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Department of the Treasury Internal Revenue Service

B Check if

A For the 2010 calendar year, or tax year beginning

C Name of organization

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Inspection

D Employer identification number

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

2010

OCT 1

and ending SEP 30, 2011

Open to Public

Form **990** (2010)

	Addre	SS							
늗	_ chang □Name	e ESCO TECHNOLOGIES FOUNDATION							
늗	_ chang Initial	e Doing Business As		20-3192719					
늗	retum Termii		Room/suite	E Telephone number					
F	ated Amen	3500R CDRITOR ROAD			13.7200				
	_return ☐Applic	City or town, state or country, and ZIP + 4		G Gross receipts \$	276,286.				
L	tion pend:	ST. LOUIS, MO 03124		H(a) Is this a group i					
	•	F Name and address of principal officer:		for affiliates?	Yes X No				
_		SAME AS C ABOVE		H(b) Are all affiliates in					
		empt status: X 501(c)(3) 501(c) ()	or 527	1	a list. (see instructions)				
_		te: Www.ESCOTECHNOLOGIESFOUNDATION.ORG	T	H(c) Group exemption					
		organization x Corporation Trust Association Other ►	L Year	of formation 2005	M State of legal domicile MO				
Pe	rt I	Summary							
9	l	Briefly describe the organization's mission or most significant activities: PROVIDI	ING FINAN	CIAL SUPPORT FOR					
Governance		CHARITIES, CHILDREN AND FAMILIES IN NEED.							
/er	l	Check this box I if the organization discontinued its operations or dispos	sed of more	1 _	1				
é	l	Number of voting members of the governing body (Part VI, line 1a)		3	13				
∘ಕ	l	Number of independent voting members of the governing body (Part VI, line 1b)		4	13				
ties	l	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0				
Activities	l	Total number of volunteers (estimate if necessary)		6	0				
Ac	l	Total unrelated business revenue from Part VIII, column (C), line 12		7 <u>a</u>	0.				
	b	Net unrelated business taxable income from Form 990-T, line 34	-1	7b	0.				
		Centributions and grants (Rest VIII. Inc. 1b)	-	Prior Year	Current Year				
e E	l	Contributions and grants (Part VIII, line III)	% 	249,596.	276,279.				
Revenue	9	Program service revenue (Part VIII, line 2g)		0,	0.				
æ	10	investment income (Part VIII, column (A), lines 3, 4, and 70)	~ ~	17.	7.				
	ı	Other revenue (rait vin, column Vy, intes 5, 64, 66, 56, 100, and 1 10)	~\ 	0.	0.				
		Total revenue · add lines 8 through 11 (must equal Part VIII, column-(A), line,12)		249,613.	276,286.				
	l	Grants and similar amounts paid (Part IX, column (A), lines-1-3)	-	189,828.	224,050.				
	l	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.				
ses	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0.				
Expenses	l	Professional fundraising fees (Part IX, column (A), line 11e)	, <u> </u>	0.	0.				
Ä	l	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	2.046	1 700				
	l .	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		3,946.	1,789.				
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	193,774.	225,839.				
as as	19	Revenue less expenses. Subtract line 18 from line 12		55,839.					
ets or	20	Tetal coasts (Bort V. line 16)	08	ginning of Current Year 219 776	End of Year 270, 223.				
Bal		Total assets (Part X, line 16)		219,778.	· · · · · · · · · · · · · · · · · · ·				
Net Ass Fund Bal		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	-	219,776,	0.				
	ert II			213,170.	270,223.				
_		ities of perjury, I declare that I have examined this return, including accompanying schedules	mateta hne a	ents, and to the hest of m	v knowledge and helief it is				
		et, and complete. Declaration of preparer (other than officer) is based on all information of wh			iy kilowicago ana bener, it is				
1100		N (VANIAL LAPOSO)	non propurer	2/28/	.20/)				
Sig		Signature of offices /		Date Date	<u> </u>				
Her		Lennifed Libration Secretary							
	•	Type or print name and title							
		Print/Type preparer's name Preparer's signature	Ī	ate Check	PTIN 2 0 00				
Paid		MHRTW M DOBILE Wartin W Over		ス - ユリ- ノス self-employ	-10000101.00				
	arer	Firm's name BROWN SMITH WALLACE, L.L.C.		Firm's EIN ▶					
•	Only	Firm's address 1050 N. LINDBERGH BLVD.							
	-	ST. LOUIS, MO 63132-2912		Phone no. 3	14.983.1200				
May	the l	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

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

	1990 (2010) ESCO TECHNOLOGIES FOUNDATION 20-3192	719 Page	<u> </u>
Pa	rt 祖 Statement of Program Service Accomplishments	_	
	Check if Schedule O contains a response to any question in this Part III		<u> </u>
1	Briefly describe the organization's mission:		
	PROVIDING FINANCIAL SUPPORT TO CHARITIES AND OTHERS IN NEED, FOCUSING		
	ON CHILDREN AND FAMILIES IN COMMUNITIES WHERE ESCO TECHNOLOGIES INC.		
	HAS OPERATIONS. THE FOUNDATION'S GOAL IS TO MAKE A MEASURABLE		
	DIFFERENCE TO EACH CHARITY AND RESPECTIVE COMMUNITY.		_
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes X N	0
	If "Yes," describe these new services on Schedule O.		•
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X N	_
3	If "Yes," describe these changes on Schedule O.	L	•
	•		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	•	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	··· <u>-</u>	
4a	(Code:) (Expenses \$202,876. including grants of \$900.) (Revenue \$		_)
	FINANCIAL SUPPORT TO CHARITIES AND OTHERS IN NEED:		
			—
	THE FOUNDATION PROVIDED FINANCIAL SUPPORT TO 30 501(C)(3) TAX EXEMPT		_
	ORGANIZATIONS DURING 2011 WHOSE MISSIONS AND PROGRAMS FOCUS ON CHILDREN		_
	AND FAMILIES.		_
			_
	THE FOUNDATION ALSO PROVIDED ONE SOURCE OF FINANCIAL SUPPORT FOR AN		_
	INDIVIDUAL FACING HARDSHIP.	 -	_
			_
4b	(Code:) (Expenses \$ 21,250. including grants of \$ 21,250.) (Revenue \$		_)
	ANNUAL COLLEGE SCHOLARSHIP PROGRAM:		•
			_
	THE FOUNDATION ANNUALLY AWARDS COLLEGE SCHOLARSHIPS TO CHILDREN OF ESCO		
	TECHNOLOGIES INC. DURING 2011 THE FOUNDATION AWARDED 9 SCHOLARSHIPS		_
	TOTALING \$21,250. (8 \$2,500 SCHOLARSHIPS AND 1 \$1,250 SCHOLARSHIP)		_
			_
			_
			_
			_
			_
			—
			—
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		_
40	/code /(Expenses # including grants of # /(Nevenue #		- '
			—
			—
			—
	<u> </u>		
			_
			_
			_
			_
			_
4d	Other program services. (Describe in Schedule O.)		_
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ▶ 224,126.		_

Form 990 (2010) ESCO TECHNOLOGIES Part IV Checklist of Required Schedules

				Yes	No
2 Is the organization required to complete Schedule B. Schedule of Contributors? 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 Section 801(e)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization as section 501(e)(4), 931(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 8-19? If "Yes," complete Schedule C, Part II Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide device on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide conditions of the organization control of the complex of the organization organization. Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide conditions of the organization report an amount for cells report organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VII If the organization report an amount for revestments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for mivestments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for mivestments - organization part and part X, line 10? If "Yes," complete Schedule D, Part X VIII Did th	1				
3 Did the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II. 4 Section 801(e)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization a section 501(e)(4), 501(e)(5), 601(e)(5), 601(e)(5), 601(e)(6), 601(e)(· · · · · · · · · · · · · · · · · · ·		X	
public office? If "Yes," complete Schedule C, Part I Section 501(s)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(s) election in effect during the tax year? If "Yes," complete Schedule C, Part II . Is the organization a section 501(s)(4), 501(s)(5), or 501(s)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule C, Part III . But the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II . Did the organization maintain any donor advised funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II . Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part II . 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 . Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . Did the organization report an amount for revestments - other securities in Part X, line 10? If It has a sesting reported in Part X, line 10? If "Yes," complete Schedule D, Part VI . Did the organization report an amount for revestments - organized in Part X, line 10? If "Yes," complete Schedule D, Part VI . Did the organization report an amount for other assets in Part X, line 10? If Yes, complete Schedule D, Part VI . Did the organization report an amount for other			2	X	
4 Section 501(6)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f)) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II is Did the organization and an 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 is Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II is Did the organization report an amount in Part X, line 21: serve as a custodian for amounts not listed in Part X; or provide correct counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV if the organization is developed to the organization or service to any of the following questions is "Yes," then complete Schedule D, Part V if the organization report an amount for investments of the received assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V if the organization report an amount for investments of the received in Part X, line 10? If "Yes," complete Schedule D, Part V if the organization report an amount for investments of the result 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 V if Did the organization report an amount for other assets 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 X iii. Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X iii. Did the organization report an amount for other liabilities in Part	3				
dumg the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501(c)(4), 501(c)(5) or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III. 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 II. Did the organization maintain collections of works of art, instoned treasures, or other similar assests? If "Yes," complete Schedule D, Part III. 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. Did the organization report an amount for 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. If the organization is service and a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 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 VIII. Did the organization report an amount for other liabilities 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 X VIII. Did the organization separate or consolidated financial statements for the tax year include a foolinote that addresses the organization shall provide the service of the organization in school described i			3		X
5 Is the organization a section \$01c()(4), 501c()(5), or 501c()(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98:19? If "Yes," complete Schedule C, Part III bill to provide advice on the distribution or investment of amounts in such 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 II Did the organization maintain collections of works of art, instonated treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide a schedule D, Part III and the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV pres," complete Schedule D, Part IV pres," complete Schedule D, Part IV pres," complete Schedule D, Part Vips, or a sapplicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part Vips, If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part Vips, Did the organization report an amount for investments - other securities 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 Vips, Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X line 15? If "Yes," complete Schedule D, Part X line 15? If "Yes," complete Schedule D, Part X line 15? If "Yes," complete Schedule D, Part X line 15? If "Yes," complete Schedule D, Part X line 15? If "Yes," complete Schedule D, Part X line 15? If "Yes," complete Schedule D, Part X line 15? If "Yes," complete Schedule D, Part X line 15? If "Yes," complete Schedule D, Part X line 15? If "Yes," complete Sche	4				
similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III of Provide advice on the distribution or investment of amounts in such funds or accounts where donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 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 III 7 Bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 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 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 If the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 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 VIII 11 Did the organization report an amount for investments or 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 11 Did the organization report an amount for investments or program related in Part X, line 15 it If Yes," complete Schedule D, Part X III 11 Did the organization report an amount for investments or the seasest in Part X, line 15 it If Yes," complete Schedule D, Part X III 11 Did the organization silability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III 11 Did the org			4		X
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic laid areas, or histonic structures? If "Yes," complete Schedule D, Part III But the organization maintain collections of vorks of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV But the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part IV III If the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? III "Yes," complete Schedule D, Part IV III If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part IV III If the organization report an amount for link pludings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV III Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII III 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 III 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 VIII III Did the organization orsport an amount for other labelities 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 X III III Did the organization orsport an amount for other labelities 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 X III III Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X III III Did the organization orbid separate or consolidated financial statements for the	6				
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part IV 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? // "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? // "Yes," complete Schedule D, Part V Did the organization sensive to any of the following questions is "Yes," then complete Schedule D, Part V, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part V Did the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VIII Did the organization report an amount for other labilities in Part X, line 25? // "Yes," complete Schedule D, Part X Did the organization or soft an amount for other labilities in Part X, line 25? // "Yes," complete Schedule D, Part X Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization shability for uncertain tax positions under FIN 48 (ASC 740)? // "Yes," complete Schedule D, Part X Did the organization or solution separate, independent audited financial statements for the tax year? // "Yes," complete Schedule D, Part X Did the organization or solution separate, independent audited financial statements for the tax year? // "Yes," complete Schedule D, Part X D, XII, and XIII Solution organization report an envice and solution service and solu	′	- · · · · · · · · · · · · · · · · · · ·	_		
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Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 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, Parts I and IV 16 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? If "Yes," complete Schedule F, Parts III and IV 16 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
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Form 990 (2010) ESCO TECHNOLOGIES FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
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	Х	
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ł		l
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	·		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
þ	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		1	
	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	1		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			ı
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			Ì
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			ı
	instructions for applicable filing thresholds, conditions, and exceptions):			ı
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
24	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
20	If "Yes," complete Schedule N, Part I	31		Х
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		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Х.
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?	33		
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	İ	x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		x
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			990 (2	2010)

Pa	Statements Regarding Other IRS Filings and Tax Compliance			age 5
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1	<u>.</u>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ļ		
	filed for the calendar year ending with or within the year covered by this return 2a 0]		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:	[:		
	See instructions for 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		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		

b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:

a 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?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers.

Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

X

9a

9ь

12a

13a

14a

14b

10a

10b

11a

11b

12b

13b

13c

Form 990 (2010) ESCO TECHNOLOGIES FOUNDATION Part VI Governance. Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI x Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 13 b Enter the number of voting members included in line 1a, above, who are independent 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 ¥ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 X 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8ь X 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a X b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a X **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b X c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, 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 X b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

THE ORGANIZATION - 314.213.7200

9900A CLAYTON ROAD, ST LOUIS, MO 63124

Form	dan	(201	O١
	220	1201	u

ESCO TECHNOLOGIES FOUNDATION

0-3192719

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	(0	bool	Pos	C) itior	,		(D)	(E)	(F)
		(c	haal					Reportable	Reportable	Estimated
	week		(check all that apply)		compensation	compensation	amount of			
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
KATE LOWREY										
CHAIRMAN	1.00	x		x				0.	0.	0.
JENNIFER WOODSON										
SECRETARY	1.00	x		x			l	0.	0.	0.
MATT MAINER										
TREASURER	1.00	x		x				0.	0.	0.
CHARLES KRETSCHMER										
DIRECTOR	1.00	x						0.	0.	0.
DAVID SCHATZ										
DIRECTOR	1.00	x						0.	0.	0.
JULIE CRISAFULLI BROWN										
DIRECTOR	1.00	x						0.	0.	0.
JIM CUMBIE										
DIRECTOR	1.00	x						0.	0.	0.
STEVE HUTCHISON										
DIRECTOR	1.00	x						0.	0.	0.
CHRISSY MARTEL										
DIRECTOR	1.00	x						0.	0.	0.
BRIAN DAVIS										
DIRECTOR	1.00	x						0.	0.	0.
GINA PETRELLA										
DIRECTOR	1.00	x						0.	0.	0.
HEATHRE MOLER			Г							
DIRECTOR	1.00	x				l		0.	0.	0.
DIANNE WILLIAMS										
DIRECTOR	1.00	x				İ		0.	0.	0.
						-				
	1									
		-			 					

	NOLOGIES FOUND						_		20-3192	719		Р	age E
Part VII Section A. Officers, Directors	, Trustees, Key Ei (B)	mplo	yee	s, a	<u>nd l</u> C)	High	est		l				
(A) Name and title	Average hours per week	(cl	necl	Pos all 1	ition		oly)	(D) Reportable compensation	(E) Reportable compensation	n	I		
	(describe hours for related organizations in Schedule O)	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		other compensation from the organization and related organizations		ation e tion ted
							_			_			
*													
1b Sub-total	AVIII Continu					>	<u> </u>	0.		0.			0.
c Total from continuation sheets to Par d Total (add lines 1b and 1c)						<u> </u>		0.		0.		_	0. 0.
Total number of individuals (including b compensation from the organization		ose	liste	d at	oove	e) wh	no re	eceived more than \$100	,000 in reportable)	1	Yes	No
3 Did the organization list any former offiline 1a? If "Yes," complete Schedule J t		stee,	, key	em/	ploy	/ee,	or h	nighest compensated er	mployee on		3	162	x
4 For any individual listed on line 1a, is the and related organizations greater than \$\frac{1}{2}\$	\$150,000? <i>If</i> "Yes,	" cor	nple	ete S	che	dule	J f	or such individual	-		4		х
5 Did any person listed on line 1a receive rendered to the organization? If "Yes," of Section B. Independent Contractors							elate	ed organization or indivi	dual for services		5		х
Complete this table for your five highes the organization. NONE	t compensated inc	depe	nde	nt co	ontr	acto	rs t	hat received more than	\$100,000 of comp	oensa	ation fr	om	
(A) Name and busin	ess address							(B) Description of s	ervices	C	(C omper		n
							4						

Total number of independent contracto \$100,000 in compensation from the org		ot lin	nited	d to	thos	se lis	ted	above) who received m	ore than				

	,						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ည တ	1	<u></u>	Federated campaigns		1a	***************************************				310, 01 014
ran			Membership dues		1b					
g E			Fundraising events	•	1c					
i ji			Related organizations		1d	_				
S, S			Government grants (contribut	ions)	1e					
is Si			All other contributions, gifts, gran		-					
		•	similar amounts not included above		1f	276,279.				
Contributions, gifts, grants and other similar amounts		g	Noncash contributions included in lines	-						
ပ္ပန			Total. Add lines 1a-1f		•		276,279.			
						Business Code				
8	2	а								
او چ		b								
힣	1	C								
e a		d								
Program Service Revenue	4	e								
<u> </u>	1		All other program service reve	nue						
		g	Total. Add lines 2a-2f							
	3		Investment income (including	dividend	s, Inter	est, and				
			other similar amounts)			>	7.		· · · · · · · · · · · · · · · · · · ·	7.
	4		Income from investment of tax	c-exempt	pouq l	oroceeds -			_	
	5		Royalties			•				
	_			(I) P	eal	(ii) Personal				
			Gross Rents							
			Less: rental expenses							
Ì			Rental income or (loss)			1				
			Net rental income or (loss)	(A) C = =		60 045				mrmm.
ŀ	7 :	a	Gross amount from sales of	(i) Sec	unties	(ii) Other				
		b	assets other than inventory Less: cost or other basis	 -						
			and sales expenses							
		С	Gain or (loss)							
			Net gain or (loss)	L		•	İ	•		
_	8		Gross income from fundraising	events	(not					
nue			including \$	_	_					
Other Reven			contributions reported on line							
Z.			Part IV, line 18	•	а					
the	1	b	Less: direct expenses		b					
٥		С	Net income or (loss) from fund	raising e	vents	•				
1			Gross income from gaming ac							
			Part IV, line 19		а					
į	1	b	Less: direct expenses		b					
			Net income or (loss) from gam		ties	•				
ļ	10	a	Gross sales of inventory, less	returns						
			and allowances .		а					
1			Less: cost of goods sold .		. b					
ļ	(C	Net income or (loss) from sales		ntory	<u> </u>				
			Miscellaneous Revenue	e		Business Code				
	11 :	а								
		b								
		с	All			 				
			All other revenue		•-			1		-
			Total Add lines 11a-11d			· •				
	12		Total revenue. See instructions			<u>. </u>	276,286.	0.	0.	7.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

D -	All other organizations must com	(A)	(B)	e columns (B), (C), and ((D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	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	200,600.	200,600.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	23,450.	23,450.	,	
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				
6	Compensation not included above, to disquairfied				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
^	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			·	
11	Fees for services (non-employees): Management				
a		670		670	
þ	Legal	670.		670.	
	Lobbying		-		
	Professional fundraising services. See Part IV, line 17				
f	· .				
	Other				
9 12	Advertising and promotion				
13	Office expenses	1,119.	76.	1,043.	
14	Information technology	~, ~~.	, , ,	1,043.	
15	Royalties				
16	Occupancy	-			
17	Travel				
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			·	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	· ' '				
b					
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	225,839.	224,126.	1,713.	0
26	Jaint costs. Check here 🕨 🔲 rf following SOP				
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	219,776	. 1	170,360.
	2	Savings and temporary cash investments		2	99,863.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
	İ	employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	·	9	
	10a	1	7-		
		basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	 .
	14	Intangible assets	-	 	
	15	Other assets. See Part IV, line 11		14	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	210 276	15	070 003
	17	Accounts payable and accrued expenses	219,776.	16	270,223.
	18	Grants payable		17	
	19	Deferred revenue		18	
	20	Tax-exempt bond liabilities	-	19	
un.	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	· · · · · · · · · · · · · · · · · · ·
Liabilities	22	Payables to current and former officers, directors, trustees, key employe		21	
ΞĢ			F .		
Ë		highest compensated employees, and disqualified persons. Complete Pa of Schedule L	art II		
	23			22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	25	Unsecured notes and loans payable to unrelated third parties	·	24	
	26	Other liabilities. Complete Part X of Schedule D	-	25	
	20_	Total liabilities. Add lines 17 through 25	0.	26	0.
' 0		Organizations that follow SFAS 117, check here and comp	lete		
ĕ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			
la l	27	•		27	
Ba	28	Temporarily restricted net assets		28	
Pun	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here x an	d		
Net Assets or Fund Balances	22	complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds	0.	30	0.
As	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net	32	Retained earnings, endowment, accumulated income, or other funds	219,776.	32	270,223.
_	33	Total net assets or fund balances	219,776.	33	270,223.
	34	Total liabilities and net assets/fund balances	219,776.	34	270,223.

Form **990** (2010)

For	n 990 (2010) ESCO TECHNOLOGIES FOUNDATION	20-3192719		Pa	ge 12			
Pa	Reconciliation of Net Assets				<u> </u>			
	Check if Schedule O contains a response to any question in this Part XI							
		_						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		276	286.			
2	Total expenses (must equal Part IX, column (A), line 25)							
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		219	,776.			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		270	223.			
Pa	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
b	Were the organization's financial statements audited by an independent accountant?		2b		x			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audīt,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	∍dule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit	İ					
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b					
			Form	990 (2010)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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.

2010

Open to Public Inspection

Employer identification number

ESCO TECHNOLOGIES FOUNDATION 20-3192719 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 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. c Type III - Functionally integrated b Type II 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 II, Type III, 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? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (vi) Is the organization in col (iii) Type of (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col (i) listed in your organization in col organization (i) organized in the support (described on lines 1-9) governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No

Part # Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	149,458.	146,758.	251,679.	249,596.	276,279.	1,073,770.
2	Tax revenues levied for the organ-		-			·	
	ızatıon'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	İ					
4	Total. Add lines 1 through 3	149,458.	146,758.	251,679.	249,596.	276,279.	1,073,770.
	The portion of total contributions		··············			111 /11111	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			1			
	amount shown on line 11,			1			
	column (f)						774,698.
6	Public support. Subtract line 5 from line 4				***************************************		299,072.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	149,458.	146,758.	251,679.	249,596.	276,279.	1,073,770.
8	Gross income from interest,					•	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	3,833.	3,146.	738.	17.	7.	7,741.
9	Net income from unrelated business		•				<u> </u>
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						1,081,511.
12	Gross receipts from related activities,	etc. (see instructio	ns)		1	12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3)	
	organization, check this box and stop	here					▶□
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2010 (li	ne 6, column (f) div	rided by line 11, co	olumn (f))		14	27.65 %
15	Public support percentage from 2009	Schedule A, Part I	l, line 14		Į	15	22.69 %
16a	33 1/3% support test - 2010. If the or	ganization did not	check the box on	line 13, and line 14	is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	rted organization		•		. ▶□
b	33 1/3% support test - 2009. If the or	ganization did not	check a box on lin	e 13 or 16a, and lir	ne 15 is 33 1/3%	or more, check this	box
	and stop here. The organization quali	fies as a publicly si	upported organizat	tion			▶ 🗀
17a	10% -facts-and-circumstances test	: - 2010 .If the orga	nization did not ch	eck a box on line 1	3, 16a, or 16b, a	nd line 14 is 10% o	r more,
	and if the organization meets the "faci	ts-and-circumstanc	es" test, check thi	s box and stop he	re. Explain in Par	t IV how the organi	zation
	meets the "facts-and-circumstances"	test. The organizat	on qualifies as a p	ublicly supported	organization		▶ x
b	10% -facts-and-circumstances test					7a, and line 15 is 10	0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	umstances" test. T	he organization qu	ualifies as a publict	y supported orga	nization	▶□
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	, 16b, 17a, or 17b,	check this box a	nd see instructions	
							000 FT 00:-

Part # Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	Siott, picase com	pioto i ait ii.j		·				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	ınclude any "unusual grants.")	<u></u>							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ- ization'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					-	<u> </u>		
	Total. Add lines 1 through 5				 				
78	Amounts included on lines 1, 2, and 3 received from disqualified persons								
t	Amounts 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								
(: Add lines 7a and 7b								
8	8 Public support (Subtract line 7c from line 6)								
	Section B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
t	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
c	: Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13	Total support (Add lines 9, 10c, 11, and 12)								
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiz	ation,		
	check this box and stop here						▶□		
Se	ction C. Computation of Publi	c Support Pe	rcentage						
15	Public support percentage for 2010 (li	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%		
16	Public support percentage from 2009	Schedule A, Part	III, line 15	•••		16	<u>~~</u>		
Se	ction D. Computation of Inves	tment Incom	e Percentage			· · · · · · · · · · · · · · · · · · ·			
17	Investment income percentage for 20	10 (line 10c, colur	nn (f) divided by lir	ie 13, column (f))		17	%		
	Investment income percentage from 2					18	%		
	33 1/3% support tests - 2010. If the			on line 14, and line	15 is more than				
	more than 33 1/3%, check this box ar								
t	33 1/3% support tests - 2009. If the						and		
	line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organization					=			

Schedule A (Form 990 or 990-EZ) 2010 ESCO TECHNOLOGIES FOUNDATION	20-3192719	Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line and Part III, line 12. Also complete this part for any additional information. (See instructions).	10; Part II, line 17a o	
PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:		
THE ESCO FOUNDATION CLEARLY MEETS THE ESTABLISHED PUBLIC SUPPORT		
REQUIREMENTS FOR A PUBLIC CHARITY. THE FOUNDATION WAS FORMED IN 2005.		
SINCE THEN, IT HAS ACHIEVED A PUBLIC SUPPORT TO TOTAL SUPPORT RATIO OF 28%		
OVER THE FIVE YEAR PERIOD. THIS RATIO HAS STEADILY INCREASED EACH YEAR		
AND IS WELL ABOVE THE 10% MINIMUM THRESHOLD ESTABLISHED BY THE IRS.		
IN ADDITION, THE FOUNDATION MEETS ALL OF THE REQUIREMENTS OF THE FACTS AND		
CIRCUMSTANCES TEST. THE FOUNDATION HAS IMPLEMENTED A PROGRAM TO ATTRACT		
PUBLIC SUPPORT. THIS PROGRAM INCLUDES MAINTAINING A WEBSITE, DISTRIBUTING		
PAMPHLETS, DISPLAYING POSTERS AND DIRECT MAIL ACTIVITIES. THIS PROGRAM		
HAS LED TO CASH CONTRIBUTIONS FROM A WIDE SPECTRUM OF SOURCES INCLUDING		
393 ESCO TECHNOLOGIES INC. EMPLOYEES AND 30 THIRD-PARTY DONORS.		
FURTHER, THE FOUNDATION IS GOVERNED BY A BOARD OF DIRECTORS COMPOSED OF		
PERSONNEL FROM FIVE STATES STRETCHING FROM MASSACHUSETTS TO SOUTHERN		
CALIFORNIA, DIRECTORS HAVE BEEN SELECTED FROM DIVERSE PROFESSIONAL		w-
DISCIPLINES AND A VARIETY OF OPERATING SUBSIDIARIES. MANY OF THESE		
DIRECTORS DONATE TIME TO THE CHARITIES SUPPORTED BY THE FOUNDATION SUCH AS		
THROUGH OUR ANNUAL HABITAT FOR HUMANITY BUILD DAY. AS A RESULT, THE BOARD		
STAYS IN TOUCH WITH THE INTERESTS OF THE PUBLIC.		<u> </u>
ALTHOUGH THE FOUNDATION DOES NOT DIRECTLY PROVIDE PUBLIC FACILITIES, IT		
DOES SUPPORT MANY CHARITIES THAT DO SUCH AS THE LITTLEST HEROES, CIRCLE OF		
CONCERN, AND THE KENNETH YOUNG CENTER. A MORE DETAILED LISTING OF CORE	 	
CHARITIES WITH DESCRIPTIONS OF THEIR ACTIVITIES MAY BE FOUND AT:		
WWW.ESCOTECHNOLOGIESFOUNDATION.ORG/CORE-CHARITIES/		

Schedule A (Form 990 or 990-EZ) 2010 ESCO TECHNOLOGIES FOUNDATION	20-3192719	Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II,	line 10; Part II, line 17a	or 17b;
and Part III, line 12. Also complete this part for any additional information. (See instructions).		
THE FOUNDATION'S STATED MISSION IS TO PROVIDE FINANCIAL SUPPORT TO		
CHARITIES AND OTHERS IN NEED, FOCUSING ON CHILDREN AND FAMILIES IN		
COMMUNITIES WHERE ESCO TECHNOLOGIES INC. HAS OPERATIONS. THE FOUNDATION'S		
CONTROL COLUMN TO MARKE A MARKET AND AND AND AND AND AND AND AND AND AND		
STATED GOAL IS TO MAKE A MEASURABLE DIFFERENCE IN EACH CHARITY AND		
DEADERMINE COMPANY MY		
RESPECTIVE COMMUNITY.	· ·	
FINALLY, THE FOUNDATION IS PLEASED TO REPORT THAT THIS MISSION HAS		
I THE TOURNEY OF THE PROPERTY OF THE THE THE THE THE THE THE THE THE THE		
APPEALED TO A BROAD CROSS SECTION OF THE PUBLIC. THIS APPEAL IS EVIDENCED		
BY THE GROWING NUMBER OF CONTRIBUTORS AND STEADY INCREASE IN PUBLIC		
SUPPORT THAT THE FOUNDATION HAS EXPERIENCED SINCE INCEPTION.		
	.	
		•
	·	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

2010
Copen to Public Inspection

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

Schedule I (Form 990) (2010) **Employer identification number** 2 ERISHABLE FOOD - FOOD SPONSOR OF HOME BUILD (h) Purpose of grant - INNER 20-3192719 RESIDENTIAL PROGRAM DPERATIONAL SUPPORT or assistance ADOPTION PLACEMENT PREATMENT CENTER X Yes TOYS FOR CANCER 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 ARTS PROGRAM CITY SCHOOLS PANTRY recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of recipient to section or government (a) EIN (b) EIN (b) EIN (c) IRC section is applicable assistance or government assistance assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ö o Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ,600 000 7,600 10,100 5,000 000 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of section 501(c)(3) and government organizations ESCO TECHNOLOGIES FOUNDATION 23-7085010 43-1567500 58-1735543 43-1614563 43-1395056 84-0793576 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 금 1 (a) Name and address of organization 112 ST. LOUIS AVE., P.O. BOX 444 530 MARYVILLE CENTER DR., SUITE FRIENDS OF KIDS WITH CANCER VALLEY PARK, MO 63088-0444 CENTER FOR CREATIVE ARTS 3437 BRIDGELAND DRIVE 3763 FOREST PARK AVE. HABITAT FOR HUMANITY BRIDGETON , MO 63044 ST. LOUIS, MO 63108 LOUIS, MO 63130 ST. LOUIS, MO 63108 ST. LOUIS, MO 63141 Name of the organization CIRCLE OF CONCERN ADOPTION EXCHANGE OUR LITTLE HAVEN 524 TRINITY AVE. P.O. BOX 23010 Part Parti

Schedule I (Form 990) ESCO TECHNOLOGIES FOUNDATION	IES FOUNDATIC	N				2(20-3192719 Page 1
Part II Continuation of Grants and Other Assistance to Governments ar	Assistance to Go	wernments and Organ	izations in the Ur	nited States (Sche	nd Organizations in the United States (Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE 3450 PARK AVE. ST. LOUIS, NO 63104	43-1160478	501(C)(3)	2,500.	. 0			RENOVATION COSTS
GREAT CIRCLE 330 N. GORE AVE ST. LOUIS, MO 63119-1699	43-0681471	501(C)(3)	2,000	0			RESIDENTIAL PROGRAM FOR AUTISTIC CHILDREN
BOARD OF INNER-CITY MISSIONS OF UCC-NEIGHBORHOOD HOUSES - 5621 DELMAR BLVD, SUITE 104 - ST. LOUIS, MO 63112-2660	43-0654857	501(C)(3)	2,000.	0.			ARTS PROGRAM - DIGNITY HOUSE
READY READERS 1974 INNERBELT BUSINESS CENTER DR. ST. LOUIS, MO 63114	36-2518129	501(C)(3)	6,000.	0.			PRESCHOOL READING
REVITALIZATION 2000 4155 KENNERLY AVE. ST. LOUIS, MO 63113	43-1850453	501(C)(3)	12,500.	.0			YOUTH PROGRAMS
DELA SALLE MIDDLE SCHOOL 4145 KENNERLY AVE. ST. LOUIS, MO 63113	43-1932840	501(C)(3)	7,500.	.0			SCHOOL GENERAL OPERATING
DAN DEVEREAUX TRUST 2117 S. THIRTEENTH STREET ST. LOUIS, MO 63104	43-1914386	501(C)(3)	3,500.	0.			HIGH SCHOOL SCHOLARSHIP
THE LITTLEST HEROES P.O. 1406 SOLON, OH 44139	34-1902565	501(C)(3)	10,000.	0.			ART PROGRAM FOR CHILDREN WITH CANCER
THE GATHERING PLACE 23300 COMMERCE PARK CLEVELAND, OH 44122	34-1879035	501(C)(3)	.000,8	0			CANCER SURVIVORSHIP PROGRAM
LHA							Schedule i (Form 990)

		IES FOUNDATIC	No.	z] odę ci socitorio	odoo) setesta petion	1 (Com 000)		20-3192719 Page 1
NORMET CENTER FOR CHILDREN AND HILLS, OH 44128 AND HILLS, OH 44128 PRUTE RADDA POR STREET REAL STREET TO CANADILLS, OH 44128 AL 1310435 SOI(C)(3) T, 500 T, 5		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENTITY RIDING CENTER SENTER ROAD, P.O. BOX 23129 SA-1310435 SOICO(3) S.000. O. S.000. O. S.000. O. S.000. O. S.000. O. S.000. O. S.000. O. S.000. O. S.000. O. S.000. O. S.000. O. S.000. O. S.000. O. S.000. O. S.000. O. S.000. O. S.000. O. S.000. O. SE-0662244 SOICO(3) S.000. O. S.000. O. SE-0662245 SOICO(3) S.000. O. SE-0662246 SOICO(3) S.000. O. SE-0662246 SOICO(3) S.000. O. SE-0662246 SOICO(3) S.000. O. SE-0662246 SOICO(3) S.000. O. SE-0662246 SOICO(3) S.000. O. SE-0662246 SOICO(3) S.000. O. SE-0662246 SOICO(3) S.000. O. SE-0662246 SOICO(3) S.000. O. SE-0662246 SOICO(3) S.000. O. SE-0662246 SOICO(3) SOICO(3) S.000. O. SE-0662246 SOICO(3) SE-0662246 SOICO(3) SE-0662246 SOICO(3) SE-062246 SOICO(3) SO	ACHIEVEMENT CENTER FOR CHILDREN 4255 NORTHFIELD RD. HIGHLAND HILLS, OH 44128	34-0714766	501(C)(3)		0			SUMMER CAMP FOR DISABLED CHILDREN
TONE FOUNDATION TAILLY ON 44113 TONE FOUNDATION TAILLY ON 44113 TO HANDON ON 44113 TO HANDON ON 44113 TO HANDON ON 44113 THE STREET TY. MA 02171 TO REPUGE TO SOUTH TO SOUT	×	34-1310435	501(C)(3)	5,000.	0			THERAPY FOR DISABLED CHILDREN
TRIE STREET Y, MA 02171 Y, MA 02171 O4-3584367 SOU(C)(3) E, WILLIAMS FIELD ND. RE SERVICE AZ 85212	FOUNDATI SQUARE, OH 4411	34-1333218	501(C)(3)	7,500.	0			EDUCATIONAL SUPPORT - YOUNG MOTHERS
E. WILLIAMS FIELD ND. R. 86-0662244 501(C)(3) 5,000. R. 86-0662244 501(C)(3) 5,000. ER CENTER POR HUMAN SERVICES DAYTON STREET R. IL 60050 AL OLYMPICS OF VENTURA COUNTY STINNAKER DR., SUITE 206 STINNAKER DR., SUITE 206 TYPE-VENTURA YOUTH TYPE-VENTURA YOUT	CRADLES TO CRAYONS 82 MYRTLE STREET QUINCY, MA 02171	04-3584367	501(C)(3)	5,000	0			WINTER CLOTHING DRIVE
ER CENTER FOR HUMAN SERVICES DAYTON STREET RY, IL 60050 AL OLYMPICS OF VENTURA COUNTY AL OLYMPICS OF VENTURA COUNTY SPINNAKER DR., SUITE 206 SP. 4538450 501(C)(3) 10,000. 0. FRANSPORT ENS. CA 93001 TREE-VENTURA YOUTH CTIONAL PACILITY - 3100 TROAD - CAMARILLO, CA 93010 TROAD - CAMARILLO, CA 93010 TO 86725 501(C)(3) 3,500. 0. AFTER SCI AMT VALLEY EDUCATIONAL AMT ALLEY EDUCATIONAL AMT - 360 MOBIL AVE., SUITE - CAMARILLO, CA 93010 TO 0. AND - CA	OF REFUGE E. WILLIAMS AZ 85212	86-0662244	501(C)(3)	5,000.	0		:	EDUCATIONAL PROGRAMS
AL OLYMPICS OF VENTURA COUNTY SPINNAKER DR., SUITE 206 RA, CA 93001 ENS ADVISORX TTEE-VENTURA YOUTH CTIONAL PACILITY - 3100 T ROAD - CAMARILLO, CA 93010 ANT VALLEY EDUCATIONAL ANT VALLEY EDUC	PIONEER CENTER FOR HUMAN SERVICES 4001 DAYTON STREET MCHENRY, IL 60050	77-0086725	501(C)(3)		0			GENERAL OPERATING EXPENSES
ENS ADVISORY TTEE-VENTURA YOUTH CTIONAL PACILITY - 3100 T ROAD - CAMARILLO, CA 93010 26-0015489 501(C)(3) 2,500. 0. EXITING STATER SCI ANT VALLEY EDUCATIONAL AMT VALLEY EDUCATIONAL AMT VALLEY EDUCATIONAL AMT VALLEY EDUCATIONAL AMT STORM - 360 MOBIL AVE., SUITE - CAMARILLO, CA 93010 77-0086725 501(C)(3) 3,500. 0. ARIS PROF	SPECIAL OLYMPICS OF VENTURA COUNTY 1559 SPINNAKER DR., SUITE 206 VENTURA, CA 93001	95-4538450	501(C)(3)	10,000.	0.			TRANSPORTATION TO EVENTS
ANT VALLEY EDUCATIONAL AM - 360 MOBIL AVE., SUITE - CAMARILLO, CA 93010 77-0086725 501(C)(3) 3,500. 0.	гн - 310(.o, са	26-0015489	501(C)(3)	٠,	o			
	ANT VALLEY EDUCATIONA AM - 360 MOBIL AVE., - CAMARILLO, CA 93010	77-0086725	501(C)(3)	3,500.	0			AFTER SCHOOL PERFORMING ARTS PROGRAM Schedule I (Form 990)

Schedule I (Form 990) ESCO TECHNOLOGIES FOUNDATION Part II Continuation of Grants and Other Assistance to Governments a	IES FOUNDATIC	N vernments and Organ	nizations in the Un	ited States (Sche	nd Organizations in the United States (Schedule I (Form 990), Part II)		20-3192719 Page 1
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF VENTURA COUNTY - 445 ROSEWOOD AVE, SUITE Q - CAMARILLO, CA 93010	20-3425568	501(C)(3)	4,800.	0			SUPPORT MENTOR PROGRAM
ANY BABY CAN 1121 E. 7TH STREET AUSTIN, TX 78702	74-2684335	501(c)(3)	25,000.	.0			PARENTING/LITERACY PROGRAMS, HEARING AIDS
KENNETH YOUNG CENTER 1001 ROHLWING RD. ELK GROVE VILLAGE, IL 60007	23-7181444	501(C)(3)	20,000.	0			ESSENTIAL TREATMENT SERVICES PROGRAM
BIG BROTHERS BIG SISTERS NORTHWOODS - 104 BEEBE STREET - PHILLIPS, WI 54555	39-1434354	501(C)(3)	3,300.	0		į	SUPPORT MENTOR PROGRAM
POSH PUPPIES RESCUE & ADOPTION CENTER - 2722 WASHINGTON BLVD - ST. LOUIS, MO 63103	8686990-89	501(C)(3)	100.	o			GENERAL OPERATING SUPPORT
GO! ST. LOUIS 7727 CLAYTON RD. ST. LOUIS, MO 63117	43-1864732	501(¢)(3)	100.	0			general operating Support
LHA							Schedule I (Form 990)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization **Employer identification number** ESCO TECHNOLOGIES FOUNDATION 20-3192719 FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE COMMITTEES THAT ARE AUTHORIZED TO ACT ON ITS BEHALF. FORM 990, PART VI, SECTION B. LINE 11: A COPY OF FORM 990 IS REVIEWED BY THE SECRETARY OF THE BOARD. CHANGES, IF ANY, ARE DISCUSSED WITH THE EXTERNAL CERTIFIED PUBLIC ACCOUNTING FIRM AND INCORPORATED INTO THE RETURN PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR MUST DISCLOSE ANY FINANCIAL INTEREST THAT HE/SHE MAY HAVE IN ANY ENTITY THAT REQUESTS SUPPORT FROM THE FOUNDATION OR IS OTHERWISE ENGAGED IN TRANSACTIONS WITH THE FOUNDATION IN COMPLIANCE WITH THE POLICY. THE BOARD MAY DETERMINE THAT A FINANCIAL INTEREST CONSTITUTES A CONFLICT OF INTEREST. IN THAT CASE, BOARD MAY ASK THAT PARTICULAR DIRECTOR TO LEAVE DURING THE DISCUSSION OF THE REQUEST FOR SUPPORT AS WELL AS ABSTAIN FROM VOTING ON THAT SPECIFIC EVENT FORM 990 PART VI SECTION C LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL INFORMATION IS ALSO AVAILABLE ON THE FOUNDATION'S WEBSITE

(Rev. January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Revenu	e Service	. File a	separate a	pplication for each return.			
• If you are	filing for an	Automatic 3-Month Extension,	complete c	only Part I and check this box		▶ X	
If you are	filing for an	Additional (Not Automatic) 3-Me	onth Exten	sion, complete only Part II (on pag	e 2 of this form).		
Do not comp	olete Part II u	ınless you have already been gra	nted an au	tomatic 3-month extension on a pre	viously filed Form 8868	L.	
a corporation 8868 to require Return for	n required t Juest an ext Transfers A	to file Form 990-T), or an addition tension of time to file any of the ssociated With Certain Persona	nal (not au forms liste I Benefit (u need a 3-month automatic extensionatic) 3-month extension of time, ed in Part I or Part II with the exce Contracts, which must be sent to sit www.irs.gov/efile and click on e-fi	. You can electronically ption of Form 8870, in the IRS in paper for	y file Form nformation ormat (see	
Part I Au	tomatic 3	Month Extension of Time. Or	ly submit	original (no copies needed).			
A corporatio	n required t	o file Form 990-T and requesting	an automa	atic 6-month extension - check this b	oox and complete		
•	•				,	▶□	
All other cor	porations (i	including 1120-C filers), partnersh	ips, REMIC	s, and trusts must use Form 7004 to	request an extension o	f time	
to file incom	= =			•			
Type or		empt organization			Employer Identification	number	
print	ŀ	FECHNOLOGIES FOUNDATION	IN		20-3192719		
•		reet, and room or suite no. If a P.O. box		tions.	20 3132113		
due date for 9900A CLAYTON ROAD filing your City town or post office state and ZIP code. For a foreign address see instructions							
filing your			a foreion ad	dress, see Instructions			
retum. See instructions.	l -	OUIS, MO 63124	a 10.0.g., 20.				
	<u> </u>	7013, MO 03124					
Enter the Re	tum code f	or the return that this application i	is for (file a	separate application for each return)	0 3	
Application			Return	Application		Return	
ls For			Code	is For	i	Code	
Form 990 0.1 Form 990-T (corporation) 0.7							
Form 990-BL 02 Form 1041-A 08							
Form 990-BL 02 Form 1041-A 08 Form 990-EZ 03 Form 4720 09							
om 990-PF · 04 Form 5227 10							
Low 880-1	(tinst other	than above)	06	Form 8870		12	
Telephone If the orga If this is for the whole a list with the	e No. > 31 enization do or a Group F e group, che e names an est an autom	Return, enter the organization's founced this box	pusiness in or digit Gro it is for pa on is for. poration re	TAX No. ► 314-213-7287 the United States, check this box up Exemption Number (GEN) rt of the group, check this box quired to file Form 990-T) extension return for the organization	. If this and attac	ch	
x X	calendar ye tax year be ax year ente	ginning OCTOBER 1 ered in line 1 is for less than 12 me		O_, and ending SEPTEMBER 30	, 20 <u>11</u> . Final return		
		is for Form 990-BL, 990-PF, 99	0-T, 4720,	or 6069, enter the tentative tax,	less any		
		dits. See Instructions.			3a \$		
b If this	application	is for Form 990-PF, 990-T,	4720, or	6069, enter any refundable cre			
		nents made. Include any prior year		· · · · · · · · · · · · · · · · · · ·	зь \$		
				ent with this form, if required, by usi			
(Electro	onic Federal	Tax Payment System). See instruc	tions.		3c \$	0.00	
_		ng to make an electronic fund w	nthdrawal	with this Form 8868, see Form 8	453-EO and Form 887	79-EO for	
payment inst	tructions.						

	•				
	(Rev. 1-2011)	 -			Page 2
	are filing for an Additional (Not Automatic) 3-M				
	nly complete Part II if you have already been gra		·	eviously filed Form 8868	3.
	are filing for an Automatic 3-Month Extension,				
-Part-II-	7	xtension (of Time. Only file the original (no		
ype or	Name of exempt organization			Employer identification	n number
print				<u> </u>	
File by the extended	Number, street, and room or suite no. If a P.O. bo	x, see instru	clions.		
due date fo					
filing your return, See	City, town or post office, state, and ZIP code. For	r a foreign ad	ldress, see Instructions.		
Instructions					
Enter the	Return code for the return that this application	is for (file a	a separate application for each return)	
Applicati	ion	Return	Application		Return
ls For		Code	Is For		Code
Form 99	0	01			
Form 990	D-BL	02	Form 1041-A	3 = 2 = 2 = 2	08
Form 990)-EZ	03	Form 4720		09
Form 990)-PF	04	Form 5227		10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 99	0-T (trust other than above)	06	Form 8870		12
STOP! D	o not complete Part II if you were not already	granted ar	automatic 3-month extension on	a previously filed Form	n 8868.
 The bo 	ooks are in the care of ▶				
	none No. >		FAX No. ▶		
If the o	organization does not have an office or place of	business in	the United States, check this box	• • • • • • • • • • • • • • • • • • • •	
If this i	is for a Group Return, enter the organizati <u>on's</u> for	ur digit Gro	up Exemption Number (GEN)	. If thi	is is
for the w	hole group, check this box	f it is for pa	ort of the group, check this box	▶ and atta	ach a
	he names and EINs of all members the extension				
4 I re	quest an additional 3-month extension of time ur	ntil		20	
	calendar year, or other tax year beginni		, 20, and ending		20 .
3 If th	e tax year entered in line 5 is for less than 12 m	onths, chec	ck reason: Initial return	Final return	
L	Change in accounting period			_	
7 Sta	te in detail why you need the extension				_
					
	nis application is for Form 990-BL, 990-PF, 99	Ю-Т, 4720	, or 6069, enter the tentative tax	, less any	
	refundable credits. See instructions.			8a \$	
	his application is for Form 990-PF, 990-T,				
	mated tax payments made. Include any pri	or year o	verpayment allowed as a credit	and any	
	ount paid previously with Form 8868.			8b \$	
	ance Due. Subtract line 8b from line 8a. Include		ent with this form, if required, by usi	ing EFTPS	
(Ele	ectronic Federal Tax Payment System). See instru				
			d Verification		
under pena it is inve. com	dities of perjury, I declare that I have examined this form, in trect, and complete, and that I am authorized to prepare this for	including acci	ompanying schedules and statements, and to	the best of my knowledg	e and bellef,
	- v hehate tits to	••••			
Signature 🕨	- Chriper Woodsor	1	Title ► SECRETARY	Date ► 1/6	12012
	()			Form 8868 (Rev. 1-2011)
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