

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **OCT 1, 2024** and ending **SEP 30, 2025**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization THE V FOUNDATION		D Employer identification number 13-3705951	
	Doing business as		E Telephone number 919-380-9505	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 74,569,089.	
	14600 WESTON PARKWAY		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code CARY, NC 27513		H(b) Are all subordinates included? Yes No		
F Name and address of principal officer: DEVIN GILREATH 14600 WESTON PARKWAY, CARY, NC 27513		If "No," attach a list. See instructions		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				
J Website: V.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: 1993 M State of legal domicile: DE	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PUT AN END TO CANCER.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 42
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 41
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 91
	6 Total number of volunteers (estimate if necessary) 6 60
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 55,345,791. Prior Year 57,056,700. Current Year
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,688,609. 4,300,252.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 366,614. 282,685.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 62,401,014. 61,639,637.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 41,871,160. 58,781,048.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,481,280. 7,333,829.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 4,949,376.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,549,525. 4,479,684.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 51,901,965. 70,594,561.
19 Revenue less expenses. Subtract line 18 from line 12 10,499,049. -8,954,924.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 129,345,194. Beginning of Current Year 145,853,123. End of Year
	21 Total liabilities (Part X, line 26) 63,773,249. 85,546,961.
	22 Net assets or fund balances. Subtract line 21 from line 20 65,571,945. 60,306,162.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	DEVIN GILREATH, CHIEF FINANCIAL OFFICER				
Paid Preparer Use Only	Preparer's name	Preparer's sig	Date	Check if self-employed	PTIN
	DEETRA B. WATSON	<i>Deetra B. Watson</i>	2/13/26	<input type="checkbox"/>	P00534544
Preparer Use Only	Firm's name	Firm's EIN		Phone no. (919) 942-8700	
	BLACKMAN & SLOOP ADVISORS, INC.	56-1304727			
Firm's address					
1414 RALEIGH ROAD, SUITE 300					
CHAPEL HILL, NC 27517					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: WE FUND GAME-CHANGING RESEARCH AND ALL-STAR SCIENTISTS TO ACCELERATE VICTORY OVER CANCER AND SAVE LIVES.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 60,701,270. including grants of \$ 58,781,048.) (Revenue \$) IN FY 2025, THE FOUNDATION AWARDED 37 V SCHOLAR GRANTS TO IDENTIFY, RETAIN AND FURTHER THE CAREERS OF TALENTED YOUNG INVESTIGATORS, 17 GRANTS IN TRANSLATIONAL CLINICAL RESEARCH, 11 GAME-CHANGER (DESIGNATED) GRANTS INSPIRED BY PARTICULAR AREAS OF SCIENTIFIC INTEREST AND/OR GEOGRAPHIC REACH, 22 ALL-STAR GRANTS TO REINVEST IN PREVIOUS V SCHOLAR OR TRANSLATIONAL GRANT RECIPIENTS, AND 2 MISSION GRANTS SUPPORTING EDUCATIONAL PROJECTS TO ADVANCE RESEARCH PROCESSES. THESE GRANTS WERE AWARDS TO RESEARCHERS AT LEADING INSTITUTIONS ACROSS 27 STATES AND CANADA. THE V FOUNDATION ENSURES THAT RESOURCES REACH THE BEST AND MOST PROMISING CANCER RESEARCHERS AND PROJECTS. WE ASSURE DONORS THAT THEY ARE MAKING A SOUND INVESTMENT BECAUSE WE TAKE A STRATEGIC APPROACH TO OUR FUNDING. WE FOCUS ON EMERGING, HIGH-IMPACT OPPORTUNITIES AND

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 60,701,270.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows 22-38 cover various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows 1a-1c cover Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 42; 1b Enter the number of voting members included... 41; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... 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 on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 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? X; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY, MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
DEVIN GILREATH - 919-380-9505
14600 WESTON PARKWAY, CARY, NC 27513

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

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHANE JACOBSON CHIEF EXECUTIVE OFFICER THR: 8/25	20.00 20.00	X		X				590,980.	0.	41,297.
(2) SUSANNA GREER CHIEF SCIENTIFIC OFFICER	40.00 0.00				X			315,918.	0.	40,697.
(3) LAUREN HALL CHIEF DEVELOPMENT OFFICER THR: 12/24	28.00 12.00				X			320,746.	0.	15,285.
(4) ROGER FERGUSON CHIEF MARKETING OFFICER	26.00 14.00				X			309,660.	0.	19,935.
(5) CARRIE THOMAS SR. VICE PRESIDENT, PARTNERSHIP	26.00 14.00					X		251,021.	0.	39,014.
(6) DEVIN GILREATH CHIEF FINANCIAL OFFICER	26.00 14.00			X				246,298.	0.	40,688.
(7) JANE DIANE BAER SR. VICE PRESIDENT, MARKET DEVELOPME	0.00 40.00					X		222,495.	0.	31,413.
(8) PHILIP PILEWSKI VICE PRESIDENT, PRINCIPAL GIFTS	28.00 12.00					X		209,752.	0.	38,045.
(9) MAX DULEY SR. VICE PRESIDENT, PHILANTHROPY AND	0.00 40.00					X		206,391.	0.	38,075.
(10) KARA COLEMAN VICE PRESIDENT, RESEARCH AND GRANTS	40.00 0.00					X		177,556.	0.	28,318.
(11) JACKIE AANES CHIEF OF STAFF	26.00 14.00				X			167,729.	0.	38,011.
(12) CHANDA JEANINE DOUGLAS WARD VP, HUMAN RESOURCES KEY EE THR: 7/25	20.00 20.00				X			166,342.	0.	17,755.
(13) CLARK KINLIN DIRECTOR/INTERIM CEO FR: 7/25	20.00 20.00	X		X				0.	0.	0.
(14) EVAN GOLDBERG CHAIR	1.00 2.00	X		X				0.	0.	0.
(15) PAMELA VALVANO STRASSER CHAIRWOMAN	1.00 0.00	X		X				0.	0.	0.
(16) GEORGE BODENHEIMER SECRETARY	1.00 0.00	X		X				0.	0.	0.
(17) CONSTANCE E. SKIDMORE TREASURER	1.00 0.00	X		X				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NICHOLAS P. VALVANO PRESIDENT EMERITUS	1.00 0.00	X						0.	0.	0.
(19) ROBERT BAST, JR. M.D. DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) JEFF BERRY DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) JAY BILAS DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) STEVEN M. BORNSTEIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) EDWARD BOUSA DIRECTOR FR: 12/24	1.00 0.00	X						0.	0.	0.
(24) THOMAS E. CABANISS DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) JULIE CHASE DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) NANCY DAVIDSON, M.D. DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								3,184,888.	0.	388,533.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,184,888.	0.	388,533.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 28

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
COYNE PUBLIC RELATIONS, LLC 5 WOODHOLLOW RD, PARSIPPANY, NJ 07054-2832	PUBLIC RELATIONS COMMUNICATION AGENCY	206,680.
THE IMAGINE GROUP, LLC PO BOX 603849, CHARLOTTE, NC 28260-3849	PRINT COMMUNICATIONS DESIGN AND PRODUCTI	148,586.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GEORGE W. DENNIS, III DIRECTOR THR: 9/25	1.00 0.00	X						0.	0.	0.
(28) RITA FERRO DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) MATT HONG DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) MICHAEL B. KASTAN, M.D., PH.D. DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) MICHAEL W. KRZYZEWSKI DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) CARL C. LIEBERT, III DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) F.J. "JOE" LOUGHREY DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) NANCY MAJOR, M.D. DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) JULIE MAPLES DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) MICHAEL C. MACDONALD DIRECTOR THR: 9/25	1.00 0.00	X						0.	0.	0.
(37) GEOFFREY S. MASON DIRECTOR THR: 5/25	1.00 0.00	X						0.	0.	0.
(38) MARC MENTRY DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) JOSEPH O. MOORE, M.D. DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) ROBERT C. NAKASONE DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) WILLIAM NELSON, M.D., PH.D. DIRECTOR THR: 9/25	1.00 0.00	X						0.	0.	0.
(42) BILL NEWLANDS DIRECTOR FR: 12/24	1.00 0.00	X						0.	0.	0.
(43) DONNA ORENDER DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) JAMES PITARO DIRECTOR	1.00 0.00	X						0.	0.	0.
(45) KEVIN PLANK DIRECTOR	1.00 0.00	X						0.	0.	0.
(46) BUSTER POSEY DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	24,151,106.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	32,905,594.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 415,043.			
	h	Total. Add lines 1a-1f		57,056,700.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,610,025.		3610025.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		147,028.		147,028.	
	6 a	Gross rents	(i) Real	135,657.			
			(ii) Personal				
	b	Less: rental expenses ...	6b	0.			
	c	Rental income or (loss)	6c	135,657.			
	d	Net rental income or (loss)		135,657.		135,657.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	13,619,679.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	12,929,452.			
	c	Gain or (loss)	7c	690,227.			
d	Net gain or (loss)		690,227.		690,227.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	_____	Business Code				
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		61,639,637.	0.	0.	4582937.	

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	55,381,048.	55,381,048.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,400,000.	3,400,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,417,895.	289,017.	512,167.	616,711.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,358,815.	891,280.	1,566,876.	1,900,659.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	133,167.	26,771.	49,113.	57,283.
9 Other employee benefits	1,030,722.	207,667.	378,912.	444,143.
10 Payroll taxes	393,230.	76,219.	139,576.	177,435.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	337,911.		337,911.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	700,134.	10,243.	412,273.	277,618.
12 Advertising and promotion	1,141,540.	17,383.	569,977.	554,180.
13 Office expenses	401,431.	589.	56,917.	343,925.
14 Information technology	458,719.	93,556.	276,095.	89,068.
15 Royalties				
16 Occupancy	168,802.	25,320.	107,103.	36,379.
17 Travel	478,651.	64,148.	138,575.	275,928.
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	72,971.	10,946.	46,519.	15,506.
23 Insurance	57,314.		42,985.	14,329.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BANK SERVICE CHARGES	330,906.		252,926.	77,980.
b SCIENTIFIC ADVISORY BOA	113,878.	113,878.		
c MISCELLANEOUS	90,227.	28,353.	43,032.	18,842.
d DONOR RECOGNITION EXPEN	64,378.	2,030.	12,958.	49,390.
e All other expenses	62,822.	62,822.		
25 Total functional expenses. Add lines 1 through 24e	70,594,561.	60,701,270.	4,943,915.	4,949,376.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	3,854,990.	1	4,613,164.	
	2 Savings and temporary cash investments	42,977,882.	2	31,556,944.	
	3 Pledges and grants receivable, net	13,476,965.	3	25,940,666.	
	4 Accounts receivable, net	1,005,048.	4	2,325,957.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	329,571.	9	256,972.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,375,511.			
	b Less: accumulated depreciation	10b 888,829.	1,554,990.	10c	1,486,682.
	11 Investments - publicly traded securities	65,572,784.	11	79,178,736.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets	50,000.	14	50,000.	
	15 Other assets. See Part IV, line 11	522,964.	15	444,002.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	129,345,194.	16	145,853,123.		
Liabilities	17 Accounts payable and accrued expenses	700,036.	17	1,892,690.	
	18 Grants payable	62,559,832.	18	83,262,332.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	513,381.	25	391,939.	
	26 Total liabilities. Add lines 17 through 25	63,773,249.	26	85,546,961.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	26,418,222.	27	5,056,450.	
	28 Net assets with donor restrictions	39,153,723.	28	55,249,712.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	65,571,945.	32	60,306,162.	
33 Total liabilities and net assets/fund balances	129,345,194.	33	145,853,123.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,639,637.
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,594,561.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,954,924.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65,571,945.
5	Net unrealized gains (losses) on investments	5	3,942,093.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-252,952.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	60,306,162.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2024)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29112571.	36624612.	45243069.	55345791.	57056700.	223382743
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	29112571.	36624612.	45243069.	55345791.	57056700.	223382743
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)						
6 Public support. Subtract line 5 from line 4.						223382743

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	29112571.	36624612.	45243069.	55345791.	57056700.	223382743
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1279670.	1800073.	2583122.	3861874.	3892710.	13417449.
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 VI.)		39,075.				39,075.
11 Total support. Add lines 7 through 10						236839267
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	94.32	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	94.37	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE V FOUNDATION

Employer identification number

13-3705951

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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 donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on 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 assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	49,558,003.	43,216,953.	38,723,186.	43,914,780.	37,842,732.
b Contributions	199,751.	714,772.	1,396,470.	1,630,419.	2,370,290.
c Net investment earnings, gains, and losses	5,254,062.	7,879,769.	4,439,983.	-4,468,793.	6,361,654.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,358,489.	2,056,610.	1,158,129.	2,156,838.	2,487,679.
f Administrative expenses	196,881.	196,881.	184,557.	196,382.	172,217.
g End of year balance	52,456,446.	49,558,003.	43,216,953.	38,723,186.	43,914,780.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 76.8600 %
 - b** Permanent endowment 23.1400 %
 - c** Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----------|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,864,408.	455,034.	1,409,374.
c Leasehold improvements		15,000.	4,250.	10,750.
d Equipment		203,775.	169,147.	34,628.
e Other		292,328.	260,398.	31,930.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 1,486,682.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT OF USE OPERATING LEASE LIABILITIES	391,939.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	391,939.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	65,243,819.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,942,093.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	3,942,093.
3	Subtract line 2e from line 1	3	61,301,726.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	337,911.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	337,911.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	61,639,637.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	70,509,602.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	252,952.
e	Add lines 2a through 2d	2e	252,952.
3	Subtract line 2e from line 1	3	70,256,650.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	337,911.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	337,911.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	70,594,561.

Part XIII Supplemental Information

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

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT CONSISTS OF ONE INDIVIDUAL FUND ESTABLISHED FOR PROVIDING LONG-TERM STABILITY AND UTILIZATION OF ITS EARNINGS FOR FUNDING THE OPERATIONS OF THE FOUNDATION.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE 252,952.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CANCER RESEARCH	1600000.	CHECKS	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CANCER RESEARCH	600,000.	CHECKS	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CANCER RESEARCH	600,000.	CHECKS	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CANCER RESEARCH	600,000.	CHECKS	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 4

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE FOUNDATION'S SCIENTIFIC ADVISORY COMMITTEE REVIEWS PROPOSALS AND MAKES ALL FUNDING RECOMMENDATIONS. EACH FUNDED RESEARCHER IS REQUIRED TO PROVIDE THE V FOUNDATION WITH A PROJECT STATUS REPORT FOR EACH GRANT YEAR. THE FOUNDATION ALSO RECEIVES COPIES OF ANY PUBLICATIONS HIGHLIGHTING THE WORK OF V SCHOLAR AND TRANSLATIONAL GRANT RECIPIENTS.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE V FOUNDATION

Employer identification number

13-3705951

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABRAMSON CANCER CENTER BIOMEDICAL RESEARCH BUILDING II/III 421 CURIE BOULEVARD - PHILADELPHIA, PA	23-1352685	501C3	1,600,000.	0.			CANCER RESEARCH
ALVIN J. SITEMAN CANCER CENTER 4921 PARKVIEW PLACE SAINT LOUIS, MO 63110	14-3065361	501C3	400,000.	0.			CANCER RESEARCH
BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501C3	800,000.	0.			CANCER RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881	501C3	800,000.	0.			CANCER RESEARCH
BRIGHAM AND WOMENS HOSPITAL PARTNERS HEALTH CARE 101 HUNTINGTON AVENUE - BOSTON, MA 02115	04-2312909	501C3	600,000.	0.			CANCER RESEARCH
CHILDREN'S HOSPITAL OF PITTSBURGH (UPMC) - 4401 PENN AVE. - PITTSBURGH, PA 15224	25-1865744	501C3	120,000.	0.			CANCER RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 54.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA UNIVERSITY 630 W 168TH ST NEW YORK, NY 10032	13-5598093	501C3	800,000.	0.			CANCER RESEARCH
DANA-FARBER/HARVARD CANCER CENTER 450 BROOKLINE AVE BOSTON, MA 02215	04-2263040	501C3	2,800,000.	0.			CANCER RESEARCH
DARTMOUTH CANCER CENTER ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	02-0222111	501C3	600,000.	0.			CANCER RESEARCH
DAVID H. KOCH INSTITUTE FOR INTEGRATIVE CANCER RESEARCH AT MIT - 500 MAIN ST - CAMBRIDGE, MA 02142	04-2103594	501C3	600,000.	0.			CANCER RESEARCH
DUKE CANCER INSTITUTE 20 DUKE MEDICINE CIRCLE DURHAM, NC 27710	56-0532129	501C3	2,255,000.	0.			CANCER RESEARCH
DUKE CHILDREN'S HOSPITAL AND HEALTH CENTER - 2301 ERWIN RD - DURHAM, NC 27705	56-0532129	501C3	1,000,000.	0.			CANCER RESEARCH
FOX CHASE CANCER CENTER 333 COTTMAN AVE PHILADELPHIA, PA 19111	23-6296135	501C3	600,000.	0.			CANCER RESEARCH
FRED HUTCH / UNIVERSITY OF WASHINGTON / SEATTLE CHILDRENS CANCER CONSORTIUM - FHCC/ OFFICE OF SPONSORED RESEARCH PO BOX 19024	91-1935159	501C3	3,100,000.	0.			CANCER RESEARCH
HAROLD C. SIMMONS COMPREHENSIVE CANCER CENTER - SIMMONS BIOMEDICAL RESEARCH BUILDING NORTH CAMPUS 6000 HARRY HINES BLVD. - DALLAS,	75-6002868	501C3	1,200,000.	0.			CANCER RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLDEN COMPREHENSIVE CANCER CENTER 200 HAWKINS DRIVE IOWA CITY, IA 52242	42-6004813	501C3	600,000.	0.			CANCER RESEARCH
MASONIC CANCER CENTER/UNIVERSITY OF MINNESOTA - MASONIC CANCER CENTER UNIVERSITY OF MINNESOTA MAYO MAIL CODE 806 420 DELAWAR -	41-6007513	501C3	800,000.	0.			CANCER RESEARCH
MAYS CANCER CENTER AT UT HEALTH SAN ANTONIO - 7703 FLOYD CURL DR - SAN ANTONIO, TX 78229	74-1586031	501C3	800,000.	0.			CANCER RESEARCH
MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVENUE SRB 9TH FLOOR - NEW YORK, NY 10065	13-1924236	501C3	2,000,000.	0.			CANCER RESEARCH
MIAMI CANCER INSTITUTE 6855 RED ROAD CORAL GABLES, FL 33143	59-1923401	501C3	84,000.	0.			CANCER RESEARCH
MOFFITT CANCER CENTER 12902 MAGNOLIA DRIVE MRC-CANCONT TAMPA, FL 33612	59-2451713	501C3	442,000.	0.			CANCER RESEARCH
MONTEFIORE EINSTEIN COMPREHENSIVE CANCER CENTER - 1300 MORRIS PARK AVENUE - BRONX, NY 10461	83-0621846	501C3	2,400,000.	0.			CANCER RESEARCH
PURDUE UNIVERSITY INSTITUTE FOR CANCER RESEARCH - 155 S. GRANT STREET - WEST LAFAYETTE, IN 47907-2114	35-6002041	501C3	1,400,000.	0.			CANCER RESEARCH
RUTGERS CANCER INSTITUTE RUTGERS CANCER INSTITUTE 195 LITTLE ALBANY STREET - NEW BRUNSWICK, NJ 08901	22-6001086	501C3	1,000,000.	0.			CANCER RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALK CANCER CENTER - SALK INSTITUTE FOR BIOLOGICAL STUDIES - 10010 N TORREY PINES RD - LA JOLLA, CA 92037	95-2160097	501C3	1,005,000.	0.			CANCER RESEARCH
SANFORD BURNHAM PREBYS MEDICAL DISCOVERY INSTITUTE - 10901 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037	51-0197108	501C3	600,000.	0.			CANCER RESEARCH
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501C3	600,000.	0.			CANCER RESEARCH
ST. LOUIS CHILDREN'S HOSPITAL 660 S. EUCLID AVE. SAINT LOUIS, MO 63117	43-0653611	501C3	1,000,000.	0.			CANCER RESEARCH
STANFORD CANCER INSTITUTE 269 CAMPUS DRIVE CCSR3220 STANFORD, CA 94305	94-1156365	501C3	1,600,000.	0.			CANCER RESEARCH
STEPHENSON CANCER CENTER AT THE UNIVERSITY OKLAHOMA HEALTH SCIENCES CENTER - 800 NE 10TH ST - OKLAHOMA CITY, OK 73104	73-1563627	501C3	600,000.	0.			CANCER RESEARCH
THE BARBARA ANN KARMANOS CANCER INSTITUTE - 1901 STAR-BATT DR - ROCHESTER HILLS, MI 48309	38-6028429	501C3	600,000.	0.			CANCER RESEARCH
THE GENERAL HOSPITAL CORPORATION D/B/A MASSACHUSETTS GENERAL HOSPITAL - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501C3	1,600,000.	0.			CANCER RESEARCH
THE UNIVERSITY OF CHICAGO MEDICINE COMPREHENSIVE CANCER CENTER - 5841 S MARYLAND AVE, MC 1140 - CHICAGO, IL 60637	36-2177139	501C3	3,200,000.	0.			CANCER RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF KANSAS CANCER CENTER - 4001 RAINBOW BLVD. - KANSAS CITY, KS 66160	48-0547734	501C3	800,000.	0.			CANCER RESEARCH
UCLA HEALTH JONSSON COMPREHENSIVE CANCER CENTER - 675 CHARLES E. YOUNG DRIVE SOUTH 5-720 MRL - LOS ANGELES, CA 90095	95-6006143	501C3	2,600,000.	0.			CANCER RESEARCH
UCSF/HELEN DILLER FAMILY COMPREHENSIVE CANCER CENTER - 1600 DIVISADERO ST - SAN FRANCISCO, CA 94115	94-6036493	501C3	1,200,000.	0.			CANCER RESEARCH
UNC LINEBERGER COMPREHENSIVE CANCER CENTER - LINEBERGER COMPREHENSIVE CANCER CENTER 125 MARSICO HALL - CHAPEL HILL, NC	56-6001393	501C3	900,000.	0.			CANCER RESEARCH
UNIVERSITY OF ARIZONA CANCER CENTER - UNIVERSITY OF ARIZONA CANCER CENTER - TUCSON, AZ 85724	74-2652689	501C3	186,000.	0.			CANCER RESEARCH
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 400 PARNASSUS AVE - SAN FRANCISCO, CA 94143	94-6036493	501C3	800,000.	0.			CANCER RESEARCH
UNIVERSITY OF FLORIDA HEALTH CANCER CENTER - 123 GRINTER HALL PO BOX 113001 - GAINESVILLE, FL 32611-3001	59-6002052	501C3	600,000.	0.			CANCER RESEARCH
UNIVERSITY OF KENTUCKY 301 PETERSON SERVICE BUILDING LEXINGTON, KY 40506	61-6033693	501C3	800,000.	0.			CANCER RESEARCH
UNIVERSITY OF MARYLAND MARLENE AND STEWART GREENEBAUM COMPREHENSIVE CANCER CENTE - 22 S GREENE ST - BALTIMORE, MD 21201-1595	52-6002033	501C3	800,000.	0.			CANCER RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMI, SYLVESTER COMPREHENSIVE CANCER CENTER - 1475 NW 12TH AVE - MIAMI, FL 33136	59-0624458	501C3	1,000,000.	0.			CANCER RESEARCH
UNIVERSITY OF MICHIGAN ROGEL CANCER CENTER - 1500 E MEDICAL CENTER DR #5841 - ANN ARBOR, MI 48109	38-6006309	501C3	600,000.	0.			CANCER RESEARCH
UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE - 3400 CIVIC CENTER BOULEVARD - PHILADELPHIA, PA 19104	23-1352685	501C3	1,000,000.	0.			CANCER RESEARCH
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BLVD - HOUSTON, TX 77030	74-6001118	501C3	800,000.	0.			CANCER RESEARCH
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BOULEVARD - DALLAS, TX 75390	75-6002868	501C3	1,000,000.	0.			CANCER RESEARCH
UNIVERSITY OF WISCONSIN CARBONE CANCER CENTER - 600 HIGHLAND AVE CSC BUILDING K6/532 - MADISON, WI 53792	39-6006492	501C3	600,000.	0.			CANCER RESEARCH
UPMC HILLMAN CANCER CENTER 5150 CENTRE AVE PITTSBURGH, PA 15232	25-0965591	501C3	800,000.	0.			CANCER RESEARCH
UVA CANCER CENTER/UVA HEALTH SYSTEM - 1240 LEE ST - CHARLOTTESVILLE, VA 22908	54-6001736	501C3	600,000.	0.			CANCER RESEARCH
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE IN ST LOUIS - ONE BROOKINGS DRIVE CAMPUS BOX 1054 - ST. LOUIS, MO 63130	43-0653611	501C3	1,200,000.	0.			CANCER RESEARCH

Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION'S SCIENTIFIC ADVISORY COMMITTEE REVIEWS PROPOSALS AND MAKES ALL FUNDING RECOMMENDATIONS. EACH FUNDED RESEARCHER IS REQUIRED TO PROVIDE THE V FOUNDATION WITH A PROJECT STATUS REPORT FOR EACH GRANT YEAR. THE FOUNDATION ALSO RECEIVES COPIES OF ANY PUBLICATIONS HIGHLIGHTING THE WORK OF V SCHOLAR AND TRANSLATIONAL GRANT RECIPIENTS.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE V FOUNDATION

Employer identification number

13-3705951

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

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

For each individual whose compensation must be reported on 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 aren't 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHANE JACOBSON CHIEF EXECUTIVE OFFICER THR: 8/25	(i)	590,980.	0.	0.	8,078.	33,219.	632,277.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSANNA GREER CHIEF SCIENTIFIC OFFICER	(i)	315,918.	0.	0.	9,251.	31,446.	356,615.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LAUREN HALL CHIEF DEVELOPMENT OFFICER THR: 12/24	(i)	320,746.	0.	0.	7,208.	8,077.	336,031.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROGER FERGUSON CHIEF MARKETING OFFICER	(i)	309,660.	0.	0.	7,948.	11,987.	329,595.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CARRIE THOMAS SR. VICE PRESIDENT, PARTNERSHIP	(i)	251,021.	0.	0.	5,840.	33,174.	290,035.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DEVIN GILREATH CHIEF FINANCIAL OFFICER	(i)	246,298.	0.	0.	7,432.	33,256.	286,986.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JANE DIANE BAER SR. VICE PRESIDENT, MARKET DEVELOPME	(i)	222,495.	0.	0.	6,611.	24,802.	253,908.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PHILIP PILEWSKI VICE PRESIDENT, PRINCIPAL GIFTS	(i)	209,752.	0.	0.	4,890.	33,155.	247,797.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MAX DULEY SR. VICE PRESIDENT, PHILANTHROPY AND	(i)	206,391.	0.	0.	4,862.	33,213.	244,466.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KARA COLEMAN VICE PRESIDENT, RESEARCH AND GRANTS	(i)	177,556.	0.	0.	5,450.	22,868.	205,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JACKIE AANES CHIEF OF STAFF	(i)	167,729.	0.	0.	4,934.	33,077.	205,740.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CHANDA JEANINE DOUGLAS WARD VP, HUMAN RESOURCES KEY EE THR: 7/25	(i)	166,342.	0.	0.	3,871.	13,884.	184,097.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **THE V FOUNDATION** Employer identification number **13-3705951**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	53	415,043.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - 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 V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE FOUNDATION UTILIZES GOLDMAN SACHS AND MERRILL LYNCH TO SELL ITS DONATED SECURITIES.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE V FOUNDATION

Employer identification number

13-3705951

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ADDRESS CRITICAL KNOWLEDGE GAPS IN SCIENCE. WE REALIZE THAT, FOR
SOMEONE AT RISK OF CANCER OR ALREADY BEING TREATED FOR IT, TIME IS
CRITICAL. THERE IS NOT A MOMENT TO LOSE.

FORM 990, PART VI, SECTION A, LINE 2:
NICHOLAS VALVANO, PRESIDENT EMERITUS, ROBERT VALVANO, BOARD DIRECTOR, AND
PAMELA VALVANO STRASSER, BOARD CHAIRWOMAN, HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:
THE CFO, SENIOR DIRECTOR OF FINANCE, AND BOARD 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 AND EMPLOYEES MUST SIGN A CONFLICT OF INTEREST POLICY
WHEN THEY JOIN THE FOUNDATION, AND THEY ARE REQUIRED TO SIGN IT ANNUALLY
THEREAFTER. THE FOUNDATION RELIES UPON VOLUNTARY REPORTING OF ANY CONFLICTS
OF INTEREST. ANY POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE CEO
OF THE V FOUNDATION OR HIS/HER DESIGNEE, IN CONSULTATION WITH THE CHAIR OF
THE BOARD AS NECESSARY. ANY CONFLICTS ARE HANDLED PRIVATELY AND
INDIVIDUALLY AND MAY INCLUDE BROADER DISCLOSURE OF THE CONFLICT TO A BOARD
COMMITTEE, SPECIFICALLY IF IT RELATES TO A FINANCIAL INTEREST. THIS CREATES
A FIREWALL REGARDING ISSUES ON WHICH A BOARD MEMBER OR EMPLOYEE MAY BE
CONFLICTED.

FORM 990, PART VI, SECTION B, LINE 15:
THE PROCESS FOR DETERMINING THE COMPENSATION FOR THE POSITIONS OF CEO AND
ANY KEY MANAGEMENT POSITION INCLUDES ENGAGING EXTERNAL CONSULTANTS,
INCLUDING AN EXECUTIVE SEARCH FIRM, TO PROVIDE COMPARABLE MARKET DATA FROM
NATIONALLY AVAILABLE INDEPENDENT SALARY SURVEY DATA. FINAL DETERMINATION
OF A KEY MANAGEMENT POSITION'S SALARY MAY ALSO TAKE INTO ACCOUNT ECONOMIC
CONDITIONS DATA AND INTERNAL EQUITY CONSIDERATIONS. THE COMPENSATION
AMOUNTS ARE PRESENTED TO AN INDEPENDENT COMPENSATION COMMITTEE OF THE V
FOUNDATION BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, MO, NC, NH, NJ, NM, NY, OR, PA, RI,
SC, TN, UT, VA, WV, WI, CO, OH

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
BAD DEBT EXPENSE -252,952.

FORM 990, PART XII, LINE 2C:
THE FOUNDATION'S AUDIT COMMITTEE HAS OVERSIGHT FOR THE AUDIT OF THE
FINANCIAL STATEMENTS. THIS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **THE V FOUNDATION** Employer identification number **13-3705951**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE V FOUNDATION CANADA/LA FONDATION V CANADA, 70 GLOUCESTER ST, OTTAWA, ONTARIO, CANADA	RAISE SUPPORT FOR CANCER RESEARCH IN CANADA	CANADA					X
DON'T EVER GIVE UP, INC. - 47-5304184 14600 WESTON PKWY CARY, NC 27513	HOST EVENTS TO RAISE MONEY FOR THE V FOUNDATION	NORTH CAROLINA	501(C)3	LINE 12A, I			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on 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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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 and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DON'T EVER GIVE UP, INC.	C	24,151,106.	ACCRUAL BASIS REVENUE
(2) DON'T EVER GIVE UP, INC.	J	135,657.	AMOUNT PAID ON LEASE
(3) DON'T EVER GIVE UP, INC.	N	1,443,431.	AMOUNT OF EXPENSES PAID
(4) DON'T EVER GIVE UP, INC.	O	3,195,701.	AMOUNT OF EXPENSES PAID
(5) DON'T EVER GIVE UP, INC.	P	350,512.	AMOUNT OF EXPENSES REIMBURSED
(6) DON'T EVER GIVE UP, INC.	Q	4,373,567.	AMOUNT OF EXPENSES REIMBURSED

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-s)	(c) Amount involved	(d) Method of determining amount involved
(7) DON'T EVER GIVE UP, INC.	R	6,258,467.	TRANSFERS
(8) DON'T EVER GIVE UP, INC.	S	1,968,189.	TRANSFERS
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990, SCHEDULE R, PART II

IN 2013, THE V FOUNDATION ASSISTED IN THE ESTABLISHMENT OF THE V FOUNDATION CANADA/LA FONDATION V, A CANADIAN NONPROFIT ORGANIZATION WHOSE GOALS AND OBJECTIVES ARE IDENTICAL TO THOSE OF THE V FOUNDATION. THE FOUNDATION IS RELATED TO LA FONDATION V THROUGH COMMON CONTROL THROUGH THE BOARD OF DIRECTORS.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning OCT 1, 2024, and ending SEP 30, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

THE V FOUNDATION

EIN or SSN

13-3705951

Name and title of officer or person subject to tax

**DEVIN GILREATH
CHIEF FINANCIAL OFFICER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	161,639,637.
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **BLACKMAN & SLOOP ADVISORS, INC.** to enter my PIN **27480**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax *Devin Gilreath*

Date 2/13/2026

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56388512345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **DEETRA B. WATSON** *Deetra B. Watson*

Date 2/13/26

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

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