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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public Inspection

A Fo	r the 2	2008 cale	endar yea	r, or tax year beginning 07-	01-2008 and ending 0	6-30-2009		1 B 5	NG - N
			Please	C Name of organization The Foote School Association I	ncorporated			D Employer ider	ntification number
Add	lress ch	arige	use IRS abel or	Doing Business As				06-0646647 E Telephone nu	
☐ Nar	ne chai		print or type. See	Dolling Business As					
┌ Inıt	ıal retui	rn S	Specific	Number and street (or P O bo	x if mail is not delivered to s	treet address)	Room/suite	(203) 777-3	
┌ _{Ter}	mınatıo		Instruc- tions.	50 Loomis Place				G Gross receipts	5 \$ 17,529,679
┌ Am	ended i	return		City or town, state or country,	and ZIP + 4			1	
Г _{Арг}	lication	n pending		New Haven, CT 06511					
		` ^ _	E Nam	ne and address of Principal	Officer		1/ >		
				J Cox III	Officer	'	n (a) Is thi affilia	s a group return tes?	for
				nis place					,,
T Ta	y-eyem	npt status		/en, CT 06511 (3) ◀ (insert no)		—— I	• •	l affiliates include	,
									See instructions)
ע נ 	eb sit	e: 🕨 www	footescho	ol org			H(c) Grou	p Exemption Nur	niber 🗭
К Тур	e of org	ganization F	Corporati	on trust association oth	er ►		L Year of Fo	rmation 1916 M S	State of legal domicile CT
Pa	rt I	Summ	arv						
	1			e organization's mission or	——————————————————————————————————————	es			
9		TO PROV	/IDE EDU	JCATION OF A HIGH STA	NDARD OF EXCELLENC	CE TO PUP	ILS OF KII	NDERGARTEN T	HROUGH GRADE
Governance									
≣									
5	2	Check th	ıs box 🦵	ıf the organızatıon dıscontır	iued its operations or di	sposed of m	nore than 2	5% of its assets	
ూ జర	3	Number	of voting n	nembers of the governing bo	ody (Part VI, line 1a) .			з _	21
8	4	Number	fındepen	dent voting members of the	governing body (Part V	I, line 1b)		. 4 _	21
Ē	5	Total nun	nber of em	nployees (Part V , line 2a)				5 _	228
Activities &	6	Total nun	nber of vo	lunteers (estimate if neces	sary)			6 _	0
	7a	Total gro	ss unrelat	ted business revenue from l	Part VIII, line 12, colun	nn (C) .	•	7a	0
	ь	Net unrel	ated busi	ness taxable income from F	orm 990-T, line 34 .	•		7b	0
							Pric	or Year	Current Year
a.	8			grants (Part VIII, line 1h)		745,138	6,890,449		
Revenue	9	Program	service i	revenue (Part VIII, line 2g)		9,142,643	9,516,635		
3	10			ne (Part VIII, column (A), l				578,945	971,691
<u> </u>	11		•	art VIII, column (A), lines !		· · ·		-4,944	0
	12	Total re 12)	venue—ad	dd lines 8 through 11 (must	equal Part VIII, colum	n (A), line		10,461,782	17,378,775
	13		and sımıla	r amounts paid (Part IX, co	lumn (A), lines 1-3)			1,502,014	1,570,493
	14			r for members (Part IX, col				, ,	0
	15	Salaries	, other co	mpensation, employee ben	efits (Part IX, column (A	۱), lines 5–			
Expenses		10)			, , ,			6,111,479	6,942,732
₹	16a	Profess	ional fund	raising fees (Part IX, colum	n (A), line 11e)				0
ਡੌ	ь	(Total fun	draising exp	penses, Part IX, column (D), line	₂₅ 373,632	_)			
	17	Othere	xpenses (Part IX, column (A), lines 1	1a-11d, 11f-24f)			2,601,216	1,982,260
	18	Total ex	penses—	add lines 13–17 (must equ	al Part IX, line 25, colu	mn (A))		10,214,709	10,495,485
	19	Revenue	e less exp	enses Subtract line 18 fro	m line 12			247,073	6,883,290
₩ ₩ ₩							Beginni	ing of Year	End of Year
200 de 1	20	Total as	sets (Par	t X, line 16)				18,450,667	23,705,066
Net Assets or Fund Balances	21	Total lıa	ibilities (P	art X, line 26)				3,136,837	3,002,324
ž	22	Net ass	ets or fun	d balances Subtract line 2	1 from line 20			15,313,830	20,702,742
Pai	t II	Signa	ture Blo	ock				•	
				rjury, I declare that I have exami					
DI		l.		correct, and complete Declaration	of preparer (other than offic	er) is based o	1		r nas any knowledge
Plea Sign		***** Signati	* ure of office	r	-02-05				
Here		[Date				
			or print name	Business Manager e and title					
] F			Date	Che	eck if	Preparer's PTIN (See Gen Inst)
		Preparer's signature David M Yaffe David M Yaffe						Tropaici 5 PTIN (3	see our mac)
Deta		0.9			olyed • 🔽				
Paid Prens	arer ⁱ c		F	A TM DOWNER COMPANY					
Prepa		Firm's nam		T M BYXBEE COMPANY PC				EIN Þ	
		Firm's nam		T M BYXBEE COMPANY PC PO BOX 187169		Cin			(2) 201 4022
Prepa		Firm's nam	oloyed),	?		GIIII		Phone no 🕨 (20	03) 281-4933 V Yes \ \ \ \ No

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1 See A	Briefly describe the organization's mission dditional Data Table				
2	Did the organization undertake any si the prior Form 990 or 990-EZ? .		rvices during the year wh	nich were not listed on	Yes ✓ No
	If "Yes," describe these new services				
3	Did the organization cease conducting services?		changes in how it condu	icts any program	Yes ▼ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven	ons and 4947(a)(1) t	rusts are required to rep		
4a	(Code) (Expenses \$ ACADEMIC INSTRUCTION, ATHLETIC & STUD		including grants of \$ SUPPORT FOR 465 STUDENTS	1,570,493) (Revenue \$	8,694,698)
4b	(Code) (Expenses \$	165,529	ıncludıng grants of \$) (Revenue \$	269,865)
	Summer School Program				
4-	(Code) (Expenses \$	290,721	ıncludıng grants of \$) (Revenue \$	534,439)
4c	After school & Vacation program	290,721	including grants of \$) (Revenue \$	334,439)
4d	Other program services (Describe i (Expenses \$	n Schedule O) ıncludıng grants of) (Revenue \$)
4e	Total program service expenses \$	8,484,974	4 Must equal Part IX, Lii	ne 25, column (B).	

Part IV	Chec	klist of	Required	Schedules

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

Part VI

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νo

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	31			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?	o ven	dors and reportable	1c		Νο
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	l				
	Statements filed for the calendar year ending with or within the year covered by this		330			
	return	2a	228			
D	If at least one is reported in 2a, did the organization file all required federal employr Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin					
	return?			3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s over, a financial account in a foreign country (such as a bank account, securities ac					
	account)?		, or other illiancial	4a		Νο
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re	port o	f Foreign Bank and			
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	y Regarding Prohibited			
	Tax Shelter Transaction?	•		5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	natsu	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).			<u> </u>		
	Did the organization provide goods or services in exchange for any quid pro quo con	trihut	on of \$75 or	7a		Νο
_	more?	ciibac	1011 01 47 5 01			
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	•	· ·	_		
	file Form 8282?			7c		N o
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	/ prem	nums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8			7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as	7h		Νο
8	required?	· ·	ction 509(a)(3)	711		NO
Ū	supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the			8		
9	year?					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter	•				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
	facilities	100				
11	Section F01/c)(12) organizations Enter					
11	Section 501(c)(12) organizations Enter Gross income from members or shareholders	1				
а	Gross income nom members of Shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
	year	12b				

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

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

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	ı, desc	ribe the circumstances,
1a	Enter the number of voting members of the governing body	1a	2:
Ь	Enter the number of voting members that are independent	1b	2:

	other officer, director, trustee, or key employee?
3	Did the organization delegate control over management duties customarily performed by or under the direct
	supervision of officers, directors or trustees, or key employees to a management company or other person? .
1	Did the organization make any cognificant changes to its organizational documents since the prior Form 990 was

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

supervision of officers, unectors of trustees, of key employees to a management company of other person	•
Did the organization make any significant changes to its organizational documents since the prior Form 990	wa
filed?	

Did the organization become aware during the year of a material diversion of the organization's assets?	•	•	
Does the organization have members or stockholders?	ı.		
Does the organization have members, stockholders, or other persons who may elect one or more members	rc .	ς f +	ha

	Does the organizat	tion	have	mer	nbers	s, s	tockl	nolde	rs,	ord	other	persons	who	may	elect	one	or	more	me	mber	s of	the
	governing body?																					
h	Are any decisions	of t	he ao	vern	ına h	odv	/ suh	1ect	to a	nnr	oval	hy mem	hers	stoc	khold	ers	or	other	ner	sons	?	

ט	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?
	Did the organization contemporaneously document the meetings held or written actions undertaken during the
	vear by the following

	year by the following													
a	the governing body?													

	Does the organization have local chapters, branches, or affiliates? .												
D	each committee with authority to act on behalf of the governing body?	•	•	•	•	•	•	•	•	•	•	•	•

b	If "Yes," does the organization have written policies and procedures governing the activities of su	ıch	cha	pter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?	•		•	٠

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	
must describe in Schedule O the process, if any, the organization uses to review the Form 990	•

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be re	eache	d at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		

8a	Yes	
8b	Yes	
9a		No
9b		
10		No
11	Yes	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

William J Cox III 50 Loomis Place New Haven, CT 06511 (203) 777-3464

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

		Posi t				all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							\vdash			
							$\vdash \vdash$			
							Ļ			
1b Total						i	<u> </u>	162,697	106,646	22,592
2 Total number of individuals (including	those in 1	a) who r	ecer	ved	moi	e thar	ո \$1	00,000 ın reportabl	e	

compensation from the organization▶1

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

Section	В.	Inde	pendent	Contra	ctors
---------	----	------	---------	--------	-------

from the organization .

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

(A) Name and business address	(B) Description of services	(C) Compensation
trade wind professionals 2 Fox Run Rd west norwalk, CT 06850	cleaning services	170,545
2 Total number of independent contractors (including those in 1) who received more than	\$100,000 in compensation	

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated campaigns	1a		Revenue		512, 513, or 514
20 20							
ĒŽ	ь	Membership dues	1b				
₽Ğ	С	Fundraising events					
± E =	d	Related organizations	1c				
Contributions, gifts, grants and other similar amounts		Government grants (contributions)					
Sin Sin	е						
美量	f	All other contributions, gifts, grants, a similar amounts not included above	nd 6,828,755				
운항			1f				
걸	g	Noncash contributions include lines 1a-1f \$46,4					
O a	h	Total (Add lines 1a-1f)		6,890,449			
			Business Code				
<u>9</u>	22	tuition and fees		0.604.600	0.604.600		
E E	2a		611,710	· · · · · · · · · · · · · · · · · · ·	8,694,698		
æ	Ь	after school & vacatio	611,600	<u> </u>	534,439		
မွ	С	summer programs	611,600	· ·	269,865		
er F	d	MISC INCOME & FEES	611,710	17,633	17,633		
<i>ა</i> ბ ⊆	е						
<u> </u>	f	All other program service reve	nue				
Program Service Revenue	g	Total. Add lines 2a-2f ► \$ 9,516,635					
	3	Investment income (including	dıvıdends, ınterest				
		other similar amounts)		1,001,678			1,001,678
	4	Income from investment of tax-exem	pt bond proceeds				
			· ·				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents Less rental					
	Ь	expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss) .					
		(ı) Securities	(II) O ther				
	7a	Gross amount 120,9					
		from sales of assets other					
	_	than inventory	204				
	b	Less cost or other basis and	904				
	c	sales expenses Gain or (loss) -29,9	987				
	d	Net gain or (loss)		-29,987			-29,987
							·
	8a	Gross income from fundraising events (not including					
Other Revenue		\$ of contributions reported on lin	e				
उ >		1c) See Part IV, line 18 Attach Schedule G if total exceed	_				
æ		\$15,000					
Ψ.	ь	Less direct expenses	.ь				
둦	С	Net income or (loss) from fundi					
_	9a		<u> </u>				
	34	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G if total					
		exceeds \$15,000	a				
	ь	Less direct expenses	.ь				
	С	Net income or (loss) from gami					
			<u> </u>				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold	a				
	, , , , , , , , , , , , , , , , , , ,	Net income or (loss) from sale:					
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
	c	-					
	d	All other revenue	— <u> </u>				
	e	Total Passassa Add large 11		17,378,775	9,516,635	0	971,691
_	12	Total Revenue. Add lines 1h, 2 8c, 9c, 10c, and 11e		11,516,113	9,310,033	0	371,091

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalised by the section 501(c)(3) and 501(c)(4) orgalised by the section 501(c)(4) organizations must complete column (A) but are not reference to the section of the se).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21			, , , , , , , , , , , , , , , , , , , ,	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,570,493	1,570,493		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	315,157		315,157	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	5,206,755	4,229,425		172,178
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	314,848	257,085	47,747	10,016
9	Other employee benefits	713,468	583,659	96,573	33,236
10	Payroll taxes	392,504	302,228	78,501	11,775
11	Fees for services (non-employees)				
а	Management				
b	Legal	8,475		8,475	
c	Accounting	29,800		29,800	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	27,107			27,107
14	Information technology	68,201	51,151	10,230	6,820
15	Royalties				
16	Occupancy				
17	Travel	81,396	81,396		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	60,315	43,281	6,895	10,139
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	424,965	399,467	21,248	4,250
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Curricular Activities &	365,287	365,287		
b	Maintenance Subcontract	164,754	154,868	8,238	1,648
c	Outside Services	111,520	73,535		37,985
d	Electricity	103,493	97,283	5,175	1,035
e	Professional Fees	81,430	14,640	66,790	
f	All other expenses	455,517	261,176	136,898	57,443
25	Total functional expenses. Add lines 1 through 24f	10,495,485	8,484,974	1,636,879	373,632
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		-		·

Part X	Balance	Sheet
	Dalalice	SHEEL

			(A)		(E	
	l .		Beginning of year	-	End of	fyear
	1	Cash—non-interest-bearing	•	1		
	2	Savings and temporary cash investments	2,639,319			2,884,440
	3	Pledges and grants receivable, net	51,165			5,564,726
	4	Accounts receivable, net	146,631	4		113,079
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties $Complete\ Part\ II\ of\ Schedule\ L$		5		
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) at persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L	nd	6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
22	9	Prepaid expenses and deferred charges	188,452	9		160,734
ssets	10a					
AS		Land, buildings, and equipment cost basis 10a 14,416	3,809			
	ь	Less accumulated depreciation Complete Part VI of Schedule D	8,441,014	10c		8,736,364
	11	Investments—publicly traded securities	6,984,086	11		6,245,723
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D		12		
	13	Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D.		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	18,450,667	16		3,705,066
	17	Accounts payable and accrued expenses .	827,940			865,595
	18	Grants payable	027,040	18		
	19	Deferred revenue	2,308,897			2,136,729
	20	Tax-exempt bond liabilities	2,300,097	20		2,130,723
Ø.	21	Escrow account liability Complete Part IV of Schedule D		21		
∄	22			21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		,		
Ξ		persons Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	3,136,837	26		3,002,324
S e S		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.				
an an	27	Unrestricted net assets	11,456,157	27	1	1,436,629
Balance	28	Temporarily restricted net assets	1,483,518	28		6,804,852
됟	29	Permanently restricted net assets	2,374,155	29		2,461,261
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.				
0	30	Capital stock or trust principal, or current funds		30		
Ą.	31	Paid-in or capital surplus, or land, building or equipment fund		31		
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32		
Net	33	Total net assets or fund balances	15,313,830		2	0,702,742
ž —	34	Total liabilities and net assets/fund balances	18,450,667	 		3,705,066
Da	rt XI	Financial Statements and Reporting				
ı e	LC VI	i manetal Statements and Reporting			T 1/2	Γ
1	Acco	ounting method used to prepare the Form 990			Yes	No

VT	Financial Ctatements and Beneuting
varir di	Financial Statements and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		N o
b	If "Yes," did the organization undergo the required audit or audits?	3b		

As Filed Data -

DLN: 93493040012500

Employer identification number

OMB No 1545-0047

SCHEDULE A

Name of the organization

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public Inspection

The F	oote Sc	hool Association	n Incorporated						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
								06	-064664	7			
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)			
The	organı	zatıon ıs not	a private found	ation because it is (Please	check onl	ly one org	anızatıon j)					
1	Γ	A church, c	onvention of cl	nurches, or association of ch	urches de	escribed in	Section 1	170(b)(1)	(A)(i).				
2	굣	A school d	escribed in Sec	t ion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)							
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	tion 170(l	b)(1)(A)(i	i ii). (A ttac	h Schedul	e H)		
4	Γ	A medical	medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the										
		hospital's i	spital's name, city, and state										
5	Γ	An organiza	ation operated	for the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın		
		Section 17	0(b)(1)(A)(iv).	(Complete Part II)									
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ection 170	(b)(1)(A)	(v).				
7	Γ	An organiz	atıon that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral public		
		described i	n Section 170(l	b)(1)(A)(vi) (Complete Par	tII)								
8	Γ	A commun	ity trust descril	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)						
9	Γ	An organiz	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontributior	ns, membe	rship fees	, and gross		
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of		
		ıts support	from gross inv	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess section	on 511 ta:	x) from bu	sınesses		
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)				
10	Γ	An organiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)		
11	Γ			and operated exclusively fo									
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h											
							ines 11e t nally Integ		n d	Γ Type	III - Other		
e	\vdash		• •	rtify that the organization is									
_	'	•		agers and other than one or						•	•		
		section 50	9(a)(2)										
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organization,		
g		check this		as the organization accepte	d any dift	or contrib	ution from	any of the	<u>.</u>		ı		
9		following pe		as the organization decepte	a any gne	01 001111111111111111111111111111111111	acron 110111	uny or end	•				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No		
		and (III) be	low, the govern	ing body of the the supported	d organiza	tion?				11g	(i)		
		(ii) a famıly	/ member of a p	erson described in (i) above	?					11g(ii)		
		(iii) a 35%	controlled ent	ity of a person described in ((ı) or (ıı) al	bove?				11g(iii)		
h		Provide the	following infor	mation about the organizatio	ns the org	janızatıon	supports						
			•		1								
		ame of	(ii) EIN	(iii) Type of organization		s the		ou notify		sthe	(vii) A mount of		
		oorted nization		(described on lines 1-9 above or IRC section		ation in Iisted in		inization i) of your		ation in organized	support?		
	Organ	iizatioii		(See Instructions))		verning		ort?		US?			
				,,		ment?							
					Yes	No	Yes	No	Yes	No			

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 06-0646647

Name: The Foote School Association Incorporated

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Add										1
		(C) Position (check all that apply)								(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
c dary Dunham , interim head of school	40 00	Х		Х		Х		162,697	0	17,092
libby peard , President	2 00	Х		Х				0	0	0
melanie ginter , secretary	2 00	Х		Х				0	0	0
judith chevalier , treasurer	2 00	Х		Х				0	0	0
donald green , director	2 00	Х						0	0	0
shaun sullıvan , counsel	2 00	Х						0	0	0
sidney bogardus , director	2 00	Х						0	0	0
Heidi hamilton , director	2 00	Х						0	0	0
david moore , director	2 00	Х						0	0	0
nancy close , director	2 00	Х						0	0	0
karen pritzker , director	2 00	Х						0	0	0
gordon armour , director	2 00	Х						0	0	0
James Farnam , director	2 00	Х						0	0	0
Lisa gray , director	2 00	Х						0	0	0
robert sandine , director	2 00	Х						0	0	0
annıe wareck , dırector	2 00	Х						0	0	0
krıstıan hawkıns , dırector	2 00	Х						0	0	0
Joanne Goldblum , Director	2 00	Х						0	0	0
Sequella Coleman , Dırector	2 00	Х						0	0	0
Melında Agsten , vıce president	2 00			Χ				0	0	0
joseph craft , vice president	2 00			Х				0	0	0
mary hu , vice president	2 00			Х			<u> </u>	0	0	0
Christine Chiocchio , PTC co-president	2 00			Х				0	0	0
lawrence Buhl , past president	2 00			Х				0	0	0
Catherine Sbriglio , PTC co-president	2 00			Х				0	0	
william j cox III , business Mgr	40 00			<u> </u>		Х	<u> </u>	0	106,646	5,500

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Since its founding in 1916, Foote's motto has reflected its ideals: "Gladly will I learn and gladly teach." Above all, we nurture a lifelong love of learning and teaching in our students and faculty. Committed to excellence, teachers lead children to question, to discover connections, to think independently, and to learn by doing. Our community is inclusive; we value difference and challenge prejudice. We give our students the skills to explore the worlds complexity with pleasure and purpose and to respect themselves and each other.

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization
The Foote School Association Incorporated

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		noradvised Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the impermissible private benefit?		
Pa	rt II Conservation Easements. Comple	te if the organization answered "Yes"	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th Preservation of land for public use (e g , recre Protection of natural habitat	eation or pleasure) Preservation of a	n historically importantly land area ertified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a q on the last day of the tax year	ualified conservation contribution in the form	n of a conservation easement
			Held at the End of the Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easem	ents	2b
c	Number of conservation easements on a certifie	d historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, trar	nsferred, released, extinguished, or terminat	ed by the organization during
	the taxable year 🕨		
4	Number of states where property subject to cons	ervation easement is located ►	
5	Does the organization have a written policy regardenforcement of the conservation easements it ho		lations, and
6	Staff or volunteer hours devoted to monitoring, in	specting and enforcing easements during the	e year ►
7	A mount of expenses incurred in monitoring, inspe	cting, and enforcing easements during the y	⁄ear ►\$
8	Does each conservation easement reported on lir 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ction Yes No
9	In Part XIV, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia	
Par	Complete If the organization answere	tions of Art, Historical Treasures, ed "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets h provide, in Part XIV, the text of the footnote to its	eld for public exhibition, education or resear	rch in furtherance of public service,
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held provide the following amounts relating to these ite	for public exhibition, education, or research	•
	(i) Revenues included in Form 990, Part VIII, lin	e 1	► \$
	(ii) Assets included in Form 990, Part X		▶ -\$
2	If the organization received or held works of art, he following amounts required to be reported under S		!
а	Revenues included in Form 990, Part VIII, line 1		► \$
			· Ψ

b Assets included in Form 990, Part X

Part	111	Organizations Maintaining Co	llections of Art,	His [.]	<u>tori</u>	cal Treas	ures, or Othe	<u>r Simila</u>	<u>r Asse</u>	ts (co	ntınued)
3		g the organization's accession and others s (check all that apply)	r records, check any	of th	e foll	owing that a	are a significant i	ise of its co	ollection	ı	
а	Γ	Public exhibition		d	Γ	Loan or ex	change programs	;			
b	F :	Scholarly research		e	Γ	Other					
С	abla	Preservation for future generations									
4	Prov Part	ide a description of the organization's co	ollections and explair	n how	v the y	further the	organization's e	xempt purp	ose in		
5		ng the year, did the organization solicit o its to be sold to raise funds rather than t						nılar	Г	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					janızatıon answ	ered "Ye:	s" to Fo	orm 99	90,
1a		le organization an agent, trustee, custod ided on Form 990, Part X?	ıan or other ıntermed	ıary	for c	ontributions	or other assets	not	Γ	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table					•			
									A mou	nt	
С	Begi	inning balance					1c				
d	Add	itions during the year					1d				
е	Dıst	ributions during the year					1e				
f	Endi	ing balance					1f				
2a	Dıd t	he organization include an amount on Fo	orm 990, Part X, line	21?					Γ	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV									
Pai	t V	Endowment Funds. Complete									
1a	Bogu	nning of year balance	(a)Current Year 7,030,082	(b)) Prior	Year (c)	Two Years Back (d)Three Years	Back (e)Four Ye	ars Back
ь		tributions	87,106								
c		estment earnings or losses	-561,577								
d		nts or scholarships	-62,335								
e		er expenditures for facilities	-193,318								
		programs									
f	Adm	ninistrative expenses	-33,366								
g	End	of year balance	6,844,630								
2	Prov	ide the estimated percentage of the yea	r end balance held as								
а	Boar	d designated or quasi-endowment 🕨	47 870 %								
b	Perm	nanent endowment 🕨 52 130 %									
c	Term	n endowment 🕨									
3a		there endowment funds not in the posses	ssion of the organizat	ion t	hat a	re held and	administered for	the		Г., I	
		nization by nrelated organizations							3a(i)	Yes	No No
		related organizations		•	•				3a(ii)		No
ь		es" to 3a(II), are the related organization			ched	ule R?.		· . · . · .	3b		
4	Desc	cribe in Part XIV the intended uses of th	e organization's endo	wme	nt fu	nds					
Par	t VI	Investments—Land, Buildings	s, and Equipmen	t. S	ee F	orm 990,	Part X, line 10.				
		Description of investment				Cost or other s (investment)		(c) Depre	ciation	(d) Boo	ok value
1 a l	and						741,248	3			741,248
b E	Buildii	ngs					10,625,943	3,0	687,779		5,938,16
c l	.ease	hold improvements									
d E	quipi	ment					1,912,079	1,4	455,978		456,10
e (Other						1,137,539		536,688		600,851

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Fall	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	<u>its</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,378,775
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,495,485
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,883,290
4	Net unrealized gains (losses) on investments	4	-1,494,378
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-1,494,378
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,388,912
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	14,313,904
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	-1,494,378
3	Subtract line 2e from line 1	3	15,808,282
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	1,570,493
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	17,378,775
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	8,924,992
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
Ь	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	7-	0
e n	Add lines 2a through 2d	2e	8,924,992
3 4	Subtract line 2e from line 1	3	8,924,992
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	1,570,493
с 5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	10,495,485
	t XIV Supplemental Information		1 10,793,703

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V, Line 4	Endowment Funds	To support the school's general operations, to provide financial aid to students, and to provide support to various academic programs

OMB No 1545-0047

Schools

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE E

(Form 990 or 990-EZ)

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Employer identification number

ie Fo	pote School Association Incorporated						
	06-	0646647	T	T			
		_	YES	NO			
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its \boldsymbol{c}	harter, bylaws,					
	other governing instrument, or in a resolution of its governing body?	1	Yes				
2	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?						
3							
,	the period of solicitation for students, or during the registration period if it has no solicitation program that makes the policy known to all parts of the general community it serves? If "Yes," please describ	n, ın a way					
	please explain	3	Yes				
	nondiscrimination policy annually publicized in the new haven register						
4	Does the organization maintain the following?						
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	<u>4a</u>	Yes				
b	Records documenting that scholarships and other financial assistance are awarded on a racially none basis?	discriminatory 4b	Yes				
C	Copies of all catalogues, brochures, announcements, and other written communications to the public with student admissions, programs, and scholarships?	dealing 4c	: Yes				
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	l Yes				
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate	statement)					
	Does the organization discriminate by race in any way with respect to						
а	Students' rights or privileges?	<u>5a</u>	<u> </u>	No			
b	Admissions policies?	5b		No			
c	Employment of faculty or administrative staff?	50	:	No			
d	Scholarships or other financial assistance?	<u>5d</u>		No			
е	Educational policies?	5e	:	No			
f	Use of facilities?	5f		No			
g	Athletic programs?			No			
h	Other extracurricular activities?	5h	,	No			
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separat	e statement)					
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a	_	No			
	If you answered "Yes" to either 6a or b, please explain using an attached statement			110			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 to	through 4 05					
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explana		Yes				

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DLN: 93493040012500

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion Employer identification number

he Foote School Association 1						06-0646647	
Part I General Inform 1 Does the organization mathe selection criteria use 2 Describe in Part IV the o	aintain records to : d to award the gra	nts or assistance?	t of the grants or assista				✓ Yes
Part II Grants and Otl Form 990, Part I Part IV and Sch	her Assistance IV, line 21 for a edule I-1 if add	e to Governments ny recipient that reci itional space is	and Organizations	in the United Star 00. Check this box	tes. Complete if the of the office of the of		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
2 Enter total number of seconganizations					•		
3 Enter total number of oth	er organizations .						<u> </u>

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Financial Aid for ACADEMIC INSTRUCTION, ATHLETIC & STUDENT ACTIVITIES, as well as OTHER SUPPORT FOR STUDENTS for the regular, after, and summer school sessions	99	1,570,493		Book	Tuition Discount

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. See Additional Data Table

 Identifier
 Return Reference
 Explanation

 Procedure for Monitoring Grants in the U S
 Part I, Line 2
 Schedule I, Part I, Line 2 Financial Aid Granted in furtherence of the institution's exempt purpose is made in accordance with procedures or subject to conditions established by the governing board designed to insure that individuals receiving financial aid are adequately investigated to insure that they are qualifying recipients

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As Filed Data -

DLN: 93493040012500

OMB No 1545-0047

OMB No 1545-004

2008

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

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

Compensation Information

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

Employer identification number Name of the organization The Foote School Association Incorporated 06-0646647 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Cat No 50053T

Νo

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
c dary Dunham (1)					17,092	179,789		
(ii))							
(i)								
(ii))							
(i)								
(ii)								
(i)								
(ii))							
(i)								
(ii))							
(i)								
(ii))							
(i)								
(ii)								
(i)								
(ii)								

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
		C Dary Dunham, Interim Head of School, as a condition of employment in order to properly discharge his responsibilities, and for the convenience of the School, is required to reside local to the School In consideration thereof, Mr Dunham received a housing allowance of \$15,000 for the year

DLN: 93493040012500

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Employer identification number Name of the organization The Foote School Association Incorporated 06-0646647 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or (e) In Approved (g)Written (a) Name of interested person and from the (c)Original principal default? by board or agreement? (d)Balance due organization? purpose amount committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization Libby Peard President Financial Aid Heidi Hamilton Financial Aid Director **Business Transactions Involving Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No

DLN: 93493040012500

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

Non-Cash Contributions

Employer identification number Name of the organization The Foote School Association Incorporated

Da	Part I Types of Property							
ra	Types of Property	(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of de reven	etermi	nıng	
1	Art—Works of art	аррисавіе		1 g				
	Art—Historical treasures							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock $. $							
11	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Q ualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens Archeological artifacts							
24	Library books,							
25	Other (describe <u>supplies,</u>)							
	computers, and professional							
26	Other (describe development_)	x	1	46,402	Fair Market Values			
	Other (describe)			· ·				
	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	3, Part IV, Donee	ar for contributions for	29			
			-				Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must			
	least three years from the date of for the entire holding period? .			not required to be used for a	exempt purposes	30a		No
b	If "Yes", describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif	t acceptano	e policy that requires the i	review of any non-standard	contributions?	31		No
32a	Does the organization hire or use contributions?				non-cash	32a		N o_
	contributions?							

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.		
Identifier	ReturnReference	Explanation
240111111	Notal III Colored	Explanation
	1	1

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

Name of the organization The Foote School Association Incorporated Employer identification number

06-0646647

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		There is no policy at this time. However, the Governance Committee is working on one to be in place for the next fiscal year.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY IN PLACE The conflict of interest policy gets review ed annually by the Governance Committee of the Board of Trustees Yearly, each Board member is required to sign a new conflict of interest statement or agreement. All statements or agreements are kept on file at the school

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Head of School is hired and evaluated by the Board. The Head of School compensation is reviewed annually by the Board and given to the him or her in an evaluation meeting. The Business Manager and all other employees at the school are hired and evaluated annually by the Head of School.

ldentifier	Return Reference	Explanation	
Form 990, Part VI, Section C, line 18		DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST	

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		All governing documents for the Foote School, including its conflict of interest policy and financial statements are available to the public upon request. They are kept on file at the school

Identifier	Return Reference	Explanation
Form 990, Part VII	Contact Addresses for Officers, Directors, Etc	c dary Dunham - 227 Church Street New Haven, CT 06510 libby peard - 333 Christian Street Wallingford, CT 06492 Melinda Agsten - 122 Middle Road Hamden, CT 06517 joseph craft - 10 Old Hartford Turnpike Hamden, CT 06517 mary hu - 220 Everit Street New Haven, CT 06511 melanie ginter - 217 St Ronan Street New Haven, CT 06511 Christine Chiocchio - 161 Thimble Islands Road Branford, CT 06405 judith chevalier - 236 Edwards Street New Haven, CT 06511 law rence Buhl - 26 Cromw ell Road North Haven, CT 06473 donald green - 61 Loomis Place New Haven, CT 06511 shaun sullivan - One Century Tow er New Haven, CT 06508 sidney bogardus - 279 Rimmon Road Woodbridge, CT 06525 Heidi hamilton - 110 Killdeer Road Hamden, CT 06515 david moore - 7 Westward Road Woodbridge, CT 06525 nancy close - 44 Highland Street New Haven, CT 06511 karen pritzker - 235 Thimble Islands Road Stony Creek, CT 06405 gordon armour - 12 Edgehill Road New Haven, CT 06511 James Farnam - 86 Cottage Street New Haven, CT 06511 Lisa gray - 45 Old Quarry Road Guilford, CT 06437 robert sandine - 37 Glendale Street Hamden, CT 06517 annie wareck - 55 Huntington Street New Haven, CT 06511 kristian haw kins - 5 Heloise Street Hamden, CT 06517 william j cox III - 801 Beaver Head Road Guilford, CT 06473 Joanne Goldblum - 169 Bishop Street New Haven, CT 06511 Catherine Sbriglio - 35 Surrey Lane Stratford, CT 06614 Sequella Coleman - 38 Brockett Farm Rd North Haven, CT 06473

ldentifier	Return Reference	Explanation
		Form 990, Part XI, Line 2c Committee oversight of the audited financial statements the organization has a committee that assumes the responsibility for oversight of the audit of its financial statements and selection of an independent accountant. This process did not change from the prior fiscal year.