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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

<u>A F</u>	or the	2011 calendar year, or tax year beginning $OCT 1$, 2011 and ending	SEP 30, 2012	_
B C	heck if oplicable	C Name of organization	D Employer identif	cation number
	Addres	THE V FOUNDATION		
	Name change Initial			705951
	_retum Termin ated	100 TOWERVIEW COOK!		380-9505
	Amend	City or town, state or country, and ZIP + 4	G Gross receipts \$	29,842,600.
	Applica tion pendin	CART, NC 27515	H(a) Is this a group r	eturn
	pendin	F Name and address of principal officer:SUSAN BRAUN	for affiliates?	Yes X No
		106 TOWERVIEW COURT, CARY, NC 27513	H(b) Are all affiliates in	cluded? Yes No
			527 If "No," attach a	ı list. (see instructions)
		e:▶WWW.JIMMYV.ORG	H(c) Group exemption	
			ear of formation: 1993	M State of legal domicile: NC
Pa	rt I	Summary		
မွ	1	Briefly describe the organization's mission or most significant activities: CHARITAB	LE & EDUCATIO	NAL
ā				
Activities & Governance		Check this box 🕨 📖 if the organization discontinued its operations or disposed of n		
é l	3	Number of voting members of the governing body (Part VI, line 1a)	3	35
8		Number of independent voting members of the governing body (Part VI, line 1b)		34
ties		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		14
Ę	6	Fotal number of volunteers (estimate if necessary)	<u>6</u>	300
\A		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, line 34		0.
	•	O = 1.75 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1	Prior Year	Current Year
Revenue		Contributions and grants (Part VIII, line-1h)	13,004,392.	16,211,260.
ě		Program service revenue (Part VIII, line 2g)		0.
윤		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1,537,356.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	524,673. 15,066,421.	143,917. 17,216,172.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,186,491.	14,613,141.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,100,491.	0.
[پر		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,163,548.	1,259,578.
Expenses			1,103,540	0.
ben	h i	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 769,753.	•	.
M.	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,065,144.	1,159,588.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,415,183.	
		Revenue less expenses. Subtract line 18 from line 12	651,238.	
- S		toveride 1635 experises. Oubtract line 10 from line 12	Beginning of Current Year	End of Year
ets or lances	20	Fotal assets (Part X, line 16)	34,651,145.	36,782,510.
Net Ass Fund Bal		Fotal liabilities (Part X, line 26)	19,585,284.	20,398,712.
ESE LESE		Net assets or fund balances. Subtract line 21 from line 20	15,065,861.	16,383,798.
Pa		Signature Block	 	
Unde	r penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of n	y knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge. *	
Sign	1	Signature of officer	Date	1,11,0
Here	•	SUSAN BRAUN, CEO MAU 9 / J	M 21	14/12
		Type or print name and title	ı	7
		Print/Type preparer's name Preparer's signature	Date Check [PTIN
Paid	- 1	ROBIN MCDUFFIE	self-emplo	
Prep	H	Firm's name BLACKMAN & SLOOP, CPAS, P.A.	Firm's EIN ▶	56-1304727
Use	UNIY	Firm's address 1414 RALEIGH RD, SUITE 300	,	010\040 0000
<u>. </u>		CHAPEL HILL, NC 27517	Phone no. (919)942-8700
May	the IB	S discuss this return with the preparer shown above? (see instructions)		X Ves No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: THE FOUNDATION'S MISSION IS TO GENERATE BROAD BASED SUPPORT FOR CANCER
	RESEARCH AND TO CREATE AN URGENT AWARENESS AMONG ALL AMERICANS OF THE
	IMPORTANCE OF THE WAR AGAINST CANCER. THE FOUNDATION ACCOMPLISHES THIS
	MISSION THROUGH ADVOCACY, EDUCATION, FUNDRAISING, AND PHILANTHROPY.
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 No
	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 No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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.
4a	(Code:) (Expenses \$ 15,537,637. including grants of \$ 14,613,141.) (Revenue \$)
	THE FOUNDATION'S MISSION IS TO GENERATE BROAD BASED SUPPORT FOR CANCER
	RESEARCH AND TO CREATE AN URGENT AWARENESS AMONG ALL AMERICANS OF THE
	IMPORTANCE OF THE WAR AGAINST CANCER. THE FOUNDATION ACCOMPLISHES THIS
	MISSION THROUGH ADVOCACY, EDUCATION, FUNDRAISING, AND PHILANTHROPY.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$)) (Revenue \$)
	(Code
4:	Other grant and in a (Describe in Ochenhala O.)
4d	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 15,537,637.

132002 02-09-12

Part IV | Checklist of Required Schedules No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 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 X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 X 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 X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X Part VI 11a b 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 X 11b c 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 X 11c d 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e 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 X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 X or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 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 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х complete Schedule G, Part III 19

Form **990** (2011)

X

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		Х
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			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		X
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	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?		3,7	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	35b		Х
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		х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 99	0 (2011) THE V FOUNDATION		13-3705951	Р	age 5			
Part V Statements Regarding Other IRS Filings and Tax Compliance								
Check if Schedule O contains a response to any question in this Part V								
				Yes	No			
1a En	ter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3					
b. Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable.								

16 Enter the number of Form W 206 included in line 1.6 Enter 0-1 in not applicable 10 10 10 10 10 10 10 10 10 10 10 10 10				Yes	No					
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 Filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Bid the organization have unrelated business greater so provide an explanation in Schedule O 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)? At a financial account in a foreign country (such as a bank account, securities account, or other financial account)? By it if it is a financial account in a foreign country (such as a bank account, securities account, or other financial account)? By it is a financial account in a foreign country (such as a bank account, securities account, or other financial account)? By it is a financial accountry in a foreign accountry (such as a bank account, securities account, or other financial accountry). By it is a financial accountry in a foreign accountry (such as a bank account, securities account, or other financial accountry). By it is a financial accountry in a foreign accountry (such as a bank account, securities account, or other financial accountry). By it is a financial accountry in a financial accountry (such as a bank account, securities account, or other financial accountry). By it is a financial accountry (such as a bank account, securities account, or other such accountry). By it is a financial accountry (such as a bank account, securities accounts accountry)	1a									
Gamblingly winnings to prize winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 14 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 25 b X Note. If the sum of lines 1 and 2a greater than 250, you may be required to e-file (see instructions) 36 b If we organization have unrelated business gross income of \$1,000 or more during the year? 37 b If "Yes," sail filed a form 990-1 for this year If "No," provide an explanation in Schedule O 38 b If "Yes," and 1 filed a form 990 broth for the year If "No," provide an explanation in Schedule O 39 b If "Yes," enter the name of the foreign country. The year of the special part of the filed part of the year of the special part of the year of the special part of the year	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
Eiter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 14	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
file action the calendary year ending with or within the year covered by this return. 2a 1.4		(gambling) winnings to prize winners?	1c	X						
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 38	2a									
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3a X 3b if 'ves', hist if the a form 990-17 or this year? If 'No,' provide an explanation in Schedule 0 3b 3b 44 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, and interest ocurrent of the foreign country ► 3b 1 3b 1 3b 3b 3b 3b		filed for the calendar year ending with or within the year covered by this return 2a								
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4a X tarry 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, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account)? 5b 1' 'Yes, 'inter the name of the foreign country Such as a bank account, or other financial accounts. 5c Sa Was the organization or part of the foreign country Sa Sa X 5c In 'Yes, 'in line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Sa X X 5c In 'Yes, 'in line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Sa X X 5c In 'Yes, 'in line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Sa X 5c In 'Yes, 'in line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Sa X 5c In 'Yes, 'in line Sa or 5b, did the organization have even to tax deductible? 6a X 8b If 'Yes, 'in line sa or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization stat mary receive deductible contributions under section 170(c). 8d If 'Yes, 'indicate the array receive deductible contributions under section 170(c). 8d If 'Yes, 'indicate the general in excess of \$75 made party as a contribution of quantification and party for goods and services provided to the payor? 7d In the organization receive a payment it excess of \$75 made party as a contribution of contributions and the payor of the payor of the payor of the pa	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5 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 accountry. 5 See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Learn of the "Yes," to line Sa or 5b, old the organization file Form 88861? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there not tax deductible? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If the organization seceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 A X 7 If If the organization seel, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 If Yes, "Indicate the number of Forms 8282 filed during the year 9 If If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 If If the organization received a contribution of qualified intellectual property, did the organization file Form 1086 c? 9 Sponsering organization making and year payments for individed in the least paying organizations. But the surganization included on Part VIII, line 12		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
4a All 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)? See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts. So Was the organization aparty to a prohibited as whether transaction at any time during the tax year? 5a X X bild any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If "Yes," it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d If "Yes," indicate the number of Forms 8282 filed during the year 8d If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization, during the year, pay premiums, 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 Did the organization received a contribution of cars, boats, simplense, or other vehicles, did the organizations. Did the supporting organization make any taxable distribution to a donor, donor advised funds and section 596(3) supporting organizations. Did the supporting organization make any taxable distributions	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
triancial account in a foreign country (such as a bank account, securities account, or other financial account)? b f '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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X X Section 501(c)(17) organization include with every solicitation an express statement that such contributions on offits any contributions that were not tax deductible? 6b Ves, ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Ves, ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Ves, ' did the organization that may receive advantation excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c Ves, ' did the organization notify the donor of the value of the goods or services provided? 7c Did the organization notify the donor of the value of the goods or services provided? 7d Ves, ' indicate the number of Forms 8282 filed during the year 7e Did the organization received any funds, directly or indirectly, no pay premiums on a personal benefit contract? 7f Did the organization neceived a contribution of cars, boats, airpanese, or other vehicles, did the organization that year and a contribution of cars, boats, airpanese, or other vehicles, did the organizations. 7f Did the organization meaked any taxable distributions under section 4966? 7g Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organ			3b							
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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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X		•								
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a Note the organization receive any payments for indoor tanning services during the tax year? 14a X	b									
c Enter the amount of reserves on hand										
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	С									
			14a		X					
			14b							

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							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 35										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent 1b 34										
2	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		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
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		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did 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?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b	X								
	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le								
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial								
	statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:									
	SUSAN BRAUN - 919-380-9505										
	106 TOWERVIEW COURT, CARY, NC 27513										

132006 01-23-12

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)	(B)		(C)		(D)	(D) (E)				
Name and Title	Average	(dc	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		h an	compensation	compensation	amount of		
	week	 	Cer ar	lu a u	recio	Jr/trus	(ee)	from	from related	other
	(describe	Individual trustee or director						the	organizations	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		e e	npen		(۷۷-2/1099-101130)		and related
	in Schedule	dualt	riona	_	mplo)	st col	- E			organizations
	O)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			3
(1) NICHOLAS VALVANO		T	T							
FORMER CEO	40.00	X		Х				174,275.	0.	37,397.
(2) PAMELA VALVANO STASSER										
CHAIRWOMAN	1.00	X		Х				0.	0.	0.
(3) ROBERT LLOYD										
CHAIRMAN	1.00	X		X				0.	0.	0.
(4) HARRY RHOADS, JR.										
SECRETARY	1.00	X		X				0.	0.	0.
(5) JULIE ALLEGRO-CONSTANTIN										
DIRECTOR	1.00	X						0.	0.	0.
(6) ROBERT BAST, JR.										
DIRECTOR	1.00	X						0.	0.	0.
(7) GEORGE BODENHEIMER										_
DIRECTOR	1.00	X						0.	0.	0.
(8) STEVEN BORNSTEIN										
DIRECTOR	1.00	X						0.	0.	0.
(9) BILL COSBY										
DIRECTOR	1.00	X						0.	0.	0.
(10) GEORGE DENNIS, III										
DIRECTOR	1.00	Х						0.	0.	0.
(11) DAVID FAY										
DIRECTOR	1.00	X						0.	0.	0.
(12) ROSA GATTI									_	_
DIRECTOR	1.00	Х						0.	0.	0.
(13) PHILIP KNIGHT									_	_
DIRECTOR	1.00	Х						0.	0.	0.
(14) MICHAEL KRZYZEWSKI									_	_
DIRECTOR	1.00	Х						0.	0.	0.
(15) CARL LIEBERT, III									_	_
DIRECTOR	1.00	Х						0.	0.	0.
(16) F.J. "JOE" LOUGHREY								_	_	_
DIRECTOR	1.00	X			$ldsymbol{ld}}}}}}$	$oxed{oxed}$		0.	0.	0.
(17) MICHAEL MAC DONALD								_	_	_
DIRECTOR	1.00	X						0.	0.	0.
132007 01-23-12										Form 990 (2011)

132007 01-23-12

Part VII Section A.

(A) (B) (C) Name and title Average (do not check more than one		(D) Reportable	(E) Reportable	(F) Estima							
	hours per week (describe	box. offic	, unle	ss pe	erson	is bot or/trus	h an	from	compensation from related	amoun	r
	hours for related	Individual trustee or director	ee			sated		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compens from the organiza	he
	organizations	truste	al trus		ee/	mpen		(00-27 1099-101130)		and rela	
	in Schedule O)	ndividual .	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organiza	
(18) MICHAEL MARKS	1 00					- 0	٣				
DIRECTOR	1.00	Х		_	┡	_	L	0.	0.	<u> </u>	0.
(19) GEOFFREY MASON DIRECTOR	1.00	х						0.	0.		0.
(20) JOSEPH MOORE	1.00	77		⊢	⊢	+	⊢	0.	•	 	
DIRECTOR	1.00	Х						0.	0.		0.
(21) ROBERT NAKASONE	1.00	77		H	\vdash	\vdash	H	0.	•	 	
DIRECTOR	1.00	х						0.	0.		0.
(22) DONNA ORENDER	1.00	22		\vdash	\vdash	+	H		•	 	
DIRECTOR	1.00	х						0.	0.		0.
(23) LAWRENCE PROBST, III				\vdash			H				
DIRECTOR	1.00	Х						0.	0.		0.
(24) ROBIN ROBERTS							Г				
DIRECTOR	1.00	Х						0.	0.		0.
(25) JOHN SAUNDERS									_		
DIRECTOR	1.00	Х			┖		L	0.	0.		0.
(26) CONSTANCE SKIDMORE											_
DIRECTOR	1.00					Ļ		0.	0.		0.
1b Sub-total								174,275. 512,082.	0.		397.
c Total from continuation sheets to Part VI								686,357.	0.		
d Total (add lines 1b and 1c)										120,3	109.
Total number of individuals (including but no compensation from the organization	ot limited to tr	iose	liste	ed a	DOV	e) wr	no r	received more than \$100	,000 of reportable		5
compensation from the organization										Yes	
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y ei	mplo	oyee.	, or	highest compensated e	mployee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									3 X	
4 For any individual listed on line 1a, is the su	ım of reportab	le co	ompe	ens	atior	n and	d ot	ther compensation from	the organization	T T	
and related organizations greater than \$150										4 X	
5 Did any person listed on line 1a receive or a					-			ted organization or indivi	idual for services	_	Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scriedui	e J I	or st	JCH	pers	SOII .				5	12
Complete this table for your five highest co	mnensated in	dene	nde	nt c	ont	racto	nre i	that received more than	\$100,000 of compens	eation from	
the organization. Report compensation for	-	-							•	ation nom	
(A)	ino caloridar y	oui (orran	9 .	V 1 C. 1	0. 11		(B)	y cur.	(C)	
Name and business	address							Description of s	ervices (Compensati	on
MERRILL LYNCH, 3775 VIA 1	NONA MAI	RIE	3	BRI	D			INVESTMENT			
FLOOR, CARMEL, CA 93922		MANAGEMENT		177,8	338.						
							-				

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2011)

\$100,000 of compensation from the organization

DIRECTOR		OUNDATIO								13-370	3931
(A) Name and title Average hours provided all that apply provided all that app	Part VII Section A. Officers, Directors,	Trustees, Key E	mplo	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
Check all that apply)											(F)
Per Week Per	Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
Week		hours	(check all that a				арр	ly)	compensation	compensation	amount of
1.00 X		per									
1.00 X		week	_				oyee		1		
DIRECTOR			recto				em pl		organization	(W-2/1099-MISC)	
DIRECTOR			or di	98			sated		(W-2/1099-MISC)		
DIRECTOR			ustee	trust		8	ubeu				
1.00 X			dualt	tiona	١.	nploy	st cor	_			organizations
DIRECTOR			ndivic	nstitu	Officer	(ey er	Highe	-orme			
(28) ROBERT VALVANO DIRECTOR 1.00 X 0. 0. 0. (29) LESLEY VISSER 1.00 X 0. 0. 0. 0. 0. (30) DICK VITALE DIRECTOR 1.00 X 0. 0. 0. (31) R.C. "BUCKY" WATERS DIRECTOR 1.00 X 0. 0. 0. (32) ROBERT WAYMAN 1.00 X 0. 0. 0. 0. 0. (32) ROBERT WAYMAN 1.00 X 0. 0. 0. 0. 0. (33) DERECTOR 1.00 X 0. 0. 0. 0	(27) TONY SMITH		\vdash					Н			
(28) ROBERT VALVANO DIRECTOR 1.00 X 0. 0. 0. (29) LESLEY VISSER 1.00 X 0. 0. 0. 0. 0. (30) DICK VITALE DIRECTOR 1.00 X 0. 0. 0. (31) R.C. "BUCKY" WATERS DIRECTOR 1.00 X 0. 0. 0. (32) ROBERT WAYMAN 1.00 X 0. 0. 0. 0. 0. (32) ROBERT WAYMAN 1.00 X 0. 0. 0. 0. 0. (33) DERECTOR 1.00 X 0. 0. 0. 0	DIRECTOR	1.00	X						0.	0.	0.
DIRECTOR	(28) ROBERT VALVANO							\vdash	-	_	
1.00 X	DIRECTOR	1.00	X						0.	0.	0.
1.00 X	(29) LESLEY VISSER		\vdash					Т			
1.00 X	DIRECTOR	1.00	X						0.	0.	0.
STATE SUCKY" WATERS 1.00 X	(30) DICK VITALE		\vdash					Т			
Carrello	DIRECTOR	1.00	X						0.	0.	0.
1.00 X	(31) R.C. "BUCKY" WATERS							Г			
DIRECTOR 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	DIRECTOR	1.00	X						0.	0.	0.
1.00 X 0.0	(32) ROBERT WAYMAN										
DIRECTOR 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	DIRECTOR	1.00	X						0.	0.	0.
1.00 x	(33) DERECK WHITTENBURG										
DIRECTOR	DIRECTOR	1.00	X						0.	0.	0.
35) SUSAN BRAUN	(34) DAVID WILLIAMS										
CEO	DIRECTOR	1.00	X						0.	0.	0.
(36) JEFFERSON PARKER VP OF OPERATIONS (37) JOHN LESHNEY (38) VARY LANE (38) LARRY LANE EMPLOYEE (39) JOYCE ASCHENBRENNER FORMER EMPLOYEE 40.00 X 103,388. 0. 22,228. 105,058. 0. 28,819. 24,367. 39) JOYCE ASCHENBRENNER FORMER EMPLOYEE 40.00 X 126,000. 0. 24,367. 3,178.	(35) SUSAN BRAUN										
VP OF OF OPERATIONS 40.00 X 103,388. 0.22,228. (37) JOHN LESHNEY SR VP OF DONOR DEVELOPMENT 40.00 X 156,058. 0.28,819. (38) LARRY LANE EMPLOYEE 40.00 X 126,000. 0.24,367. (39) JOYCE ASCHENBRENNER 40.00 X 126,636. 0.8,178. FORMER EMPLOYEE 40.00 X 126,636. 0.8,178.	CEO	40.00			Х				0.	0.	0.
331 JOHN LESHNEY	(36) JEFFERSON PARKER										
SR VP OF DONOR DEVELOPMENT 40.00 X 156,058. 0. 28,819. (38) LARRY LANE EMPLOYEE 40.00 X 126,000. 0. 24,367. (39) JOYCE ASCHENBRENNER FORMER EMPLOYEE 40.00 X 126,636. 0. 8,178.	VP OF OPERATIONS	40.00			Х				103,388.	0.	22,228.
(38) LARRY LANE EMPLOYEE 40.00 X 126,000. 0. 24,367. (39) JOYCE ASCHENBRENNER FORMER EMPLOYEE 40.00 X 126,636. 0. 8,178.	(37) JOHN LESHNEY										
EMPLOYEE 40.00 X 126,000. 0. 24,367. (39) JOYCE ASCHENBRENNER FORMER EMPLOYEE 40.00 X 126,636. 0. 8,178.		40.00				Х			156,058.	0.	28,819.
(39) JOYCE ASCHENBRENNER FORMER EMPLOYEE 40.00 X 126,636. 0. 8,178.	(38) LARRY LANE										
FORMER EMPLOYEE 40.00 X 126,636. 0. 8,178.	EMPLOYEE	40.00					Х		126,000.	0.	24,367.
	(39) JOYCE ASCHENBRENNER										
Total to Part VII. Section A line 1c. 512.082. 83.592.	FORMER EMPLOYEE	40.00	$oxed{oxed}$					X	126,636.	0.	8,178.
Total to Part VII. Section A. line 1c. 512.082. 83.592.											
Total to Part VII. Section A. line 1c. 512.082. 83.592.			┞				_	_			
Total to Part VII. Section A line 1c. 512.082. 83.592.											
Total to Part VII. Section A. line 1c. 512.082. 83.592.			┝					<u> </u>			
Total to Part VII. Section A. line 1c. 512.082. 83.592.											
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Total to Part VII. Section A. line 1c. 512.082. 83.592.			┢	\vdash				\vdash			
Total to Part VII. Section A. line 1c. 512.082. 83.592.											
Total to Part VII. Section A. line 1c. 512.082. 83.592.			\vdash	\vdash	\vdash	\vdash		\vdash			
Total to Part VII. Section A. line 1c 512.082. 83.592.											
Total to Part VII. Section A. line 1c 512,082.											
	Total to Part VII, Section A, line 1c								512,082.		83,592.

		(== : :)	/ FOUNDATION				13-3705	951 Page 9
Pa	rt VII	II Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts nts		Federated campaigns						
Contributions, Gifts, Grants and Other Similar Amounts	c d e f	Membership dues Fundraising events Related organizations Government grants (contributions, gifts, gransimilar amounts not included about	1c 3, 453, 1d 2, 363, 2 tions) 1e	381.				
nou		Noncash contributions included in line			16211260.			
O B	h	Total. Add lines 1a-1f	Busines		10211200.			
Program Service Revenue	2 a b c d			s Code				
rog	е							
٦		All other program service rev						
	3	I Total. Add lines 2a-2f	dividends, interest, and		461,627.			461,627.
	4	Income from investment of ta						
	5	Royalties						
	6.0	Gross rents	(i) Real (ii) Per	sonal				
		Gross rents Less: rental expenses						
		Rental income or (loss)		$\neg \neg$				
		Net rental income or (loss)		🕨				
	7 a	Gross amount from sales of	(i) Securities (ii) Of	ther				
		assets other than inventory	11289163					
	b	Less: cost or other basis	10889795					
		and sales expenses Gain or (loss)	399 368					
	q	Net gain or (loss)	333,300		399,368.			399,368.
nue		Gross income from fundraisir including \$ 3,453,	ng events (not		322,7333			
Other Revenue	b	contributions reported on line Part IV, line 18 Less: direct expenses	a 2110					
٦		Net income or (loss) from fun		🕨	373,917.			373,917.
	9 a	Gross income from gaming a						
		Part IV, line 19						
		Less: direct expensesNet income or (loss) from gar		▶				
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	es of inventory	▶				
-		Miscellaneous Revenu			220 000	220 000		
		LOSS FROM BAD I		U 7 7	-230,000.	-230,000.		
	b c	-						
		All other revenue						
		Total. Add lines 11a-11d		🕨	-230,000.			
1000	12	Total revenue. See instructions.			17216172.	-230,000.	0.	
13200 01-23	9 -12							Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	nse to any question in th			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(Å) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	14,613,141.	14,613,141.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	005 045	005 540	207 426	000 400
	trustees, and key employees	807,345.	297,749.	227,106.	282,490
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	287,971.	106,204.	01 006	100 761
7	Other salaries and wages	201,911.	100,204.	81,006.	100,761
8	Pension plan accruals and contributions (include				
•	section 401(k) and section 403(b) employer contributions)	102,578.	37,831.	28,855.	35,892
9	Other employee benefits	61,684.	22,749.	17,352.	21,583
10	Payroll taxes	01,004.	22,149.	17,552.	21,303
11	Fees for services (non-employees):				
a	Management Logal				
b	Legal Accounting				
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	177,838.		177,838.	
g g	Other	160,689.	59,262.	45,202.	56,225
12	Advertising and promotion	63,423.	23,390.	17,841.	22,192
13	Office expenses	76,879.	28,353.	21,626.	26,900
14	Information technology	105,311.	38,839.	29,624.	36,848
15	Royalties	-	-		-
16	Occupancy	118,034.	43,531.	33,203.	41,300
17	Travel	114,696.	42,300.	32,264.	40,132
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	4,874.	1,798.	1,371.	1,705
23	Insurance	11,806.	4,354.	3,321.	4,131
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPORTING ORGANIZATION	207,245.	207,245.		
b	BANK SERVICE CHARGES	96,715.	4,303.	3,282.	89,130
С	MISCELLANEOUS	15,189.	5,601.	4,274.	5,314
d	OTHER FUNDRAISING EXPEN	4,214.	-	-	4,214
е	All other expenses	2,675.	987.	752.	936
25	Total functional expenses. Add lines 1 through 24e	17,032,307.	15,537,637.	724,917.	769,753
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
13201	0 01-23-12				Form 990 (2011

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			12,449,215.	1	5,284,061.
	2	Savings and temporary cash investments			1,397,507.	2	6,129,634.
	3	Pledges and grants receivable, net			2,814,864.	3	4,191,806.
	4	Accounts receivable, net			86,000.	4	55,500.
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee	es. Cor	nplete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c)	(3)(B),	and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
w		employees' beneficiary organizations (see instru				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			35,892.	9	56,406.
	10a	Land, buildings, and equipment: cost or other		400 60-			
		basis. Complete Part VI of Schedule D		109,627. 71,450.			20.455
	b	Less: accumulated depreciation			7,502.	10c	38,177.
	11	Investments - publicly traded securities	45 060 465	11	21 225 225		
	12	Investments - other securities. See Part IV, line 1		17,860,165.	12	21,026,926.	
	13	Investments - program-related. See Part IV, line	r		13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			24 651 145	15	26 500 510
	16	Total assets. Add lines 1 through 15 (must equa			34,651,145.	16	36,782,510.
	17	Accounts payable and accrued expenses	34,664.	17	39,134.		
	18	Grants payable	19,550,620.	18	20,332,228.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Liabilities	21	Escrow or custodial account liability. Complete I		T T		21	
Ξ	22	Payables to current and former officers, director					
L:		highest compensated employees, and disqualifi		·		00	
	22	of Schedule L		r		22	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa		T T			
	23	parties, and other liabilities not included on lines					
		Schedule D			0.	25	27,350.
	26	Total liabilities. Add lines 17 through 25			19,585,284.	26	20,398,712.
		Organizations that follow SFAS 117, check he				20	
Ś		lines 27 through 29, and lines 33 and 34.		and complete			
nce	27	• ,			-2,770,420.	27	-3,207,040.
<u>a</u>	28	Temporarily restricted net assets			4,533,875.	28	3,834,726.
Ö	29				13,302,406.	29	15,756,112.
جَ		Organizations that do not follow SFAS 117, cl	neck h	ere and	· · ·		, ,
ρ		complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or ed		r		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		· · · · · · · · · · · · · · · · · · ·		32	
ž	33	Total net assets or fund balances			15,065,861.	33	16,383,798.
	34	Total liabilities and net assets/fund balances			34,651,145.	34	36,782,510.
							5 000 (2244)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,21		
2	2 Total expenses (must equal Part IX, column (A), line 25)					07.
3	Revenue less expenses. Subtract line 2 from line 1	3		183,865		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15	,06	5,8	61.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1	,13	4,0	72.
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	16	,38	3,7	98.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
	· · · · · · · · · · · · · · · · · · ·				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
2a						Х
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	nale Aud	tit			
	Act and OMB Circular A-133?	•		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		
	, , , , , , , , , , , , , , , , , , , ,			Form	990 (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2011

OMB No. 1545-0047

pen to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

			OUNDATION						Ι,	3-3/05	ADT	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	t.) See inst	tructions.				
The organ	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1 📺		•	s, or association of chur	•	•	•	,	L				
2	•		0(b)(1)(A)(ii). (Attach Sc				(~)(-)(-)					
3 🗔			tal service organization of			170/b)/1/	A \/:::\					
	•		ŭ					/L\/ 4\/ A\/::	:\	ha haanital	l'o nom	
4 📖			operated in conjunction	with a nos	pital desci	ibea in se	Cuon 170	(D)(I)(A)(II	i). Enter t	ne nospitai	S nam	ie,
	city, and stat											
5 📖			benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	rate, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 X	An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general _l	public desc	ribed i	n
	section 170(b)(1)(A)(vi). (Comple	te 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 contributions.								from				
activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross inves								invest	ment			
	income and u	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	after June 3	30, 197	' 5.
		509(a)(2). (Complete			•		•	, ,				
10			perated exclusively to te	st for publi	ic safety. S	See sectio	n 509(a)(4	1).				
11 🔲	•		•	•	•			•	v out the	purposes o	of one	or
	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											
							.,. 000 001		-,(-,:			
	describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated d Type III - Other											
е 🔲			t the organization is not			•	•	r more die		* *		n
c	, ,	,	han one or more publicly		•	•	•		•	•		.1 1
			ten determination from t						(a)(1) 01 ·	Section 303	η(a)(∠).	
f	•				•							
		rganization, check th										
g	· ·		rganization accepted ar	, ,		•		•				
			irectly controls, either al								Yes	No
			upported organization?								igwdown	
			n described in (i) above?									
	(iii) A 35% (controlled entity of a	person described in (i) of	or (ii) above	∍?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization((s).							
(i) Name	e of supported	(ii) EIN	(iii) Type of	(iv) Is the o			ı notify the	(vi) Is organizatio	the	(vii) An	nount o	f
org	anization		organization (described on lines 1-9	in col. (i) lis				l (i) organiz	ed in the	sup	port	
			above or IRC section	governing (document?	(i) of your	support?	U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
Total												

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

Schedule A (Form 990 or 990-EZ) 2011

Part II 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12401317.	10114129.	10176526.	12910972.	16238935.	61841879.
2	Tax revenues levied for the organ-						
	ization'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	12401317.	10114129.	10176526.	12910972.	16238935.	61841879.
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)						182,176.
6	Public support. Subtract line 5 from line 4.						61659703.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	12401317.	10114129.	10176526.	12910972.	16238935.	61841879.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	385,679.	466,032.	369,272.	458,093.	461,627.	2140703.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						63982582.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publ						
14	Public support percentage for 2011 (line 6, column (f) d	ivided by line 11, o	column (f))		14	96.37 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	89.51 %
16a	33 1/3% support test - 2011. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	١			▶ X
b	33 1/3% support test - 2010. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop h	nere. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	t - 2010. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part IV how the	Э
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	ns ▶
					Sche	edule A (Form 990	or 990-EZ) 2011

Part III | 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.)

Section A. Public Support	zere in, produce comp					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 per-						
formed, 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
b 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.)						
14 First five years. If the Form 990 is for	r the organization?	s first, second this	rd. fourth, or fifth t	ax vear as a section	on 501(c)(3) organi:	zation.
check this box and stop here	· ·			•		
Section C. Computation of Pub						
15 Public support percentage for 2011	(line 8, column (f) d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inve						
17 Investment income percentage for 20	011 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2011. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2010. If the						
line 18 is not more than 33 1/3%, ch						
20 Private foundation If the organization						

132023 01-24-12

Schedule A (Form 990 or 990-EZ) 2011

THE V FOUNDATION 13-3705951

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2011

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
DISNEY WORLDWIDE SERVICES	1,461,828.	182,176.
Total Excess Contributions to Schedule A, Part II, Line 5		182,176.

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

Employer identification number

	THE V FOUNDATION		13-3705951			
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Sim	ilar Funds or <i>F</i>	Accounts. Complete if the			
	organization answered "Yes" to Form 990, Part IV, line 6.		·			
	(a) Donor advised fur	nds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised fur	nds			
	are the organization's property, subject to the organization's exclusive legal control?					
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant for					
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any ot					
	impermissible private benefit?					
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" to					
1	Purpose(s) of conservation easements held by the organization (check all that apply).					
		tion of an historica	lly important land area			
		tion of a certified h				
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	n in the form of a co	onservation easement on the last			
	day of the tax year.					
	•		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic structure included in (a)		2c			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a hi	istoric structure				
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or term		nization during the tax			
	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?		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	easements during t	the year 🕨			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easer	ments during the ye	ear > \$			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	f section 170(h)(4)(l	3)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIV, describe how the organization reports conservation easements in its revenue	and expense state	ment, and balance sheet, and			
	include, if applicable, the text of the footnote to the organization's financial statements that	at describes the or	ganization's accounting for			
	conservation easements.					
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasu	ures, 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 (ASC 958), not to report in its re					
	historical treasures, or other similar assets held for public exhibition, education, or research	ch 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 (ASC 958), to report in its revenue					
	treasures, or other similar assets held for public exhibition, education, or research in further	erance of public se	rvice, 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					
2	If the organization received or held works of art, historical treasures, or other similar asset	-	provide			
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to thes					
a	, , , , , , , , , , , , , , , , , , , ,					
b	Assets included in Form 990, Part X		. • \$			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Sim	ilar Asse	ts (cont	inued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significar	t use of its	collectio	n item	S
	(check all that apply):								
а	Public exhibition	d	Loan or excl	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's ex	empt pur	pose in Par	t XIV.		
5	During the year, did the organization solicit o	r receive donations of	of art, historical trea	sures, or other simil	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes		No_
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Yes" to	Form 99	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets no	t include	d			
	on Form 990, Part X?						Yes		No
b	b If "Yes," explain the arrangement in Part XIV and complete the following table:								
							Amount	t	
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Yes		No
	If "Yes," explain the arrangement in Part XIV.								
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	e years back	(e) Four	years	back
1a	Beginning of year balance	19,257,672.	20,007,256.	18,555,062.	16	,585,351.			
b	Contributions	1,248,468.	948,986.	1,413,383.		989,463.			
	Net investment earnings, gains, and losses	1,983,638.	-116,694.	1,826,001.		980,248.			
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	741,333.	1,397,265.	1,631,035.					
f	Administrative expenses	177,838.	184,611.	156,155.					
	End of year balance	21,570,607.	19,257,672.	20,007,256.	18	,555,062.			
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	i)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment ► 59.68	%	_						
С	Temporarily restricted endowment ▶ 4	0.32 %							
	The percentages in lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the orga	nization			
	by:							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b		
4	Describe in Part XIV the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ient. See Form 990	, Part X, line 10.						
	Description of property	(a) Cost or of	ther (b) Cost	or other (c) A	Accumula	ited	(d) Bool	k value	<u>——</u> е
		basis (investm	nent) basis	(other) de	epreciation	n			
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment			8,499.		038.		0,4	
	Other		4	1,128.	33,	412.		7,7	
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (B), line 1	0(c).)			3	8,1	77 .

Part V	III Investments - Other Securities. See	e Form 990, Part X, line	12.			
	(a) Description of security or category (including name of security)	(b) Book value	(ethod of valua d-of-year mark	
(1) Finan	ncial derivatives					
(2) Close	ely-held equity interests	75,000	. COST			
(3) Other	r					
(A) E	PUBLICLY TRADED					
	SECURITIES	19,434,899				
(C) Z	ALTERNATIVE INVESTMENTS	1,517,027	• END-OF-	YEAR	MARKET	VALUE
(D)						
(E)						
(F)						
(G)						
(H)						
(l)	I/h\ maret agreel Forms 000 Don't V. cal /D\ line 10 \	21,026,926				
	I (b) must equal Form 990, Part X, col (B) line 12.)					
Fait V	iii iiivestilients - Program Related. Se	ee Form 990, Part X, line	9 13. 	(a) Ma	thad of value	tions
(a) Description of investment type		(b) Book value	(ethod of valua d-of-year mark	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	I (b) must equal Form 990, Part X, col (B) line 13.)					
Part IX		 15.				
		Description			1	(b) Book value
(1)	•	·				
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	olumn (b) must equal Form 990, Part X, col (B) line					
Part X	, ,	line 25.	(In) Declaration			
1.	(a) Description of liability		(b) Book value	_		
	ederal income taxes LEASE PAYABLE		27,350	,-		
	TEASE PAIABLE		27,330	<u>'</u>		
(3)				\dashv		
(4)				_		
(5)				-		
(6)				-		
(7)						
(8)						
(10)						
(11)						
	olumn (b) must equal Form 990, Part X, col (B) line	25.)	27,350			
FIN 48	(ASC 740) Footnote. In Part XIV, provide the text of the footnote to (ASC 740).	the organization's financial star	ements that reports the org		ability for uncertain	n tax positions under
132053 01-23-12					Sche	edule D (Form 990) 2011

Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited	d Financial Sta	temen	ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		17,216,172
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		17,032,307
3	Excess or (deficit) for the year. Subtract line 2 from line 1				183,865
4	Net unrealized gains (losses) on investments				1,134,072
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				1,134,072
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3				1,317,937
	rt XII Reconciliation of Revenue per Audited Financial Stater			Retur	
1	Total revenue, gains, and other support per audited financial statements		-	1	18,580,244
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а		2a	1,134,072		
b					
С					
d					
e				2e	1,134,072
3	Subtract line 2e from line 1			3	17,446,172
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, , ,
' a		4a			
b			-230,000	1.	
			<u> </u>		-230,000
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 12.</i>)				17,216,172
	rt XIII Reconciliation of Expenses per Audited Financial State	ments Wi	th Expenses po	er Retu	
1	Total expenses and losses per audited financial statements				17,262,307
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a		2a			
b					
C					
d			230,000	1.	
e			-	2e	230,000
3	Subtract line 2e from line 1				17,032,307
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			٠ ا	2.70027007
a		4a			
	Other (Describe in Part XIV.)			_	
	Add lines 4a and 4b	40		4c	0
_	Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line</i> 18.)				17,032,307
	rt XIV Supplemental Information			. 3	11/032/301
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par	rt III. linne 1a	and 1: Part IV lines	1h and	2h: Part V. lina 4: Part
	ne 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co	,	,		
	RT V, LINE 4: THE FOUNDATION'S ENDOWMENT				
	,	0011010	15 01 01(1		V 1 D 01111
गान	ND ESTABLISHED FOR PROVIDING LONG-TERM ST	יתדודמאי	Y AND UTT	ТЛАТ	TON OF TTS
			11110 0111		1011 01 115
EAI	RNINGS FOR FUNDING OF THE OPERATIONS OF T	ти точ	NDATTON.		
		1001			
PΔI	RT X, LINE 2: IN ACCORDANCE WITH ASC 740,	ACCOIT	AUL DULLN	TNCO	ME:
- WI	MI A, LINE Z. IN ACCOMPANCE WITH ADC /40,	ACCOOL	ATTIO FOR	T14CO	1111
ψΔν	XES, THE FOUNDATION REFLECTS IN THE FINAN	ורד או. פי	т∆т₽М₽МтС	тнг	BENEFTT OF
<u> </u>	VED' THE LOOMDWITOM WELFECTS IN THE LIMM	CTVT D	TATEMENTS	1117	PEMERTI OF
POS	SITIONS TAKEN IN A PREVIOUSLY FILED TAX R	RETURN (OR EXPECTE	D TO	BE TAKEN

132054 01-23-12 Schedule D (Form 990) 2011

IN A FUTURE TAX RETURN ONLY WHEN IT IS CONSIDERED 'MORE-LIKELY-THAN-NOT'

Part XIV Supplemental Information (continued)

THAT THE POSITION TAKEN WILL BE SUSTAINED BY A TAXING AUTHORITY. THE

FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS USING PROVISIONS OF ASC

450, CONTINGENCIES. ACCORDINGLY, A LOSS CONTINGENCY IS RECOGNIZED WHEN IT

IS PROBABLE THAT A LIABILITY HAS BEEN INCURRED AS OF THE DATE OF THE

FINANCIAL STATEMENTS AND THE AMOUNT OF THE LOSS CAN BE REASONABLY

ESTIMATED.

THE AMOUNT RECOGNIZED IS SUBJECT TO ESTIMATE AND MANAGEMENT JUDGMENT WITH
RESPECT TO THE LIKELY OUTCOME OF EACH UNCERTAIN TAX POSITION. THE AMOUNT
THAT IS ULTIMATELY SUSTAINED FOR AN INDIVIDUAL UNCERTAIN TAX POSITION OR
FOR ALL UNCERTAIN TAX POSITIONS IN THE AGGREGATE COULD DIFFER FROM THE
AMOUNT RECOGNIZED.

AUTHORITIES ARE INCLUDED AS EXPENSES IN THE STATEMENT OF ACTIVITIES AND
CHANGES IN NET ASSETS. UNDER THE STATUTE OF LIMITATIONS, THE FEDERAL
INFORMATIONAL RETURNS OF THE FOUNDATION FOR 2008 THROUGH 2010, ARE SUBJECT
TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT EVALUATED TAX
POSITIONS FOR THE 2008 THROUGH 2010 RETURNS, AND CONCLUDED THAT THERE ARE
NO UNCERTAIN TAX POSITIONS AND BELIEVES THERE IS NO INCOME TAX EFFECT ON
THE FINANCIAL STATEMENTS.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS FROM BAD DEBTS -230,000.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

LOSS FROM BAD DEBTS 230,000.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

OMB No. 1545-0047

Inspection

Name of the organization

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. Employer identification number

THE V F	OUNDATION				13-3705	951		
Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No					
Fotal		-	•					
List all states in which the organization or licensing.				s or has been notified	d it is exempt from re	egistration		

Schedule G (Form 990 or 990-EZ) 2011

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

13-3705951 Page 2 Schedule G (Form 990 or 990-EZ) 2011 THE V FOUNDATION 13-3705951 Page Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 page 18.

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.											
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events						
			DICK VITALE	ESPN GOLF		(add col. (a) through						
			GALA	EVENT	3	col. (c))						
a)			(event type)	(event type)	(total number)	COI. (C))						
Revenue												
eve	1	Gross receipts	2,255,024.	2,201,189.	270,374.	4,726,587.						
Œ												
	2	Less: Charitable contributions	2,045,024.	1,173,967.	234,755.	3,453,746.						
	3	Gross income (line 1 minus line 2)	210,000.	1,027,222.	35,619.	1,272,841.						
		, , , , , , , , , , , , , , , , , , ,										
	4	Cash prizes										
S	5	Noncash prizes										
nse												
kpe	6	Rent/facility costs	50,203.		8,969.	59,172.						
Direct Expenses												
rec	7	Food and beverages	161,129.		102,838.	263,967.						
		•										
	8	Entertainment	35,418.			35,418.						
	9	Other direct expenses	167,212.	1,140,748.	77,953.	1,385,913.						
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		•	(1,744,470)						
	11	Net income summary. Combine line 3, column				-471,629.						
Pa	Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than											
		\$15,000 on Form 990-EZ, line 6a.										
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add						
Revenue			(a) Birigo	bingo/progressive bingo	(b) Other gaming	col. (a) through col. (c))						
Seve												
<u> </u>	1	Gross revenue										
S	2	Cash prizes										
Direct Expenses												
xb	3	Noncash prizes										
벙												
)ire	4	Rent/facility costs										
	5	Other direct expenses										
			Yes %	Yes %	Yes %							
	6	Volunteer labor	└── No	│	└── No							
	_											
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	()						
					_							
_	8	Net gaming income summary. Combine line 1	, column d, and line 7		<u> </u>							
•												
		ter the state(s) in which the organization opera	-									
		the organization licensed to operate gaming ac				Yes No						
b If "No," explain:												
40-	10/-	are any of the organization's garaine lines	wokod ouopopalaalaatta	rminated during the term	uoor?	Yes No						
		ere any of the organization's gaming licenses re	•	-		. LITES LINO						
i.	b If "Yes," explain:											
	ын тоо, одринн											

132082 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

Sch	nedule G (Form 990 or 990-EZ) 2011 THE V FOUNDATION 13-3	705	951	Page 3
	Does the organization operate gaming activities with nonmembers?	$\overline{}$	/es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		′ es	☐ No
13	Indicate the percentage of gaming activity operated in:			
á	The organization's facility	13a		%
ŀ	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		′ es	☐ No
ı	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$			
	If "Yes," enter name and address of the third party:			
	Name N			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	، لـــا <u>،</u>	′ es	└─ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)			
_	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	(see ir	struc	ions).
_				

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

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

2011
Open to Public Inspection

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

P Attach to Form 990.

Name of the organization THE V FOUI	FOUNDATION						Employer identification number $13 - 3705951$	number 5951
Part I General Information on Grants and Assistance	nd Assistance							
1 Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance?	to substantiate th		or assistance, the	grantees' eligibility	/ for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Yes	%
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	funds in the Unite	d 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	Governments an	d Organizations in the	$ ilde{ ii}}}}}}}}}}}}}}}}} \intity}}}}}}}}}}}}} }} }} }} } } } } } }} } $	omplete if the orga	ınization answered "Y	res" 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. Part II can be duplicated if additional space is needed	\$5,000. Check this	s box if no one recipien	it received more th	ian \$5,000. Part II	can be duplicated if a	additional space is nee	pape	
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, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ant
SOH S								
ST PETERSBURG, FL 33731-3142	59-2481738	501 C (3)	1,500,000.	0			CANCER RESEARCH	
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVE - BOSTON, MA 02215	04-2103881	501 C (3)	.000,009	.0			CANCER RESEARCH	
CANCER INSTITUTE OF NEW JERSEY 195 LITTLE ALBANY STREET NEW BRUNSWICK, NJ 08903-2681	20-2959012	501 C (3)	.000,000	0.			CANCER RESEARCH	
CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD., MS 97 LOS ANGELES, CA 90027-6062	95-1690977	501 C (3)	.000,009	.0			CANCER RESEARCH	
CLEVELAND CLINIC LERNER COLLEGE OF MEDICINE - 9500 EUCLID AVENUE - CLEVELAND, OH 44195	34-0714585	501 C (3)	200,000.	0.			CANCER RESEARCH	
COLD SPRING HARBOR LABORATORY P.O. BOX 100, ONE BUNGTOWN ROAD COLD SPRING HARBOR, NY 11724	11-2013303	501 C (3)	200,000.	0.			CANCER RESEARCH	
2 Enter total number of section 501(c)(3) and government organizations	nd government o		listed in the line 1 table				A	34.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					A	0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2011)	90) (2011)

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Schedule I (Form 990) THE V FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and	FOUNDATION	wernments and Organ	izations in the Ur	ited States (Sche	d Organizations in the United States (Schedule I (Form 990) Part II.)	T (= +	3-3705951 Page 1
(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
COLORADO UNIVERSITY FOUNDATION 4740 WALNUT STREET BOULDER, CO 80301	84-6049811	501 C (3)	100,000.	.0			CANCER RESEARCH
CONNECTICUT CHILDREN'S MEDICAL CENTER - 282 WASHINGTON STREET - HARTFORD, CT 06106	22-2619869	501 C (3)	.000,000	.0			CANCER RESEARCH
DANA-FARBER CANCER INSTITUTE MANAGER, RESEARCH ACCOUNTING, DANA FARBER CANCER INSTITUTE - BOSTON, MA 0211	04-2263040	501 C (3)	.000,009	.0			CANCER RESEARCH
DUKE CANCER INSTITUTE 10 BRYAN SEARLE DRIVE DURHAM, NC 27710	56-0532129	501 C (3)	.000,009	.0			CANCER RESEARCH
DUKE UNIVERSITY MEDICAL CENTER 2301 ERWIN ROAD DURHAM, NC 27705	56-0532129	501 C (3)	1,200,000.	0.			CANCER RESEARCH
HOLLINGS CANCER CENTER 86 JONATHAN LUCAS STREET CHARLESTON, SC 29425	57-6000722	501 C (3)	200,000.	.0			CANCER RESEARCH
HUNTSMAN CANCER INSTITUTE 2000 CIRCLE OF HOPE DRIVE SALT LAKE CITY, UT 84112	87-6000525	501 C (3)	200,000.	.0			CANCER RESEARCH
KECK SCHOOL OF MEDICINE 1975 ZONAL AVENUE LOS ANGELES, CA 90089	95-1642394	501 C (3)	200,000.	.0			CANCER RESEARCH
KNIGHT CANCER INSTITUTE 3181 S.W. SAM JACKSON PARK ROAD PORTLAND, OR 97239	93-1176109	501 c (3)	200,000.	.0			CANCER RESEARCH
							Schedule I (Form 990)

Schedule I (Form 990) THE V FOUR	FOUNDATION					1	3-3705951 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa	rt 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
M.D. ANDERSON CANCER CENTER 1515 HOLCOMBE BOULEVARD HOUSTON, TX 77030	74-6000203	501 C (3)	1,015,000.	0.			CANCER RESEARCH
MASONIC CANCER CENTER 425 EAST RIVER PARKWAY MINNEAPOLIS, MN 55455	41-6007513	501 C (3)	200,000.	.0			CANCER RESEARCH
MASSACHUSETTS GENERAL HOSPITAL CANCER CENTER - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501 C (3)	500,000.	.0			CANCER RESEARCH
MOFFITT CANCER CENTER FOUNDATION 12902 USF MAGNOLIA DRIVE TAMPA, FL 33612	59-3238636	501 C (3)	.000,000	0			CANCER RESEARCH
ROBERT H. LURIE COMPREHENSIVE CANCER CENTER - 676 NORTH ST. CLAIR, SUITE 1200 - CHICAGO, IL 60611	36-2167817	501 C (3)	200,000.	0.0			CANCER RESEARCH
SITEMAN CANCER CENTER SITEMAN CANCER CENTER, 660 S EUCLID ST. LOUIS, MO 63110	43-0653611	501 C (3)	250,000.	0.			CANCER RESEARCH
ST. HELENA HOSPITAL FOUNDATION P.O. BOX 250 DEER PARK, CA 94576	20-1384250	501 C (3)	16,000.	0.			CANCER RESEARCH
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501 C (3)	800,000.	0.			CANCER RESEARCH
STANFORD CANCER INSTITUTE 875 BLAKE WILBUR DRIVE STANFORD, CA 94305	94-1156365	501 C (3)	200,000.	.0			CANCER RESEARCH
							Schedule I (Form 990)

Schedule I (Form 990) THE V FOUNDATION Part II Continuation of Grants and Other Assistance to Governments an	FOUNDATION	vernments and Organ	nizations in the U	nited States (Sche	d Organizations in the United States (Schedule I (Form 990). Part II.)	1	3-3705951 Page 1
(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
STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305	94-1156365	501 C (3)	828,950.	0.			CANCER RESEARCH
THE WISTAR INSTITUTE THE WISTAR INSTITUTE, 3601 SPRUCE \$ PHILADELPHIA, PA 19104	23-6434390	501 C (3)	200,000.	0.			CANCER RESEARCH
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOSTON, MA 02111	04-3400617	501 C (3)	.000,009	0.			CANCER RESEARCH
UCSF HELEN DILLER FAMILY COMPREHENSIVE CANCER CENTER - UCSF-CONTROLLER'S OFFICE, 1855 FOLSOM STREET, MSB - SAN	94-6036493	501 C (3)	200,000.	0.			CANCER RESEARCH
UNC LINEBERGER COMPREHENSIVE CANCER CENTER - CAMPUS BOX 7295 - CHAPEL HILL, NC 27599-7295	56-6001393	501 C (3)	730,000.	0.			CANCER RESEARCH
UNIVERSITY OF CHICAGE COMPREHENSIVE CANCER INSTITUTE - 5841 SOUTH MARYLAND AVENUE - CHICAGO, IL 60637	36-2177139	501 C (3)	200,000.	0			CANCER RESEARCH
UNIVERSITY OF HAWAII CANCER CENTER 677 ALA MOANA BLVD., SUITE 901 HONOLULU, HI 96813	99-6000354	501 C (3)	.000,008	0.			CANCER RESEARCH
UNIVERSITY OF MARYLAND, BALTIMORE 620 W. LEXINGTON ST. BALTIMORE, MD 21201	52-6002033	501 C (3)	45,000.	0.			CANCER RESEARCH
UNIVERSITY OF MICHIGAN COMPREHENSIVE CANCER CENTER - UM COMPREHENSIVE CANCER CENTER, OFFICE OF DEVELOPMENT - ANN ARBOR,	38-6006309	501 C (3)	200,000.	0.			CANCER RESEARCH
							Schedule I (Form 990)

Page 1

Schedule I (Form 990) THE V FOUNDATION

Schedule I (Form 990) (h) Purpose of grant or assistance CANCER RESEARCH DISCOUNT (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 (e) Amount of non-cash assistance (d) Amount of cash grant 000,009 -21,809. (c) IRC section if applicable 41-6007513 501 C (3) (p) EIN CENTER - 425 EAST RIVER PARKWAY -UNIVERSITY OF MINNESOTA CANCER (a) Name and address of organization or government MINNEAPOLIS, MN 55455 DISCOUNT ON GRANTS

13-3705951

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. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2011)

valuation (f) Description of non-cash assistance raisal, other)			tion.			S				
(e) Method of valuation (book, FMV, appraisal, other)			additional informa	RY BOARD	FUNDED	ECT STATUS	RECEIVES	AND		
(d) Amount of non- cash assistance			information required in Part I, line 2, and any other additional information	FIC ADVISORY	EACH	ITH A PROJECT	FOUNDATION ALSO	V SCHOLAR AND		
(c) Amount of cash grant			on required in Part I,	I'S SCIENTIFIC	RECOMMENDATIONS.	FOUNDATION WITH	THE	WORK OF		
(b) Number of recipients				FOUNDATION'S	FUNDING RE	THE V FC	ST YEAR.	SHTING THE		
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the	SCHEDULE I, PART I, LINE 2: THE FC	REVIEWS PROPOSALS AND MAKES ALL FU	RESEARCHER IS REQUIRED TO PROVIDE	REPORT BY DECEMBER 31ST OF THE FIRST	COPIES OF ANY PUBLICATIONS HIGHLIGHTI	TRANSLATIONAL GRANT RECIPIENTS.	

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

THE V FOUNDATION

Employer identification number 13-3705951

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	_		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
•				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
^	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

THE V FOUNDATION

Schedule J (Form 990) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Heurement and other deferred compensation	Nontaxable benefits	(B)(i)-(D)	Compensation reported as deferred in prior Form 990
	9	174.275.	0	0	5.251.	32.146.	211.672.	0
1 NICHOLAS VALVANO	€	0	0	0		- I		0
	€	151,45	4,600.	0	4,728.	24,091.	184,877.	0
2 JOHN LESHNEY	≘		0	0	0	0	1	0
l	Ξ	125,00	1,000.	0	3,780.	20,587.	150,367.	0
3 LARRY LANE	<u>=</u>							0
	(i)	76,747.	1,011.	48,878.	2,164.	6,014.	134,814.	• 0
4 JOYCE ASCHENBRENNER	≘	0	0	0	0	0	0	0
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Page 3

., 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any	
6b, 7,	
, 5b, 6a, 6b,	
5a, 5k	
4a, 4b, 4c, 5a,	
, 4b,	
3, 4a	
Part I, lines 1a, 1b,	
s 1a,	
lines 1	
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II, LINE 4A: JOYCE ASCHENBRENNER RECEIVED \$48,878 IN SEVERANCE PAY.									
PART									

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE V FOUNDATION

Employer identification number 13-3705951

(a) (b) Number of Contribution amounts reported on Items contributed Form 990, Part VIII, line 1g Items contribution amounts reported on Items contributed Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution amounts reported on Form 990, Part VIII, line 1g Items contribution am	
applicable contributions or items contributed on Form 990, Part VIII, line 1g noncash contribution amount fo	
items contributed Form 990, Part VIII, line 1g 1 Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded X 20 201,630 SECURITY FMV 10 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures	
1 Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures	.S
2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures	
3 Art - Fractional interests 4 4 Books and publications 5 5 Clothing and household goods 6 6 Cars and other vehicles 7 7 Boats and planes 8 8 Intellectual property 9 9 Securities - Publicly traded X 20 201,630 • SECURITY FMV 10 10 Securities - Closely held stock 11 11 Securities - Partnership, LLC, or trust interests 12 12 Securities - Miscellaneous 13 13 Qualified conservation contribution - Historic structures 15 14 Historic structures 16 15 Clothing and household goods 15 16	
4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded X 20 201,630 • SECURITY FMV 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures	
5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures	
6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded X 20 201,630 • SECURITY FMV 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures	
7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded X 20 201,630 • SECURITY FMV 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures	
8 Intellectual property 9 Securities - Publicly traded X 20 201,630 • SECURITY FMV 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures	
9 Securities - Publicly traded X 20 201,630 SECURITY FMV 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures	
10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures	
11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures	
trust interests Securities - Miscellaneous Qualified conservation contribution - Historic structures	
12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures	
13 Qualified conservation contribution - Historic structures	
Historic structures	
14 Qualified conservation contribution - Other	
15 Real estate - Residential	
16 Real estate - Commercial	
17 Real estate - Other	
18 Collectibles	
19 Food inventory	
20 Drugs and medical supplies	
21 Taxidermy	
22 Historical artifacts	
23 Scientific specimens	
24 Archeological artifacts	
25 Other ()	
26 Other • ()	
27 Other ()	
28 Other ()	
29 Number of Forms 8283 received by the organization during the tax year for contributions	
for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29	
Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for	
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for	
the entire holding period?	Х
b If "Yes," describe the arrangement in Part II.	
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	\vdash
	x
	-22
b If "Yes," describe in Part II.	
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,	
describe in Part II. I HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990)	(0044)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2011
Open to Public Inspection

Name of the organization

THE V FOUNDATION

Employer identification number 13-3705951

FORM 990, PART VI, SECTION A, LINE 2: NICHOLAS VALVANO, CEO, ROBERT

VALVANO, BOARD DIRECTOR, AND PAMELA VALVANO STRASSER, BOARD CHAIRWOMAN,

HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11: THE VP OF OPERATIONS, CEO, AND TREASURER REVIEW THE FORM 990 IN DETAIL. A DRAFT OF FORM 990 IS THEN PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS SIGN THE

CONFLICT OF INTEREST POLICY WHEN THEY JOIN THE BOARD OF DIRECTORS, AND THEY

ARE REQUESTED TO SIGN IT ANNUALLY THEREAFTER. THE FOUNDATION RELIES UPON

VOLUNTARY REPORTING OF ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING

COMPENSATION FOR THE POSITIONS OF CEO, EXECUTIVE DIRECTOR, OR ANY KEY

MANAGEMENT POSITION INCLUDES THE USE OF TOTAL COMPENSATION SOLUTIONS NOT

FOR PROFIT COMPENSATION SURVEY, CHARITY NAVIGATOR'S CEO COMPENSATION STUDY,

JOURNAL OF PHILANTHROPY NONPROFIT COMPENSATION REPORT, A REVIEW BY THE

FINANCE/COMPENSATION COMMITTEE, AND APPROVAL BY THE BOARD OF DIRECTORS. THE

FOUNDATION HAS ALSO CONSULTED WITH AN EXECUTIVE SEARCH FIRM WHEN SETTING

CEO COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION PUBLISHES ITS AUDIT
REPORT ON ITS WEBSITE. THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF
INTEREST POLICY ARE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization THE V FOUNDATION	Employer identification number 13-3705951
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	1,134,072.
FORM 990, PART XII, LINE 2C:	
OVERSIGHT OF AUDIT:	
THE FOUNDATION'S AUDIT COMMITTEE HAS OVERSIGHT FOR THE AU	DIT OF THE
FINANCIAL STATEMENTS.	
FORM 990, PART VI, SECTION A, LINE 8B:	
CONTEMPORANEOUS DOCUMENTATION OF COMMITTEES:	
THE FOUNDATION HAS NO COMMITTEES THAT HAVE AUTHORITY TO A	CT ON BEHALF
OF THE BOARD.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

THE V FOUNDATION

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ► Attach to Form 990.

2011 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 13-3705951

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	ete if the organization answered "Yes"	to Form 990, Part IV, line 33	(:				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
	T						
	Γ						
	Γ						
Part II Identification of Related Tax-Exempt Organizations (Complete if organizations during the tax year.)	ations (Complete if the organization a	the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	, Part IV, line 34 bo	ecause it had one o	more related tax-exer	npt	
(a)	(q)	(c)	(p)	(e)	(£)	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b) controlled	2(b)(13) led
of related organization		foreign country)	section	status (if section	entity	entity?	
				((£)(3))		Yes	٩
THE JIMMY V CELEBRITY GOLF CLASSIC -	CELEBRITY GOLF TOURNAMENT						
56-1875773, 130 EDINBURGH SOUTH DRIVE, SUITE	TO BENEFIT THE V			LINE 11C,			
102, CARY, NC 27511	FOUNDATION	NORTH CAROLINA	501(C)(3)	III-FI			×
THE CRUSH FOUNDATION, INC. WINE CELEBRATION	AUCTION, GALA, AND OTHER						
- 68-0450777, 1127 POPE STREET, SUITE 203,	EVENTS TO RAISE MONEY FOR			LINE 11C,			
SAINT HELENA, CA 94574	THE V FOUNDATION	CALIFORNIA	501(C)(3)	III-FI			×
EWINGS RESEARCH FOUNDATION, INC							
20-5843321, P.O. BOX 1355, CARMEL BY THE	RAISE MONEY FOR EWING'S						
SEA, CA 93921	SARCOMA RESEARCH	CALIFORNIA	501(C)(3)	LINE 11A, I			×

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

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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(k) Percentage ownership			re related	(h) Percentage ownership			Schedule R (Form 990) 2011
(j) General or F managing partner?	B		or mc				3 (Forn
Code V-UBI camount in box no 20 of Schedule K-1 (Form 1065)			ause it had one	(g) Share of end-of-year assets			Schedule F
(h) Disproportion- ate allocations? Ves No K-1	2		V, line 34 beca	(f) Share of total income			
Share of Disend-of-year ate assets			to Form 990, Part I	(e) Type of entity (C corp, S corp, or trust)			
(f) Share of total income			on answered "Yes"	(d) Direct controlling entity			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			olete if the organization	(c) Legal domicile (state or foreign country)			42
(d) Direct controlling entity			oration or Trust (Comprear.)	(b) Primary activity			
Legal domicile (state or foreign country)			as a Corpo				
(b) Primary activity			ganizations Taxable a	Z. c			
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization			132162 01-23-12

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Yes No

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Michigan Market and Chinks a market in the control of the control					2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed			Þ
 a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity 				<u>1</u> a	∢
b Gift, grant, or capital contribution to related organization(s)				1p	×
c Gift, grant, or capital contribution from related organization(s)				1c X	
				1d	×
e Loans or loan guarantees by related organization(s)				1e	×
f Sale of assets to related organization(s)				¥	×
ation(s)				10	×
				유	×
_				;=	×
j Lease of facilities, equipment, or other assets from related organization(s)				÷	×
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			, +	×
l Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			=	×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1m	×
n Sharing of paid employees with related organization(s)				1n	×
o Reimbursement paid to related organization(s) for expenses				10 X	
p Reimbursement paid by related organization(s) for expenses				1 _D X	
					1
q Other transfer of cash or property to related organization(s)				19	×
r Other transfer of cash or property from related organization(s)				+	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	who must complete th	is line, including covered	relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
JIMMY V CELEBRITY GOLF	υ	276,653.	ACTUAL AMOUNT RECEIVED		
THE CRUSH FOUNDATION, INC. WINE (2) CELEBRATION	υ	1,761,465.	ACTUAL AMOUNT RECEIVED		
G'S RESEARCH FOUNDATION	ŭ	7,283.	283.ACTUAL AMOUNT RECEIVED		
THE CRUSH FOUNDATION, INC. WINE (4) CELEBRATION	Сч	268,926.	26. AMOUNT OF EXPENSES REIMBURSED	RSED	
JIMMY V CELEBRITY GOLF	0	38,029.	029. AMOUNT OF EXPENSES PAID		
THE CRUSH FOUNDATION, INC. WINE (6) CELEBRATION	0	7,032.	032. AMOUNT OF EXPENSES PAID		
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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)EWING'S RESEARCH FOUNDATION, INC.	0	37.	37. AMOUNT OF EXPENSES PAID
(8)			
(6)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

tage					011	:
(k) Percent owners					2 (066 L	- (2)
(j) General or managing partner? Yes No					Form	: 5 -
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No					Schedule R (Form 990) 2011	
(h) Disproportionate are allocations?						
Disp to alloca						
(g) Share of end-of-year assets						
(f) Share of total income						
(e) Are all Are all 501(c)(3) orgs.? 1) Yes No						
ne parti	2					
(d) Predominant income procession (related, unrelated, excluded from tax under section 512-514) y						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

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