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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

2009

Open to Public Inspection

A Fo	rthe 2	2009 ca <u>lenda</u>	r year, or tax year beginning 07	-01-2009 and ending 06-30-2010	,		
3 Che	eck ıf ap	oplicable Pleas	Name of organization The Foote School Association	Incorporated		D Employer ic	lentification number
- Add	dress cha	ange use I label	RS			06-06466	
– Nai	me chan	nge print	or Doing Business As			E Telephone r	number
– _{Init}	al retur		fic Number and street (or P.O. h	ox if mail is not delivered to street addres	ss) Room/suite	(203) 777	-3464
– Ter	mınated	Instructions	uc- 50 Loomis Place `	ox ii maii is not dein ered to street dadres	, resum, saite	G Gross receipt	s \$ 12,278,015
– _{Am}	ended r		City or town, state or country	and ZIP + 4		-	
_		pending	New Haven, CT 06511	,			
ΑÞΙ	Jication					J	
			Name and address of principa	officer		is a group retu ates?	rn for ┌ Yes 🔽 No
		l l	loomis place		aiiiii	ites.) 165 J* NO
		ne	w haven, CT 06511		H(b) Are a	ll affiliates inclu	ded?
. To	v avam	nt status 🔽	504/3 / 23 34 / 33 34 5 5 4043	() () [F27			t (see instructions)
. Ia	x-exem	pt status •	501(c) (3) ◀ (insert no)	(a)(1) or 527	H(c) Grou	up exemption n	umber 🟲
W	ebsit e	: 🕨 www foote	school org				
C Forr	n of org	janization 🔽 Co	rporation Trust Association C	other ►	L Year of fo	ormation 1916	M State of legal domicile CT
Pa	rt I	Summary			'	•	
	1		oe the organization's mission oi	-			
	I	TO PROVIDE	EDUCATION OF A HIGH STA	ANDARD OF EXCELLENCE TO PU	JPILS OF KII	NDERGARTEN	THROUGH GRADE
sovemance		NINE					
<u> </u>							
<u>.</u>							
) 5	2	Check this bo	x 🔭 if the organization discor	itinued its operations or disposed	of more than	25% of its net	assets
ő .	3	Number of vo	ing members of the governing l	oody (Part VI, line 1a)			322
<u>2</u>	4	Number of ind	ependent voting members of th	e governing body (Part VI, line 1b)	-	422
Ĕ	5	Total number	of employees (Part V , line 2a)			,	5215
Activities	6	Total number	of volunteers (estimate if nece	ssary)			6
•	7a	Total gross u	nrelated business revenue from	Part VIII, column (C), line 12 .		7	7a
	b	Net unrelated	business taxable income from	Form 990-T, line 34		7	7b 0
					Pric	or Year	Current Year
_	8	Contribution	s and grants (Part VIII, line 1h)		6,890,449	1,826,488
пïе	9	Program ser	vice revenue (Part VIII, line 2ç		9,516,635	10,030,611	
Reveni	10	Investment	ıncome (Part VIII, column (A),		971,691	237,875	
ď	11	Other reven	ue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			0
	12			t equal Part VIII, column (A), line	2	17,378,775	12.004.074
	42						12,094,974
	13			olumn (A), lines 1-3)		1,570,493	1,662,748
	14		to or for members (Part IX, co				0
8	15	Salaries, oth	er compensation, employee be	nefits (Part IX, column (A), lines 5	-	6,942,732	7,127,478
Expenses	16a	,	fundraising fees (Part IX, colui	nn (A), line 11e)			0
÷	ь		g expenses (Part IX, column (D), line				
ш	17			11a-11d, 11f-24f)		1,982,260	2,011,343
	18	-		ual Part IX, column (A), line 25)		10,495,485	10,801,569
	19			om line 12		6,883,290	1,293,405
- 07 - 00		Nevenue les	expenses custifue in the 10 in		Beginnin	g of Current	
net Assets of Fund Balances					_	ear	End of Year
988 988	20	Total assets	(Part X, line 16)			23,705,066	25,169,651
Z E	21	Total liabilit	es (Part X, line 26)			3,002,324	2,895,409
ž 🖺	22	Net assets o	or fund balances Subtract line 2	21 from line 20		20,702,742	22,274,242
Pai	rt II	Signature	e Block				
				nined this return, including accompanying			
		and belief, it is	true, correct, and complete Declaration	on of preparer (other than officer) is based	ı on all imonna	tion of which prepa	Her has any knowledge
					2010	-11-10	
Sign	1	*****					
Sign Here		****** Signature of	officer		Date		
		Signature of	officer		Date		
		Signature of William J Co			Date		
		Signature of William J Co Type or prin	ox III Business Manager t name and title		Check If	Preparer's iden	
Here		Signature of William J Co Type or prin	x III Business Manager	Se	Check If	Preparer's iden (see instruction	
Paid	e	Signature of William J Co Type or prin Preparer's signature	ox III Business Manager t name and title David M Yaffe	Se	Check If		
Paid	arer's	William J Co Type or prin	ox III Business Manager t name and title David M Yaffe T M BYXBEE COMPANY PC	Se	Check If		
Paid	arer's	William J Co Type or prin	ox III Business Manager t name and title David M Yaffe T M BYXBEE COMPANY PC	Se	Check If	(see instruction	ns)
Paid Prepa Jse (arer's Only	William J Co Type or print Preparer's signature Firm's name (or if self-employed address, and ZI	T M BYXBEE COMPANY PC PO BOX 187169 HAMDEN, CT 06518	Se	Check If elf- empolyed F	(see instruction	

Part III Statement of Program Service Accomplishments

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.

4d	(Expenses \$	rvices (Describe in Scho incl	uding grants of \$) (Revenue \$)
1 d	Other program	rusas (Dasariba i Cab	adula O)			
	After school & Vacatio	n program				
4c	(Code) (Expenses \$	294,272 includi	ng grants of \$) (Revenue \$	522,605)
	Summer School Progr	an				
4b	(Code) (Expenses \$	124,999 ıncludı	ng grants of \$) (Revenue \$	216,428)
	ACADEMIC INSTRUCT	TION, ATHLETIC & STUDENT AC	TIVITIES, OTHER SUPPOR	CT FOR 473 STODENTS		
4a	(Code) (Expenses \$	· · ·	ng grants of \$	1,662,748) (Revenue \$	9,291,578)
	Section 501(c)(3) allocations to othe	rs, the total expenses, a	ons and section 494 nd revenue, if any, for	7(a)(1) trusts are r each program serv	· 	t of grants and
4	•	hese changes on Schedu				
3	services?	n cease conducting, or n		-		Yes ▼ No
	If "Yes," describe t	hese new services on Sc	hedule O			
2	_	n undertake any significa or 990-EZ?		•		Yes ▼ No

Dart TV	Checklist	of Required	Schedules
4 ILT 1/4	CHECKHSL	ui keuulleu	Scheuules

			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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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 similar funds or 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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school 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 United States?	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 United States? 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 U S? If "Yes," complete Schedule F, Part II	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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
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 line 25	24a		Νο
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		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? 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 sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
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		No
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other	IRS Filings	and Tax	Compliance
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			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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f _		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
п	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
а	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		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

50 Loomis Place New Haven, CT 06511 (203) 777-3464

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management					
			Yes	No		
	Enterthe number of colors according of the colors and the					
1a b	Enter the number of voting members of the governing body 1a 22 Enter the number of voting members that are independent 1b 22					
р 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any					
2	other officer, director, trustee, or key employee?	2		Νo		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo		
6	Does the organization have members or stockholders?	6		Νο		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο		
	ection B. Policies (This Section B requests information about policies not required by the Internal					
Re	evenue Code.)			-		
			Yes	No		
	Does the organization have local chapters, branches, or affiliates?	10a		Νο		
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b				
11		11	Yes			
11A	A Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
С	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			
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο		
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				
	ection C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed					
18	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	ne orga	nızatıor	n 🕨		
	The Organization					

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

Check this box if the organization did i	r, dırector, trustee	or key employee								
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	portable Reportable pensation	(F) Estimated amount of other compensation
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organization (W- organizations	
See add'l data										

Forr	m 990 (2009)				Page 8		
1b	Total	202,836	0		15,351		
1 Total							
				Yes	No		
3			e 3		No		
4	organization and related organizations greater than \$150,000? If "Yes," complete Sc	•	4		No		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated	-	5		No		
s	ection B. Independent Contractors						
	Complete this table for your five highest compensated independent contractors that	received more than					
			;	(C Compe			
2 Fo	Fox Run Rd cleaning services						
_							
2	Total number of independent contractors (including but not limited to those listed abo	ve) who received more than					

\$100,000 in compensation from the organization 🗗

Form **990** (2009)

Form 9								Page 9
Part \	<u>/1111</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ £	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b					
કે. a⊪	С	Fundraising eve	ents 1c					
<u>#</u> _≅	d		zations 1d					
E S	e	Government grant		66,544				
utio Er	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	1,759,944				
き	g		butions included in 1,934					
Š	h	IIIIes ra-ri p _	s 1a-1f	🖊	1,826,488			
	<u> </u>			Business Code				
nue	2a	tuition and fees		611,600	9,267,528	9,267,528		
e ve	ь	after school & vaca	atio	611,710	522,605	522,605		
е П	c	summer programs		611,600	216,428	216,428		
Program Service Revenue	d	MISC INCOME & F	EES	611,710	24,050	24,050		
S =	e							
Ž <u>e</u>	f	All other progra	am service revenue					
ξ	g	Total. Add lines	s 2a – 2f		10,030,611			
	3	Investment inc	ome (including dividend	ds, interest				
			aramounts)	-	264,349			264,349
	4		stment of tax-exempt bond p	proceeds • •				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(i) iteal	(ii) i cisolidi				
	ь	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	156,567					
	ь	than inventory Less cost or	183,041					
		other basis and sales expenses						
	С	Gain or (loss)	-26,474		-26,474			-26,474
	d 8a	Gross income f	rom fundraising	· · · · · · ·	-20,474			-20,474
학		events (not inc	_					
Other Revenue		\$of contributions	 s reported on line 1c)					
Ą			ne 18					
<u> </u>	ь	Loss director	penses b					
₹	c		(loss) from fundraising (events ►				
	9a		rom gaming activities ne 19					
	ь		a penses b					
	C 100		(loss) from gaming activ	/ities				
	IUa	Gross sales of returns and allo						
	b		oods sold b					
	С		(loss) from sales of inve					
	11-	Miscellaneou	s Revenue	Business Code				
	11a b							
	°				+			
	d	All other reven	ue					
		Total. Add lines	ı					
	12	Total revenue.	See Instructions		12,094,974	10,030,611	0	237,875
					12,007,017	10,000,011		237,073

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.									
	ll other organizations must complete column (A) but are not required to		(B), (C), and (B)	(D). (C)	(D)					
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	1,662,748	1,662,748							
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	328,585		328,585						
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	5,265,478	4,222,544	838,316	204,618					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	307,124	249,018	45,951	12,155					
9	Other employee benefits	821,221	649,889	153,446	17,886					
10	Payroll taxes	405,070	307,043	83,039	14,988					
11	Fees for services (non-employees)									
а	Management									
b	Legal	8,395		8,395						
c	Accounting	24,200		24,200						
d	Lobbying									
e	Professional fundraising See Part IV, line 17									
f	Investment management fees									
g	Other	44,369	21,197	9,090	14,082					
12	Advertising and promotion	5,823			5,823					
13	Office expenses	102,082		44,160	57,922					
14	Information technology	73,667	49,557	9,911	14,199					
15	Royalties									
16	Occupancy	549,863	516,871	27,493	5,499					
17	Travel	77,740	77,740							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	57,336	47,706	7,885	1,745					
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	418,750	393,625	20,937	4,188					
23	Insurance	43,239	40,645	2,162	432					
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 &	378,317	378,317							
b	Outside Services	80,190	45,946		34,244					
С	publications	50,110		16,977	33,133					
d	Office Supplies & maint	45,315		45,315						
e	Telephone	17,900	1,282	13,413	3,205					
f	All other expenses	34,047	4,070	25,907	4,070					
25	Total functional expenses. Add lines 1 through 24f	10,801,569	8,668,198	1,705,182	428,189					
26	Joint costs. Check here ► ☐ 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									

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing			1,269,010	1	367,186	
	2	Savings and temporary cash investments			1,615,430	2	3,074,563	
	3	Pledges and grants receivable, net	receivable, net					
	4	Accounts receivable, net	ormer officers, directors, trustees, key employees, and				135,085	
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of						
		Schedule L		5				
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of						
		Schedule L				6		
Assets	7	Notes and loans receivable, net				7		
SS	8	Inventories for sale or use				8		
⋖	9	Prepaid expenses and deferred charges			160,734	9	82,003	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	18,369,114				
	ь	Less accumulated depreciation	10b	6,045,431	8,736,364	10c	12,323,683	
	11	Investments—publicly traded securities	accumulated depreciation				6,527,591	
	12	Investments—other securities See Part IV, line 11	ments—publicly traded securities					
	13	Investments—program-related See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·					
	14	Intangible assets	,					
	15	Other assets See Part IV, line 11		15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)	Fotal assets. Add lines 1 through 15 (must equal line 34)					
	17	Accounts payable and accrued expenses .			865,595	17	833,725	
	18	Grants payable				18		
	19	Deferred revenue			2,136,729	19	2,061,684	
	20	Tax-exempt bond liabilities				20		
<u>ie</u> s	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•		21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
77		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 to unrelated third parties				24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			3,002,324	26	2,895,409	
Fund Balances		Organizations that follow SFAS 117, check here ▶ ↓ and comp through 29, and lines 33 and 34.	lete li	ines 27				
lan	27	Unrestricted net assets		11,436,629	27	15,400,719		
Ba	28	Temporarily restricted net assets	6,804,852	28	4,215,566			
2	29	Permanently restricted net assets	2,461,261	29	2,657,957			
Full		Organizations that do not follow SFAS 117, check here 🕨 🦵 an	nizations that do not follow SFAS 117, check here ▶ ┌ and complete					
٥٢		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Net	33	Total net assets or fund balances			20,702,742		22,274,242	
	34	Total liabilities and net assets/fund balances		23,705,066	34	25,169,651		

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a				
b				
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A Public Charity Status and Public Support

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Name of the organization

The Foote School Association Incorporated

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

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

Inspection Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other Type I **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e lion in ted in erning	(v) Did you not organizati col (i) of suppor	ion in your	(v) Is t organiza col (i) or in the	he ition in ganized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

and (III) below, the governing body of the the supported organization?

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

Provide the following information about the supported organization(s)

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

11g(i)

11g(ii)

11g(iii)

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	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 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 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 from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo / i / i	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 06-0646647

Name: The Foote School Association Incorporated

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation				
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
libby peard President	5 00	X		Х				0	0	0
Melinda Agsten vice president	5 00	x		X				0	0	0
joseph craft vice president	5 00	X		Χ				0	0	0
mary hu vice president	5 00	Х		X				0	0	0
melanie ginter secretary	5 00	X		X				0	0	0
cındy leffell dırector	2 00	X						0	0	0
judith chevalier treasurer	5 00	X		X				0	0	0
lawrence Buhl past president	5 00	X		X				0	0	0
donald green dırector	2 00	Х						0	0	0
shaun sullıvan counsel	2 00	X						0	0	0
sidney bogardus director	2 00	X						0	0	0
Heidi hamilton director	2 00	X						0	0	0
david moore director	2 00	X						0	0	0
glen levin director	2 00	X						0	0	0
anne martin director	2 00	X						0	0	0
gordon armour director	2 00	X						0	0	0
James Farnam director	2 00	X						0	0	0
zehra patwa dırector	2 00	X						0	0	0
robert sandine director	2 00	Χ						0	0	0
annie wareck director	2 00	X						0	0	0
kristin hawkins director	2 00	X						0	0	0
Joanne Goldblum Director	2 00	X						0	0	0
carol Maoz head of school	40 00			X				92,625	0	6,868
william j cox III business Mgr	40 00			Х				110,211	0	8,483

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Curricular Activities &	378,317	378,317		
Outside Services	80,190	45,946		34,244
publications	50,110		16,977	33,133
Office Supplies & maint	45,315		45,315	
Telephone	17,900	1,282	13,413	3,205

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DLN: 93493314023350

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization The Foote School Association Incorporated 06-0646647 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during	
	the taxable year 🛌	
4	Number of states where property subject to conservation easement is located 🛌	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	_ No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨	
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	_ _{No}
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	
9a	rt III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets.	

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

> \$ _____

(ii) Assets included in Form 990, Part X

►\$_____

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

No. of

b Assets included in Form 990, Part X

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Cat No 52283D Schedule D (Form 990) 2009

Part	•••• Organizations Maintaining Co	ollections of Art	, His	torical Tr	eas	ures, or C	the	er Similar As	sets (continued
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e following t	hat a	re a sıgnıfıc	ant u	ise of its collect	tion	
а	Public exhibition		d	Loan	orexo	:hange prog	rams	;		
b	Scholarly research	holarly research e C Other								
c	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV									
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Par	t IV Escrow and Custodial Arrang					n answere	d "Y	es" to Form 9	90,	
	Part IV, line 9, or reported an ar		•	•						
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		-		tions	or other ass	ets	not	┌ Yes	Г No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing table		Г				
_						}	•	An	nount	
C A	Beginning balance					}	1c			
d	Additions during the year					}	1d			
e	Distributions during the year					-	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on F		e 21?						│ Yes	No
	If "Yes," explain the arrangement in Part XI\			wared IIVe	a!! + a	Farm 000	Day	wh TV lung 10		
Ра	TEX Endowment Funds. Complete	(a)Current Year		Mereu re Prior Year				Tt IV, IIIe IU. Three Years Back	(e)Four	Years Bac
La	Beginning of year balance	6,266,592		7,030,08	+		Ť	,		
b	Contributions	196,696		87,10	6					
c	Investment earnings or losses	496,121		-561,57	7					
d	Grants or scholarships	96,535		62,33	5					
e	Other expenditures for facilities and programs	166,044		193,31	8					
f	Administrative expenses	34,154		33,36	6					
g	End of year balance	6,662,676		6,266,59	2					
2	Provide the estimated percentage of the yea	r end balance held a	as							
а	Board designated or quasi-endowment	45 650 % %								
ь	Permanent endowment ► 54 350 % %)								
С	Term endowment ► %									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation 1	that are held	land	admınıstere	d for	the		
	organization by								Ye	
	(i) unrelated organizations				•		•	3a(No
h	(ii) related organizations						•	3a(- 	No I
4	Describe in Part XIV the intended uses of th				•		•			
Par	t VI Investments—Land, Building				90, P	art X, line	10.			
	Description of investment			(a) Cost or basis (investi	other	(b)Cost or o	ther	(c) Accumulated depreciation	(d)	Book value
1a	_and					4,136	5,864			4,136,86
ь	Buildings					12,190	-	4,486,40	8	7,703,72
c	_easehold improvements									
d I	Equipment		•			2,042	2,121	1,559,02	3	483,09
e	Other									

12,323,683

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,094,974
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,801,569
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,293,405
4	Net unrealized gains (losses) on investments	4	278,095
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	278,095
10		10	1,571,500
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	10,710,321
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	_	10,710,321
– a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	278,095
3	Subtract line 2e from line 1	3	10,432,226
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		
ь	Other (Describe in Part XIV) 4b 1,662,748		
c	Add lines 4a and 4b	4c	1,662,748
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	12,094,974
Par	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial		9,138,821
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	-	
Ь	Prior year adjustments	-	
С	Other losses	.	
d	Other (Describe in Part XIV)	-	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	9,138,821
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	1,662,748
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	10,801,569
Pa	rt XIV Supplemental Information		

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

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	To support the school's general operations, to provide financial aid to students, and to provide support to various academic programs
Part XII, Line 4b - Other Adjustments		FINANCIAL AID netted vs revenue on financial statements 1662748
Part XIII, Line 4b - Other Adjustments		FINANCIAL AID netted vs revenue on financial statements 1662748

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

The F	oote School Association Incorporated	. ,			
		06-0646647		YES	NO.
				TES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in it other governing instrument, or in a resolution of its governing body?	s charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student admiprograms, and scholarships?		2	Yes	ĺ
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadce the period of solicitation for students, or during the registration period if it has no solicitation prog	gram, in a way			
	that makes the policy known to all parts of the general community it serves? If "Yes," please des	cribe If "No,"			1
	please explain		3		Νo
	Policy was not required to be published in the newspaper or broadcast media since the school ass draws students from its local community and follows a racially nondiscriminatory policy as to students on the School's website				ı
4	Does the organization maintain the following?				ı
	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
ı	Records documenting that scholarships and other financial assistance are awarded on a racially r basis?	·	4b	Yes	
•	Copies of all catalogues, brochures, announcements, and other written communications to the pu	blic dealing			ı
	with student admissions, programs, and scholarships?	<u> </u>	4c	Yes	
(Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule G) (Form 990)			ı
					ı
_	Does the evaporation discriminate by race in any way with respect to				ı
5	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		Νo
•	a Students rights of privileges.		Ja		110
ı	Admissions policies?		5b		Νo
•	Employment of faculty or administrative staff?		5с		Νo
•	Scholarships or other financial assistance?		5d		Νo
•	Educational policies?		5e		Νo
	Use of facilities?				l Ni -
•	ose of facilities.	-	5f		Νo
•	Athletic programs?	_	5g		Νo
	Other extracurricular activities?		5h		Νo
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule	O (Form 990)			
					1
					ı
_			_	,	1
	a 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?	F	6a 6b	Yes	
	<u> </u>	 	OD		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🦸 Does the organization certify that it has complied with the applicable requirements of sections 4 (01 through 4 05			ı
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Sci		7	Yes	

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Schedule I

(Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

DLN: 93493314023350

Open to Public Inspect ion

Internal Revenue Service Name of the organization **Employer identification number** The Foote School Association Incorporated 06-0646647 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

(a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable (book, FMV, appraisal, non-cash assistance or assistance grant cash other) or government assistance

Enter total number of section 501(c)(3) and government organizations

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Cat No 50055P

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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	117		1,662,748	Book	Tuition Discount
See Addıtıonal Data Table					

Part IV Supplem	iental Information. Complete !	this part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		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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DLN: 93493314023350

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Open to Public

ternal Revenue Service	► Attach to Form 990. ► See separate instructions.		Tusbo	ectio	n
Name of the organization The Foote School Association Incorp	porated	Employer identifica	ition nur	nber	
		06-0646647			
Part I Questions Reg	garding Compensation				
				Yes	Νo

1a	Check the appropriate box(es) if the organization provided and 990, Part VII, Section A, line 1a Complete Part III to provi				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization reimbursement orprovision of all the expenses described about		1b		
2	Did the organization require substantiation prior to reimbursi officers, directors, trustees, and the CEO/Executive Director	· · · · · · · · · · · · · · · · · · ·	2	Yes	
3	Indicate which, if any, of the following the organization uses to organization's CEO/Executive Director Check all that apply				
	•	Written employment contract			
		Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, or a related organization	Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment	2	4a		Νo
Ь	Participate in, or receive payment from, a supplemental nonq	ualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based com	npensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must compl	ete lines 5-0			
5	For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the revenues of				
а	The organization?		5a		Νo
b	Any related organization?		5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the net earnings of	did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, payments not described in lines 5 and 6? If "Yes," describe		7		Νο
8	Were any amounts reported in Form 990, Part VII, paid or ac subject to the initial contract exception described in Regs so in Part III		8		Νο
9	If "Yes" to line 8, did the organization also follow the rebuttal section 53 4958-6(c)?	ble presumption procedure described in Regulations	9		

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

(II) 0 0 0 0 0 0 william J cox III (I) 110,211 0 0 8,483 118,694 0									
(1) Base compensation incentive compensation reportable compensation compensation Form 990 or Form 990-EZ carol Maoz (1) 92,625 (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(A) Name		(11) Danier O. (111) Other						
(II) 0 0 0 0 0 0 0 0 0 william J cox III (I) 110,211 0 0 0 8,483 118,694 0			(i) Base compensation	ıncentive	reportable		Denenes	(5)(1) (5)	Form 990 or
	carol Maoz		92,625 0		_	0			
	william j cox III		110,211 0	_	_				

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

if ie	er Return Reference	Explanation
if ie	Reference	Explanat ion

Schedule J (Form 990) 2009

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DLN: 93493314023350

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

	t he organizat ion School Association Incorporated				Employer identification	on number
	· 				06-0646647	
	Excess Benefit Transa Complete if the organization					≘ 40b
1	(a) Name of disqualif			ription of tra		(c) Corrected? Yes No
	r the amount of tax imposed o		or disqualified pers	ons during th	e year under ► ¢	
	r the amount of tax, If any, on		the organization .		• • • • • • • • • • • • • • • • • • •	
Part II		m Interested Persons on answered "Yes" on Form S		, or Form 990	D-EZ, Part V, line 38a	
(a) Name	of interested person and	o) Loan to r from the (c)O riginal anization? principal amour	nt (d) Balance due	(e) In default?	(f) Approved by board or committee?	(g) Written agreement?
	Т	o From		Yes No		Yes No
Total .		<u> </u>	\$			
Part III		Benefitting Intereste ation answered "Yes" on		, line 27.		
(a) Name of interested person		tween interested per organization	son (c)	A mount of grant or typ	e of assistance
na - schoo	I	n/a - school		need b	eased financial aid Amo	ount \$ 15500
Part IV		ns Involving Intereste ation answered "Yes" on		, line 28a,	28b, or 28c.	
(a)	Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) De	scription of transaction	(e) Sharing of organization's revenues?
natarcay		organization brother of officer of the	66.7	62 company	sation - Peteris	Yes No No
petercox		profiler or officer of the	00,2	oz compens	acion - retei 15	IN U

School

employed by the school and is paid compensation plus benefits

DLN: 93493314023350

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

NonCash Contributions

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

Internal Revenue Service Name of the organization

The Foote School Association Incorporated

Employer identification number

					06-0646647			
Pa	rt I Types of Property							
		(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of d reven	etermı	nıng	
	A	applicable		1 g				
	Art—Works of art							
	Art—Historical treasures							
_	Art—Fractional Interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7								
_	Intellectual property							
9	Securities—Publicly traded .							
_	Securities—Publicity traded . Securities—Closely held stock .							
	·							
	Securities—Partnership, LLC, or trust interests							
	Qualified conservation							
13	contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Library							
	books,							
25	Other ► (supplies,)							
	computers,							
	and							
26	professional Other ► (development_)	×	1	61 934	Fair Market Values			
27	Other ► ()		-	31,551	Tun Trunce varaes			
28								
29	Number of Forms 8283 received	by the ora	anization during the tax ve	r for contributions				
23	for which the organization compl				29			
			,	, and the second			Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
L	If "Yes," describe the arrangeme				· · ·	Jua		
31	Does the organization have a gif			review of any non-standard	contributions?	31		No
322	Does the organization hire or us							
JZa		• • • •	· · · · · · · ·	· · · · · · · · · · ·		32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues ı	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

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 Return Reference Explanation

Schedule M (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

2009

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organization
The Foote School Association Incorporated

PAttach to Form 990.

Employer identification number

06-0646647

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Prior to filing, the Form 990 is reviewed and approved by the audit committee then the executive committee. The approved form 990 is then forwarded to all board members prior to filing
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
Form 990, Part VI, Section B, line 15		The executive committee of the board, acting as a compensation committee, is authorized to evaluate and determine compensation of the Head of School. Only independent executive committee members may participate in the process. Prior to making a decision and reporting to the full board, the executive committee will obtain and rely upon appropriate objective data as to comparability. The executive committee contemporaneously substantiates its deliberation and decision in meeting minutes. The Business Manager and all other employees at the school are hired and evaluated annually by the Head of School.
Form 990, Part VI, Section C, line 18		DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
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
Form 990, Page 6, Part VI, Section B, Line 11		A copy of the Form 990 is provided to all board members prior to filing which is a change from the prior year