60139	less than 1	0	0	0
Pa	t Moore	e		_		
		ayton Rd., St. Louis, MO 63124	less than 1	0	0	0
	ve Scha					
99	00A Cla	ayton Rd., St. Louis, MO 63124	less than 1	0	0	00
		illiams				
50	1 Del 1	Norte Blvd., Oxnord, CA 93030	less than 1	0	0	00
	mes Wo		Į			
23	905 Mei	cantile Rd., Beachwood, OH 4412	Pless than 1	0	0	0

1)

B" Yes," attach a statement that includes the information described in the instructions. d Does the organization have a written conflict of interest policy? Part VIB Former Officers, Directors, Trustees, and Key Employee received compensation or other benefits (described below) durin the year, list that person below and enter the amount of compensation or other benefits (described below) durin the year, list that person below and enter the amount of compensation or other benefits (described below) durin the year, list that person below and enter the amount of compensation or other benefits (described below) durin the year, list that person below and enter the amount of compensation or other benefits (described below) durin the year, list that person below and enter the amount of compensation or other benefits (described below) durin the year, list that person below and enter the amount of compensation or other benefits (described below) durin the year, list that person below and enter the amount of compensation or other benefits (described below) durin the year, list that a person below and enter the amount of compensation or other benefits (described below) durin the year states a described below. (G) Compensation (G) Compensation of other benefits (described below) durin the person of the year states account and charged account and charged with a state of the person of the year states account and charged with a state of the year account and charged with a stateward or nationwide organization through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt to the year?	Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)						Yes	No
employees listed in Schedule A Part I, or highest compensated professional and other independent contractors listed in Schedule A. Part III Ao r III. related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationships. C Do any officers, directors, trustees, or key employees listed in Form 1900, Part V-A or highest compensated employees listed in Schedule A. Part II. or highest compensated professional and other independent contractors listed in Schedule A. Part II. A or III. receive compensation from any other the definition of 'related organization.' It is a related to the organization of the part of the definition of 'related organization.' It is a related to the organization of the period of the definition of 'related organization.' It is a related to the organization of the period below during the year, list that person below and enter the amount of 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. Set the instructions.) (A) Name and address (B) Loans and Advances (C) Congensition (C) Congensation 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. Set the instructions.) (A) Name and address (B) Loans and Advances (C) Congensation (C) Congensation or Other Benefits (described below) during the year of the period other instructions.) (A) Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change (B) Loans and Advances (B) Loans and Advances (C) Congensation (C) Congensation or Other Benefits (described below during the year overed by its return? (A) Wate there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement or each change. The period of t	75a	Enter the total number of officers, directors, and trustee meetings	es permitted to vote	on organization	business at board			
compensated employees listed in Schedule A. Part II. or highest compensation from a whether independent contractors listed in Schedule A. Part III. Aor H.B. receive compensation from whether the definition of related or organizations, whether lax exempt or taxable, that are related to the organization? See the instructions for the definition of related organization in incomment that includes the information described in the instructions. The property of the compensation of the property of the compensation or organization have a written conflict of interest policy? Todal X. Todal III. The property of the compensation or other benefits in the appropriate column. See the instructions. If the property of the pr	b	employees listed in Schedule A, Part I, or highest contractors listed in Schedule A, Part II-A or II-B,	compensated profrelated to each of	fessional and controlled the through fa	other independent amily or business	75b		X
Does the organization have a written conflict of interest policy? Part VB Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (described below) during the strength of the person below and enter the amount of compensation or other benefits in the appropriate column. Set the instructions.) (A) Name and address (B) Loans and Advances (B) Loans and Advances (C) Compensation (C) Compensation (C) Compensation (D) Compensation	С	compensated employees listed in Schedule A, Part independent contractors listed in Schedule A, Part organizations, whether tax exempt or taxable, that are the definition of "related organization."	I, or highest com II-A or II-B, receive related to the orga	pensated profese compensation anization? See the compensation?	ssional and other from any other ne instructions for	75c		×
Part VIB Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (flary former officer, director, trustee, or key employee received compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (C) Comp								سعطنس
(A) Name and address (B) Loans and Advances (If not past, or pas		tV-B Former Officers, Directors, Trustees, and K (If any former officer, director, trustee, or key empthe year, list that person below and enter the amount	Ley Employees Th bloyee received comp	at Received C	ompensation or er benefits (describe	Other ed bel	r Ben	urino
Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 78 Were any changes made in the organizing or governing documents but not reported to the IRS? 78 If "Yes," attach a conformed copy of the changes. 78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80a 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? 80 If "Yes," enter the name of the organization and check whether it is exempt or nonexempt organization? 80 X 81 Enter direct and indirect political expenditures. (See line 81 instructions.)		(A) Name and address	(B) Loans and Advances	(if not paid,	benefit plans & deferred	accou	unt and	other
Part VI Other Information (See the instructions.) Part VI Other Information (See the instructions.) No bid the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change Were any changes made in the organizing or governing documents but not reported to the IRS? 77 X If "Yes," attach a conformed copy of the changes. 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-1 for this year? 78b Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement attachment is become on membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt and check whether it is exempt or nonexempt and check whether it is exempt or nonexempt nonexempt and check whether it is exempt or nonexempt nonexempt and check whether it is exempt or nonexempt nonex								
Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 If "Yes," attach a conformed copy of the changes. 78 If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80a 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? 8 If "Yes," enter the name of the organization and check whether it is exempt or nonexempt organization? 80a Enter direct and indirect political expenditures. (See line 81 instructions.). 8 If a Enter direct and indirect political expenditures. (See line 81 instructions.). 8 If a Enter direct and indirect political expenditures.			-					
Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 b If "Yes," has it field a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. 80a 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? 80a 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? 80a Is the organization performance of the organization performance organization? 80a 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? 80a 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? 80a 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?								
Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78 If "Yes," attach a conformed copy of the changes. 78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. 80 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? 80 If "Yes," enter the name of the organization and check whether it is exempt or nonexempt organization? 81 Enter direct and indirect political expenditures. (See line 81 instructions.) 81 Enter direct and indirect political expenditures. (See line 81 instructions.)								
Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 b If "Yes," has it filed a tax return on Form 990-T for this year? 78 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80a 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? 80 If "Yes," enter the name of the organization podies, trustees, officers, etc., to any other exempt or nonexempt organization? 80 If "Yes," enter the name of the organization and check whether it is exempt or nonexempt organization. 81 Enter direct and indirect political expenditures. (See line 81 instructions.) 81 Enter direct and indirect political expenditures.								
Part VI Other Information (See the instructions.) Yes No 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78 If "Yes," attach a conformed copy of the changes. 78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X 80a 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? 80a If "Yes," enter the name of the organization and check whether it is exempt or nonexempt or nonexempt and check whether it is exempt or nonexempt or nonexempt organization related (see line 81 instructions.) 81a Enter direct and indirect political expenditures. (See line 81 instructions.)								
Part VI Other Information (See the instructions.) Yes No To Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change Were any changes made in the organizing or governing documents but not reported to the IRS? To Were any changes made in the organizing or governing documents but not reported to the IRS? To X If "Yes," attach a conformed copy of the changes. To X If "Yes," attach a conformed copy of the changes. To X If "Yes," this if filed a tax return on Form 990-T for this year? To X								
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change								
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Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change								
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	Par	t VI Other Information (See the instructions.)	L	<u> </u>	<u> </u>	<u></u>	Yes	No
Were any changes made in the organizing or governing documents but not reported to the IRS?		Did the organization make a change in its activities or				76		X
Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? 78 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80a 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? 81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a	77							
this return? b If "Yes," has it filed a tax return on Form 990-T for this year? 78		If "Yes," attach a conformed copy of the changes.	·			*	1	
b If "Yes," has it filed a tax return on Form 990-T for this year? 78b 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		this return?				78a		X
a statement	b	If "Yes," has it filed a tax return on Form 990-T for this year?		• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			
80a 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?	79	Was there a liquidation, dissolution, termination, or sub a statement	stantial contraction	during the year	? If "Yes," attach	79		
organization?	80a	Is the organization related (other than by association we common membership governing bodies trustees of	vith a statewide or	nationwide orga	anization) through	<u> </u>		, , , , , , , , , , , , , , , , , , ,
and check whether it is exempt or nonexempt nonexempt Enter direct and indirect political expenditures. (See line 81 instructions.)	h	organization?		<i></i>			3	X
81a Enter direct and indirect political expenditures. (See line 81 instructions.)			and check whether	er it is Lexemp	ot or nonexempt			
		Enter direct and indirect political expenditures. (See line 8	1 instructions.)	<u>81a</u>	0	81b		Х

* Form 990 (2007)		F	Page 7
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?	82a	Х	
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.)]		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83ь	Х	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
b If "Yes," did the organization include with every solicitation an express statement that such contributions or			
gifts were not tax deductible?	84b		
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
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			
c Dues, assessments, and similar amounts from members	-		
d Section 162(e) lobbying and political expenditures			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		1	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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?	85h		
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			
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders N/A 87a			
b Gross income from other sources. (Do not net amounts due or paid to other			
sources against amounts due or received from them.)			
88a 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	88a		<u> </u>
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the			
meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		<u>X</u>
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			v
a statement explaining each transaction	89b		<u>x</u>
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under		ł	
sections 4912, 4955, and 4958			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
			Х
transaction? f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89e 89f	-+	$\frac{x}{x}$
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	031		
supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings		- 1	
at any time during the year?	89g		Х
90 a List the states with which a copy of this return is filed	osy	l.	
	90ь І		0
91a The books are in care of ► Matthew J Mainer Telephone no. ► 314-21	3-72	52	<u>_</u>
91a The books are in care of ▶ Matthew J Mainer Located at ▶ 9900A Clayton Rd., St. Louis, MO Telephone no. ▶ 314-21 ZIP+4 ▶ 63124-118	36		
ZIF 74 P 00121 110			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over	_		No
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	• • •	X
TEMPE III II I		-+	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
and Financial Accounts.			

Form 990 (20	007)							Page
Part VI	Other Information (continue		<u>_</u>		_			Yes No
c At ar	ny time during the calendar year,	did the org	janization main	taın an office ou	tside of th	ne United States?	91c	<u> </u>
	es," enter the name of the foreign							
	ion 4947(a)(1) nonexempt charita							. ▶∟
and e	enter the amount of tax-exempt in				year	▶ 92		
Part VII	Analysis of Income-Produc	ing Activi	ties (See the	instructions.)				
	gross amounts unless otherwise	Unre	elated business in	come Exclu	ded by sec	tion 512, 513, or 514	(E)	
indicated.		(A)	(B)	(C))	(D)	Related of exempt fund	
93 Progr	am service revenue	Business code	Amour	t Exclusion	n code	Amount	income	
а		-						
						•••		
								
	are/Medicaid payments							
	and contracts from government agencies	<u>-</u>						
_	pership dues and assessments							
	t on savings and temporary cash investments			14		3,146		
	ends and interest from securities	-				5,210		
	ental income or (loss) from real estate		<u> </u>				L	
	financed property				· I		<u> </u>	
	ebt-financed property							
	' ' '							
	tal income or (loss) from personal property				-			
	investment income					-		
	(loss) from sales of assets other than inventory			-				
	come or (loss) from special events .			-		· · · · -		
	profit or (loss) from sales of inventory				 			
_	revenue: a							
· · · · · · · · · · · · · · · · · · ·							<u> </u>	
		 						
d						-		
θ						2 146		
	tal (add columns (B), (D), and (E))					3,146		<u> </u>
	(add line 104, columns (B), (D), and (E				• • • • •	· · · · · >		3,146
	105 plus line 1e, Part I, should equal th					, <u> </u>		
	Relationship of Activities to							
Line No. ▼	Explain how each activity for white organization's exempt purposes (otherwise)	ch income ner than by	is reported in co providing funds f	lumn (E) of Part or such purposes).	VII contril	outed importantly to	the accomplishm	ent of the
	None							
								
						. <u> </u>		
Part IX	Information Regarding Taxa	ble Subs	idiaries and D	isregarded E	ntities (S	See the instruction	าร.)	
	(A) Name, address, and EIN of corporation,		(B) Percentage of	(C) Nature of activ	. etia	(D)	(E) End-of-ye	or
	partnership, or disregarded entity		ownership interest	Nature of activ	viues	Total income	assets	
None			%					
			%					
			%					
			%					
Part X	Information Regarding Tran	sfers Ass	ociated with	Personal Bene	efit Cont	racts (See the ins	structions.)	
(a) Did the	e organization, during the year, receive	any funds,	directly or indire	ctly, to pay premiu	ıms on a pe	ersonal benefit contra	ct? Yes	X No
	ne organization, during the year,				n a perso	onal benefit contra	ct? Yes	X No
Note: # "	Yes" to (b), file Form 8870 and Fo	rm 4720 (s	see instructions)				
-								

Part_		n as defined in section 5					
106	Did the reporting organization the Code? If "Yes," complete		•		section 512(b)(13) of	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descri	C) ption of nsfer	(D) Amount of tran	nsfer	-
а							
b						_	
С							
	Totals						
107	Did the reporting organizatio 512(b)(13) of the Code? If "\			-		Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descri	C) ption of isfer	(D) Amount of tran	sfer	•
a							
b							
c						-	
	Totals						
108	Did the organization have a l	_	_	7, 2006, cove	ring the interest,	Yes	No X
Pleas Sign Here	Under penalties of perjury, I de and belief, it is true, correct, a Signature of officer	eclare that I have examined this refand complete Declaration of preparation of preparations are selected as a selected selected as a selected selec	turn, including accomp				wledge
Paid Prepai Use O	only if self-employed), —		Date	Check if self-employed	Preparer's SSN or PTIN (Se	e Gen I	nst X)
	address, and ZIP + 4				Phone no. Form	n 990	(2007)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.)

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

OMB No 1545-0047

Name of the organization			2.1161	oyor identification number
ESCO Technologies Foundation			20-	-3192719
Part I Compensation of the Five Higher (See page 1 of the instructions. List e	st Paid Employee each one. If there a	es Other Than Of ire none, enter "Nor	fficers, Directors	, and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average h		(d) Contributions to employee benefit plans deferred compensatio	
None			,	
		_		
Total number of other employees paid over \$50,000 ▶				· · · · · · · · · · · · · · · · · · ·
Part II-A Compensation of the Five Higher (See page 2 of the instructions. List 6				
(a) Name and address of each independent contractor paid		(b) Type of so		(c) Compensation
None				
Total number of others receiving over \$50,000 for professional services ▶				
Part II-B Compensation of the Five Highe (List each contractor who performed firms. If there are none, enter "None.	services other that	in professional servi		
(a) Name and address of each independent contractor paid in	more than \$50,000	(b) Type of se	ervice	(c) Compensation
None				
		_		
 				

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

Total number of other contractors receiving over

\$50,000 for other services

Schedule A (Form 990 or 990-EZ) 2007

Pa	rt 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 (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)	1		х
	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.)			
а	Sale, exchange, or leasing of property?	2a		Х
b	Lending of money or other extension of credit?	2 b		Х
С	Furnishing of goods, services, or facilities?	2 c		Х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		Х
e	Transfer of any part of its income or assets?	20		Х
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.). See Attached	3 a	х	
b	Did the organization have a section 403(b) annuity plan for its employees?	3 Ь		Х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3 c		х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d		Х
4a b	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a 4b		X
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4 c	Î	Х
d	Enter the total number or donor advised funds owned at the end of the tax year	0		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts	0		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Part IV	Reason for Non-Private Fo	oundation Statu	is (See pages 4 thr	rough 8 of th	e instructions.)
certify the	at the organization is not a private founda	tion because it is. (Ple	ease check only ONE app	blicable box.)		
5	A church, convention of churches, or ass	sociation of churches.	Section 170(b)(1)(A)(ı)			
6	A school Section 170(b)(1)(A)(II) (Also c	complete Part V.)				
7	A hospital or a cooperative hospital servi	ice organization Sect	ion 170(b)(1)(A)(iii).			
8	A federal, state, or local government or g	governmental unit. Se	ction 170(b)(1)(A)(v).			
9	A medical research organization opera	ated in conjunction	with a hospital Section	on 170(b)(1)(A	.)(iii). Enter the	hospital's name, city
10	An organization operated for the benef (Also complete the Support Schedule in I		niversity owned or ope	rated by a gov	vernmental unit.	Section 170(b)(1)(A)(IV
11a X	An organization that normally receives 170(b)(1)(A)(vi). (Also complete the Supp			overnmental u	nit or from the	general public. Sectior
11Ь	A community trust. Section 170(b)(1)(A)	(vi). (Also complete th	e Support Schedule in F	Part IV-A)		
13	An organization that normally receives: (activities related to its charitable, etc., for investment income and unrelated business 1975. See section 509(a)(2). (Also complete An organization that is not controlled)	unctions - subject to ss taxable income (le ete the Support Sch d by any disqualif	certain exceptions, and ss section 511 tax) from edule in Part IV-A.)	(2) no more to businesses aco	han 33 1/3% of quired by the org	f its support from gross anization after June 30
	requirements of section 509(a)(3). Check Type I Type II		es the type of supporting	organization:	Other	
	Provide the following Information	about the supported	l organizations. (See pag	ge 8 of the instr	uctions.)	
Nar	(a) me(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the s organizat the su organi	d) upported ion listed in pporting zation's documents?	(e) Amount of support
				Yes	No	
	-					
otal · ·	<u> </u>				· · · · · · •	
4 🗀 A	An organization organized and operated to	test for public safel	y. Section 509(a)(4). (Sec	e page 8 of the i	nstructions.)	

	rt IV-A Support Schedule (Complete only e: You may use the worksheet in the instruction	-		-		of ac	ecounting.
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 200	3	(e) Total
	Gifts, grants, and contributions received. (Do	(2) 2000	(5) 2000	(0) 2004	(4) 200	<u> </u>	(e) rotal
	not include unusual grants. See line 28.)	149,458	125,000				274,458
16	Membership fees received		,				
	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						
18							
	amounts received from payments on securities						
	loans (section 512(a)(5)), rents, royalties, income						
	from similar sources, and unrelated business taxable income (less section 511 taxes) from						
	businesses acquired by the organization after						
	June 30, 1975	3,833	846				4,679
19	Net income from unrelated business activities						
	not included in line 18						
20	Tax revenues levied for the organization's benefit						
	and either paid to it or expended on its						
	behalf						
21	The value of services or facilities furnished to	i					
	the organization by a governmental unit						
	without charge. Do not include the value of						
	services or facilities generally furnished to the						
22	public without charge	<u> </u>					
22	include gain or (loss) from sale of capital assets						
		153,291	125,846				279,137
	Total of lines 15 through 22	153,291	125,846				279,137
	Enter 1% of line 23	1,533	1,258				
			in column (e), line 24			26a	5,582
	Prepare a list for your records to show the n						
	governmental unit or publicly supported organi	zation) whose tota	gifts for 2003 t	hrough 2006 exce	eded the	:	
	amount shown in line 26a. Do not file this lis	st with your return	n. Enter the total	of all these excess	amounts >	26b	254,789
С	Total support for section 509(a)(1) test: Enter line 24	, column (e)				26c	279,137
d	Add: Amounts from column (e) for lines: 18	<u>4,679</u> 19					
	22	26	254,	<u>789</u>	▶		
	Public support (line 26c minus line 26d total)	. .	<i></i>				
f	Public support percentage (line 26e (numerator) d Organizations described on line 12: a For	ivided by line 26c (de	enominator))	6 and 17 that		26f	/.U464 %
	person," prepare a list for your records to sho Do not file this list with your return. Enter the sum	w the name of, a of such amounts for	and total amounts each year: N/A	received in each	year from, ea	ach "c	lisqualified person."
b	For any amount included in line 17 that was re						
	show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received anomounts) for each year:	year, that was mo to 5 through 11b, a to the larger amoun	re than the larger is well as individuals in described in (1)	of (1) the amount s.) Do not file this or (2), enter the	on line 25 for list with your sum of these	r the r retui	year or (2) \$5,000. rn. After computing erences (the excess
	(2006)(2005)		(2004)		(2003)	
_	Add: Amounts from column (a) for lines: 15	16	•				
·	Add: Amounts from column (e) for lines: 15 20	21		<u> </u>	▶	27 c	
d	Add. Line 27a total	and line 27b total			▶	27d	
е	Public support (line 27c total minus line 27d total).		. .	, ,	▶		
f	Total support for section 509(a)(2) test: Enter amour	it from line 23, colum	n (e)	▶ 27f			
_	Public support percentage (line 27e (numerator) d				The state of the s		
	Investment income percentage (line 18, column (e						
28	Unusual Grants: For an organization described prepare a list for your records to show, for or description of the nature of the grant. Do not file this	each year, the na	me of the contribu	utor, the date and	amount of	g 200 the	03 through 2006, grant, and a brief

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 policy? 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 servers? 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 documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, amouncements, and other written communications to the public dealing with student admissions, programs, and scholarships? c Copies of all catalogues, brochures, amouncements, and other written communications to the public dealing with student admissions, programs, and scholarships? c Programs of all catalogues and scholarships? d Copies of all catalogues brochures, amouncements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32b 32c	Pa	Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
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? 11 Has the organization programs and scholarships? 13 Has the organization 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? 13 If "Yes," please describe; if "No." please explain. (If you need more space, attach a separate statement.) 13 Does the organization maintain the following: 14 Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 15 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissors, programs, and scholarships? 15 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissors, programs, and scholarships? 16 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissors, programs, and scholarships? 16 You answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) 17 Dess the organization discriminate by race in any way with respect to. 18 Students' rights or privileges? 19 Admissions policies? 20 Employment of faculty or administrative staff? 21 Scholarships or other financial assistance? 22 Employment of faculty or administrative staff? 23 Students' rights or privileges? 24 Does the organization's right to such aid ever boen revoked or suspended? 25 If you answered "Yes" to either 34e or b, please explain. (If you need more space, attach a separate statement) 26 Place the organization's right to such aid ever boen revoked or suspended? 26 If you answered "Yes" to either 34e or b, please explain using an a	29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
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43	Subtract line 42 from				43					
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	0		40 t 44	-4.51- Fr 4700						
	Caution: If there is an				E04(L)					
	(Some organizat	4-1 ear ons that made a secti	Averaging Period		, <i>,</i>	fivo co	lumne l	achw		
	(Some organizar		ons for lines 45 throug		-		iuiiiii is i	Jekow.		
			Lobbying Expend	itures During 4	-Year Averagiı 	ng Pe	riod			
	Calendar year (or fiscal	(a)	(b)	(c)	Į.	(d)		(e)		
-	year beginning in) ▶	2007	2006	2005	2	004	-	Total		
	Lobbying nontaxable									
45	amount									
AC	Lobbying ceiling amount (150% of line 45(e))									
46	(150% of life 45(e))	- "			 					
47	Total lobbying expenditures									
	Grassroots nontaxable					-				
48	amount									
	Grassroots ceiling amount									
<u>49</u>	(150% of line 48(e))		<u> </u>							
	Grassroots lobbying									
_	expenditures							·		
Pa		Activity by Nonelecti			A) (Con many	40 -54		4		
		ing only by organiza				13 01 1	ine ins	structions.)		
	ing the year, did the orgar mpt to influence public op				ng any	Yes	No	Amount		
						_				
a	Volunteers	· · · · · · · · · · · · · · · · · · ·	otion in ownercon ron	orted on lines a th	rough h	-				
C C										
c d	Media advertisements Mailings to members,	legislators or the public	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • •		\vdash				
e	Publications, or publis	hed or broadcast state:	ments		• • • • • • • •	\vdash				
T	Grants to other organi					-				
f							+			
f a		islators their staffs or	overnment officials of	r a legislatīve hod	V					
9	Direct contact with leg						-			
	Direct contact with leg Rallies, demonstration	is, seminars, conventio	ons, speeches, lecture	s, or any other me	ans					
9	Direct contact with leg	s, seminars, convention tures (Add lines c thro	ons, speeches, lecture ugh h .).	s, or any other me	ans	ctivities				

<u>ic</u> h	nédule A (Form 990 or 990-EZ) 2007
Pa	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)
1	Did the reporting organization directly or indirectly engage in any of the following with any other organization described
	501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
а	Transfers from the reporting organization to a noncharitable exempt organization of:

J 1					on 527, relating to political organizations		Seci	IOH
а	-		· · · · · · · · · · · · · · · · · · ·	ation to a noncharitable exempt organi	- · · · · ·	· f	Yes	No
u				· · · · · · · · · · · · · · · · · · ·		51a(i)	163	X
	(ii)	Othe	r assets		• • • • • • • • • • • • • • • • • • • •	a(ii)		X
b			sactions:			2(,		
_				vith a noncharitable exempt organization	n	b(i)		Х
	(ii)	Purc	hases of assets from a no.	ncharitable exempt organization	~	b(ii)		Х
	(iii)	Rent	al of facilities, equipment,	or other assets	• • • • • • • • • • • • • • • • • • • •	b(iii)		Х
	(iv)	Rein	hursement arrangements		• • • • • • • • • • • • • • • • • • • •	b(iv)		X
	(··)	Loar	ns or loan quarantees			b(v)		X
	(vi)	Perf	ormance of services or me	mbership or fundraising solicitations		b(vi)		- <u>X</u>
c	Shari	ina of	facilities equipment mail	ing lists, other assets, or paid employee	· · · · · · · · · · · · · · · · · · ·	C		X
q	If the	ansv	ver to any of the above is *	Yes " complete the following schedule (Column (b) should always show the fair		ralua i	
_	goods	s, oth	er assets, or services giver		organization received less than fair m			
	(a) Line n		(b) Amount involved	(c) Name of nonchantable exempt organization	(d) Description of transfers, transactions, and sh	anng arra	ngemei	nts
			· · · · · · · · · · · · · · · · · · ·					
								
			 				_	
			· · · · · · · · · · · · · · · · · · ·					
	desc	cribed	-	otly affiliated with, or related to, one or ode (other than section 501(c)(3)) or include	· •	Yes	X] No
			(a)	(b)	(c)			
		Nan	ne of organization	Type of organization	Description of relationsh	ıp		
		_						
						·		
			· · · · · · · · · · · · · · · · · · ·				•	
•					Schedule A (Form 9	00 or 00	n E 7)	2007

Form 990, Part II | ESCO Technologies Foundation

YTD Donations

Sc	ha	 ıta	

Y ID Donations	•	
Payable To	Address.	FY 2008
Habital for Humanity (STL)	3763 Forest Park Avenue St Louis MO 63108	10,000 00
UCLA Remittance Program For the Benefit of Sagar Pathak ID# 4058647	10920 Wilshire Blvd Suite 107 Los Angeles CA 90024-6503 Attention Christine Hatada	2,500 00
Indiana University For the Benefit of Alex Moler ID#0002205892	Bursur's Office Franklin Hall 011 601 E Kirkwood Avenue Bloomington IN 47405	2,500 00
Boston University For the Benefit of Jessica Yen ID#U63-33-9286	Student Accounting Services 881 Commonwealth Avenue Boston MA 02215-1390	2,500 00
University of Massachusetts Amherst For the Benefit of Matt Mourovic	Scholarship Coordinator Office of the Bursar 215 Whitmore Building 181 Presidents Dr Amherst MA 01003	2,500 00
Center of Crestive Arts	524 Trinity Avenue St Louis MO 63130	4 000 00
Old Stone Foundation	91 Public Square Cleveland OH 44113	5,000 00
Horizons for Homeless Children Inc	1705 Columbus Avenue Roxbury MA 02119	10,000 00
MetroLacrosse, Inc	150 Mt Vernon Street Suite Two Dorchester MA 02125	5,000 00
Habitat for Humanty Valley of the Sun	115 E Walkins Phoenix AZ 85004	5,000 00
R M Pyles Boys Camp	27211 Henry Mayo Drive Valencia CA 91355	10,000 00
Pioneer Center for Human Services	4001 W Dayton Street McHenry IL 60050-8377	5,000 00
Friends of Kids With Cancer	131 West Monroe #5, St Louis, MO 63122	535 00
Epworth Children and Family Services	110 North Elm Avenue St Louis MO 63119	10,000 00
Circle of Concern	PO Box 112 St. Louis Ave Valley Park MO 63088	5,000 00
Adoption Exchange	3437 Bndgeland St. Louis MO	4,000 00
Jennifer S Fallick Cancer		5,000 00
Our Little Haven	P O Box 23010, St. Louis, MO 63156-3010	10,000 00
Kenneth Young Center	1001 Rohwing Road Elk Grove Village, IL 60007	15,000 00
Special Olympics Ventura County	1559 Spinnaker Drive Ventutra CA 93001	3,000 00
Casa Pacifica	1722 S Lewis Road Camanilo CA 93012	5,000 00
The Gathering Place	23300 Commerce Park Cleveland OH 44122	5,000 00
Acheivement Center for Children	4255 Northfield Road Cleveland OH 44128	5,000 00
The Littlest Heroes	8228 Mayfield Road Chesterland OH 44028	10,000 00
Ready Readers	9378 Olive Blvd Suite 213 St. Louis MO 63132	2,600 00
Evans Scholars Foundation	1 Bnar Road Gold IL 60029	100 00
Employee Song Shining (ETS-Lindgren China)		3,000 00
Donations for Scholorship Committee Members: Learning Disabilities Association of St. Louis Habitat for Humanity Saint Louis Friends of Kids With Cancer Our Little Haven Go St. Louis Girls Inc	13537 Barrett Parkway Drive, #110 Ballwin, MO 63021 St Louis, MO 131 West Monroe #5, St. Louis, MO 63122 PO Box 23010, St. Louis, MO 63156-3010 7727 Clayton Road St. Louis MO 73117 3801 Nelson Dr. St. Louis, MO 63121	200 00 100 00 200 00 100 00 100 00

Form 990, Schedul A, Part III, Question 3a. ESCO Technologies Foundation Scholarship Program

The foundation has established a scholarship program that awards scholarships each year to children of employees of ESCO Technologies Inc. Specifically, all children or stepchildren of active, full or part-time employees of the Company and its domestic subsidiaries (except for children of Corporate officers and subsidiary presidents) are eligible. The scholarship may be used for any accredited technical school or accredited two or four-year college or university. The Foundation has established a scholarship committee of individuals unaffiliated with ESCO Technologies Inc. This committee takes the annual applications and determines the award recipients each year based on the merits of their applications. During the last fiscal year the Foundation gave four scholarships of \$2500 each.