Т

# **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.



Department of the Treasury Internal Revenue Service		of the Treasury enue Service Go to www.irs.gov/Form990 for instructions and the la	Go to www.irs.gov/Form990 for instructions and the latest information.							
_			ding SI	EP 30, 2024						
В	Check if applicat	C Name of organization		D Employer identific	ation number					
	Addr	ess THE V FOUNDATION								
F	Name Chan		13-37059	51						
	Initia		om/suite	E Telephone number						
	Final	14600 WESTON DARKWAY	oni, ouno	919-380-9						
	termi			G Gross receipts \$	82,846,166.					
	Amer	nded CARV NC 27513		H(a) Is this a group re						
	Appli tion			for subordinates						
	pend	<sup>ing</sup> 14600 WESTON PARKWAY, CARY, NC 27513		H(b) Are all subordinates in						
1	Tax-e>	xempt status: 🗴 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1) or	527	If "No," attach a	list. See instructions					
	Webs			H(c) Group exemption	number					
<u>K</u>	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year o	f formation: 1993 N	I State of legal domicile: DE					
Pa	art I	Summary								
6	1	Briefly describe the organization's mission or most significant activities: TO PUT	AN E	END TO CANCE	lR.					
Governance										
irna	2	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets								
ove	3	Number of voting members of the governing body (Part VI, line 1a)	<u>46</u> 45							
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	80							
Activities &	6	Total number of volunteers (estimate if necessary)		6	60					
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.					
				Prior Year	Current Year					
e	8	Contributions and grants (Part VIII, line 1h)	4	45,232,411.	55,345,791.					
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.					
Bev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,348,759.	6,688,609.					
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		232,193.	366,614.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>47,813,363.</u>	62,401,014.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		41,678,096. 0.	<u>41,871,160.</u> 0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		4,636,637.	6,481,280.					
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>4,030,037</u> 0.	0,401,200.					
Expenses	100	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 4,263,997			0.					
Ä	. 0 17	Total fundraising expenses (Part IX, column (D), line 25)       4,263,997.         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,093,060.	3,549,525.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		50,407,793.	51,901,965.					
	18	Revenue less expenses. Subtract line 18 from line 12		-2,594,430.	10,499,049.					
	_			inning of Current Year	End of Year					
Net Assets or	20	Total assets (Part X, line 16)		99,605,978.	129,345,194.					
Asse	20	Total liabilities (Part X, line 16)		48,682,216.	63,773,249.					
Net.	22	Net assets or fund balances. Subtract line 21 from line 20		50,923,762.	65,571,945.					
	art 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	Signature of officer	Date
Here	DEVIN GILREATH, CHIEF FINANCIAL OFFICER	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	DEETRA B. WATSON DEETRA B. WATSON	02/12/25 self-employed P00534544
Preparer	Firm's name BLACKMAN & SLOOP ADVISORS, INC.	Firm's EIN 56-1304727
Use Only	Firm's address 1414 RALEIGH RD, SUITE 300	
	CHAPEL HILL, NC 27517	Phone no. (919)942-8700
May the IF	S discuss this return with the preparer shown above? See instructions	X Yes No
LHA For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23	Form <b>990</b> (2023)

=orm	990 (2023) THE V FOUNDATION 13-3705951 Page
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 43,476,865. including grants of \$ 41,871,160. ) (Revenue \$
	IN FY 2024, THE FOUNDATION AWARDED 36 V SCHOLAR GRANTS TO IDENTIFY,
	RETAIN AND FURTHER THE CAREERS OF TALENTED YOUNG INVESTIGATORS, 25
	GRANTS IN TRANSLATIONAL CLINICAL RESEARCH, 16 DESIGNATED GRANTS
	INSPIRED BY PARTICULAR AREAS OF SCIENTIFIC INTEREST AND/OR GEOGRAPHIC
	REACH. THESE GRANTS WERE AWARDS TO RESEARCHERS AT LEADING INSTITUTIONS
	ACROSS 21 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 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.
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     43,476,865.
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		77
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			37
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i>	21	X 990	2023)
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
-	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
2	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
~~	"Yes," complete Schedule L, Part IV	28c	Х	X
29 00	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
21	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		- 23
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a 14 14 14 14 14 14</b>			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	х	
33000	(gambling) winnings to prize winners?	Eorm		(2023)
002004	1 16-21-20	1 0111		(2020)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 80		x					
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit							
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).		_		v				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X				
			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			37				
	to file Form 8282?	1	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-		37				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
			8						
9	Sponsoring organizations maintaining donor advised funds.								
			<u>9a</u>						
			9b						
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-						
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders	<u>11a</u>	-						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u>12a</u>						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-						
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>						
ь.	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
α	Enter the amount of reserves the organization is required to maintain by the states in which the	126							
-	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c	14-		x				
		- 0	14a		- 23				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section (460 tax on payment(s) of more than \$1,000,000 in remuner		14b		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		х				
	excess parachute payment(s) during the year?		15						
16	If "Yes," see the instructions and file Form 4720, Schedule N.	incomo?	16		х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Λ				
47	If "Yes," complete Form 4720, Schedule O.	ivition							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act		47						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
00000	If "Yes," complete Form 6069.		Earr	990	(2022)				
332005	12-21-23		Form	1330	(2023)				

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Ser	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			X			
	tion A. doverning body and management		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 46		103				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
L							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		х				
_	officer, director, trustee, or key employee?	2	~				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
	Each committee with authority to act on behalf of the governing body?	8b	Х				
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? <i>If "Yes." provide the names and addresses on Schedule O</i>	9		x			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>					
	(Inis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No			
10-	Did the exercitation have lead charters, branches, or afflicted?	10a	Tes	X			
	Did the organization have local chapters, branches, or affiliates?	10a					
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
	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	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	х				
	Other officers or key employees of the organization	15b	Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100					
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
10a		16-		x			
	taxable entity during the year?	16a					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <u>AL, AR, CA, CT, DC, FL, GA, HI, IL</u>	,KS	<u>, KY</u>	<u>, M</u>			
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)	availat	ole			
	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)						
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial				
19							
19	statements available to the public during the tax year.						
	statements available to the public during the tax year.						
19 20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records						
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records DEVIN GILREATH - $919-380-9505$						
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	Form	990	(200			

 Form 990 (2023)
 THE V FOUNDATION
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 Page

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

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Form 990 (	2023) THE V FOUNDATION	13-3705951	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	mpensated	
•	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		
	ete this table for all persons required to be listed. Report compensation for the calendar year ending w all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), rega	0	,

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.

		l	<u>2</u> u			1001	out			(E)
(A)	(B)				<b>C)</b> ition	1		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per week		, unle: cer an					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				Ð		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	Higher	Former			
(1) SHANE JACOBSON	20.00									
CHIEF EXECUTIVE OFFICER	20.00	Х		Х				582,729.	0.	42,173.
(2) SUSANNA GREER	40.00									
CHIEF SCIENTIFIC OFFICER					Х			311,716.	0.	41,449.
(3) PHILIP PILEWSKI	28.00									
EXECUTIVE DIRECTOR OF DEVELOPMENT	12.00					X		212,518.	0.	36,180.
(4) ROGER FERGUSON	26.00									
CHIEF MARKETING OFFICER	14.00				х			236,707.	0.	5,065.
(5) DEVIN GILREATH	28.00									
CHIEF FINANCIAL OFFICER	12.00			x				197,059.	0.	36,761.
(6) JANE BAER	0.00							-		
SR VP MARKET DEVELOPMENT & EVENTS	40.00					x		201,317.	0.	27,821.
(7) KRAIG MAX DULEY	0.00									
VP AUCTIONS & MARKET DEVELOPMENT	40.00					X		189,221.	0.	34,535.
(8) MARY ELLEN CURRAN	40.00									
VP PARTNER STEWARDSHIP TO 01/2024						X		182,479.	0.	19,948.
(9) CHANDA DOUGLAS-WARD	28.00									
VP, HUMAN RESOURCES	12.00					X		148,941.	0.	18,429.
(10) CONSTANCE E. SKIDMORE	1.00									
TREASURER		Х		Х				0.	0.	0.
(11) GEORGE BODENHEIMER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(12) EVAN GOLDBERG	1.00									
CHAIR	2.00	Х		х				0.	0.	0.
(13) PAMELA VALVANO STRASSER	1.00									
CHAIRWOMAN		Х		х				0.	0.	0.
(14) ROBERT BAST, JR. M.D.	1.00									
DIRECTOR		Х						0.	0.	0.
(15) NICHOLAS P. VALVANO	1.00									
PRESIDENT EMERITUS		Х						0.	0.	0.
(16) JEFF BERRY	1.00									
DIRECTOR		Х						0.	0.	0.
(17) JAY BILAS	1.00									
DIRECTOR		Х						0.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)

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Form 990 (2023)

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Part VII	

THE V FOUNDATION

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Section A. Officers, Directors, Trus	<u>tees, Key Emp</u>	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck		ו than d	one	Reportable	Reportable		Estimate	эd
	hours per week	box	, unles	ss pei	rson i	is both pr/trus	n an	compensation	compensatio		amount	
	(list any							from the	from related organizations		other compensa	
	hours for	direc				p		organization	(W-2/1099-MIS	I	from th	
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)		organizat	ion
	organizations	al trus	onal tr		loyee	comp		1099-NEC)			and relat	
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizati	ons
(18) STEVEN M. BORNSTEIN	1.00	-	=	5	Ke	1 <u></u> = 2	9					
DIRECTOR	1.00	х						0.		0.		Ο.
(19) THOMAS E. CABANISS	1.00											
DIRECTOR		Х						0.		0.		0.
(20) JULIE CHASE	1.00											•
DIRECTOR	1 0 0	Х				-		0.		0.		0.
(21) NANCY DAVIDSON, M.D. DIRECTOR	1.00	x						0.		0.		0
(22) GEORGE W. DENNIS, III	1.00	^						0.		0.		0.
DIRECTOR	1.00	х						0.		0.		Ο.
(23) RITA FERRO	1.00											
DIRECTOR		х						0.		0.		0.
(24) MATT HONG	1.00											
DIRECTOR		Х						0.		0.		0.
(25) MICHAEL B. KASTAN, M.D., PH.D.	1.00	37						0				0
DIRECTOR (26) CLARK KINLIN	1.00	Х				-		0.		0.		0.
DIRECTOR	1.00	х						0.		0.		0.
1b Subtotal							1	2,262,687.		0.	262,3	
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								2,262,687.		0.	262,3	61.
2 Total number of individuals (including but n								eceived more than \$100,0	000 of reportable	;		
compensation from the organization												27
										ſ	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,				•			•					v
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									e organization		4 X	
5 Did any person listed on line 1a receive or a									ual for services		4 23	
rendered to the organization? If "Yes," corr											5	х
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion from	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	rith c	or wi	thin	the organization's tax ye	ear.			
(A) Name and business	address							<b>(B)</b> Description of s	ervices	C	(C) ompensatio	n
COYNE PUBLIC RELATIONS, I							-	PUBLIC RELAT			ompensatio	
5 WOODHOLLOW RD, PARSIPPA		07	05	4 –	28	32		COMMUNICATION			214,5	88.
THE IMAGINE GROUP, LLC	,	-				-		PRINT COMMUN			, -	
PO BOX 603849, CHARLOTTE,	NC 282	60	- 3	84	9			DESIGN AND PH	RODUCTI		174,9	68.
							-					
2 Total number of independent contractors (i	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organi					2	2						
SEE PART VII, SECTION	I A CONT	IN	UA	ΤI	ON	S	HE	ETS			Form <b>990</b> (	2023)
332008 12-21-23				ç	3							

Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ar	nd H	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week					e		from the	from related organizations	other compensatio
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed em		(W-2/1099-MISC)	()	organization
	related	tee or	ustee			ensat		· · · · ·		and related
	organizations	al trus	onal tr		loyee	comp				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Ind	- Sul	0ff	Ke	∃≣	For			
27) MARK KING	1.00								•	
DIRECTOR TO 05/2024	1 00	Х						0.	0.	0
28) MICHAEL W. KRZYZEWSKI	1.00							0	0	
DIRECTOR	1 00	Х						0.	0.	0
(29) CARL C. LIEBERT, III	1.00	v						0	0	
DIRECTOR (30) F.J. "JOE" LOUGHREY	1 00	Х						0.	0.	C
	1.00	x						0.	0.	C
DIRECTOR (31) MICHAEL C. MACDONALD	1.00	~						0.	0.	U
DIRECTOR	1.00	x						0.	0.	C
(32) NANCY MAJOR, M.D.	1.00	Δ						0.	0.	
DIRECTOR	1.00	х						0.	0.	C
(33) JULIE MAPLES	1.00									
DIRECTOR	1.00	x						0.	0.	0
(34) GEOFFREY S. MASON	1.00									
DIRECTOR		х						0.	0.	C
(35) MARC MENTRY	1.00									
DIRECTOR		х						0.	0.	0
(36) JOSEPH O. MOORE, M.D.	1.00									
DIRECTOR		х						0.	Ο.	C
(37) ROBERT C. NAKASONE	1.00									
DIRECTOR		Х						0.	Ο.	C
(38) WILLIAM NELSON, M.D., PH.D.	1.00									
DIRECTOR		Х						0.	0.	C
(39) DONNA ORENDER	1.00									
DIRECTOR		Х						0.	0.	C
(40) JAMES PITARO	1.00									
DIRECTOR		Х						0.	0.	C
(41) KEVIN PLANK	1.00									
DIRECTOR		Х						0.	0.	C
(42) BUSTER POSEY	1.00									
DIRECTOR		Х						0.	0.	C
(43) LAWRENCE F, PROBST, III	1.00									
DIRECTOR		х						0.	0.	0
(44) HARRY E. RHOADS, JR.	1.00								•	
DIRECTOR	1 00	X						0.	0.	C
(45) SAGE STEELE	1.00								•	
DIRECTOR	1 00	X						0.	0.	(
(46) STUART A. TAYLOR II	1.00								•	
DIRECTOR		Х						0.	0.	0

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		nplo	yee			ligh	est (	Compensated Employe	es (continued)	1
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(*		Pos			50	Reportable compensation	Reportable	Estimated
	hours per	(CI	heck I		that	app I	iy)	from	compensation from related	amount of other
	week					ee		the	organizations	compensatior
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	or dire				ted ei		(W-2/1099-MISC)		organization
	related	stee o	truste		e	pensa				and related
	organizations	ual tru	ional 1		ploye	tcom				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) JOHN W. THIEL	1.00	-	-	0	-	-				
DIRECTOR	2.00	х						0.	0.	0
(48) ROBERT VALVANO	1.00									
DIRECTOR		Х						0.	0.	0
(49) DICK VITALE	1.00									
DIRECTOR		Х						0.	0.	0
(50) DERECK WHITTENBURG	1.00									
DIRECTOR		Х						0.	0.	0
(51) DAVID W. WILLIAMS	1.00									
DIRECTOR		х						0.	0.	0
(52) NORBY WILLIAMSON	1.00									
DIRECTOR	1	Х						0.	0.	0
(53) CIARA WILSON	1.00								0	
DIRECTOR	1 00	Х						0.	0.	0
(54) RUSSELL WILSON	1.00								0	
DIRECTOR	1 00	Х						0.	0.	0
(55) LARRY WOODARD	1.00	v						0	0	
DIRECTOR TO 05/2024 (56) DON YAEGER	1.00	Х						0.	0.	0
DIRECTOR FROM 12/2023	1.00	x						0.	0.	0
DIRECTOR FROM 12/2025		Δ						0.	0.	0
		1								

332201 04-01-23

			V	FOUNI	DAT:	ION			13-3705	951 Page
Part	: VII	Statement of Re	venu	e						
		Check if Schedule O	contair	ns a respo	onse c	or note to any line	e in this Part VIII			
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 51
<u>s</u>	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
, mo	с	Fundraising events								
ar /	d	Related organizations		1d		24,000,000.				
in i	е	Government grants (contr	ibutior	ns) <b>1e</b>						
S	f	All other contributions, gifts,	grants,	, and						
the		similar amounts not included	above			31,345,791.				
p	-	Noncash contributions included in				557,595.				
ar	h	Total. Add lines 1a-1f			<u></u>		55,345,791.			
						Business Code				
Revenue	2 a									
ne	b									
ven	ر اہ									
Be	d									
	e f	All other program service	rovoni	10						
		Total. Add lines 2a-2f			-					
	3	Investment income (includ								
	•						3,495,260.			349526
	<ul><li>4 Income from investment of tax-exempt bond proc</li></ul>					r	· ·			
	5	Royalties	-	-	r i i i i i i i i i i i i i i i i i i i	233,539.			233,53	
		,		(i) Rea	l	(ii) Personal				
	6 a	Gross rents	6a	133,0	075.					
	b	Less: rental expenses	6b		0.					
	с	Rental income or (loss)	6c	133,	075.					
	d	Net rental income or (loss)	)		<u></u>		133,075.			133,07
	7 a	Gross amount from sales of		(i) Securit		(ii) Other				
		assets other than inventory	7a	23,638,	501.					
	b	Less: cost or other basis								
svenue		and sales expenses		20,445,3						
evel		Gain or (loss)	· · · ·	3,193,3			2 1 0 2 2 4 0			210224
ř		Net gain or (loss)					3,193,349.			319334
Other K	8 a	Gross income from fundraisi								
5		including \$								
		contributions reported on Part IV, line 18		-	8a					
	h	Less: direct expenses								
		Net income or (loss) from								
		Gross income from gamin								
		Part IV, line 19								
	b	Less: direct expenses								
	с	Net income or (loss) from	gamin	g activitie	s					
1	10 a	Gross sales of inventory, I	ess re	turns						
		and allowances								
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales	of invento	ry					
						Business Code				
1 1	11 a									
Revenue	b									
Bev	С									
		All other revenue								
		Total. Add lines 11a-11d					60 401 014			805500
	12	Total revenue. See instruction	UNS		<u></u>		62,401,014.	0.	0.	7055223 Form <b>990</b> (202

THE V FOUNDATION 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).

0000	On 50 (c)(3) and 50 (c)(4) organizations must comp				
	Check if Schedule O contains a respon	(A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	39,471,160.	39,471,160.		
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	2,400,000.	2,400,000.		
4	Benefits paid to or for members		, ,		
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	1,112,723.	227,016.	391,217.	494,490.
6	Compensation not included above to disqualified	1/112//201	22770101	551/21/0	191,190.
0					
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	3,994,809.	818,994.	1,390,327.	1 705 400
7	Other salaries and wages	3,994,009.	010,994.	1,390,327.	1,785,488.
8	Pension plan accruals and contributions (include			42 242	
	section 401(k) and 403(b) employer contributions)	117,976.	23,547.	43,343.	51,086.
9	Other employee benefits	920,140.	184,271.	335,838.	400,031.
10	Payroll taxes	335,632.	65,047.	114,736.	155,849.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	304,449.		304,449.	
g	Other. (If line 11g amount exceeds 10% of line 25,	,		,	
9	column (A), amount, list line 11g expenses on Sch 0.)	393,252.	8,902.	203,196.	181,154.
10		732,461.	4,442.	373,430.	354,589.
12	Advertising and promotion	338,790.	636.	42,310.	295,844.
13	Office expenses	417,375.	59,087.	297,741.	
14	Information technology	41/,3/3.	59,007.	297,741.	60,547.
15	Royalties	1 6 0 0 5 0	01.064	110 405	
16	Occupancy	168,850.	21,864.	110,405.	36,581.
17	Travel	522,660.	70,921.	163,627.	288,112.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	95,502.	12,415.	62,315.	20,772.
23	Insurance	83,089.		62,317.	20,772.
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 0.)				
و	BANK SERVICE CHARGES	326,262.		244,747.	81,515.
b	V SCHOLAR SUMMIT	56,483.	56,483.	, _, _,	
0	DONOR RECOGNITION EXPEN	43,449.	3,180.	9,950.	30,319.
C J	MISCELLANEOUS	34,133.	16,130.	11,155.	6,848.
d		32,770.	32,770.		0,040.
	All other expenses			1 161 100	1 262 007
25	Total functional expenses. Add lines 1 through 24e	51,901,965.	43,476,865.	4,161,103.	4,263,997.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
33201	0 12-21-23				Form <b>990</b> (2023)
		10			

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THE V FOUNDATION

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

					<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
	1	Cash - non-interest-bearing			992,842.	1	3,854,990.	
	2	Savings and temporary cash investments			29,717,446.	2	42,977,882.	
	3	Pledges and grants receivable, net			5,365,211.	3	13,476,965.	
	4	Accounts receivable, net			899,024.	4	1,005,048.	
	5	Loans and other receivables from any current or			,-	-	, ,	
		trustee, key employee, creator or founder, substa						
		controlled entity or family member of any of these				5		
	6	Loans and other receivables from other disgualifi						
		under section 4958(f)(1)), and persons described		6				
s	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sale or use				8		
As	9	Prepaid expenses and deferred charges			253,475.	9	329,571.	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	2,392,981.				
	b	Less: accumulated depreciation	10b	837,991.	1,635,492.	10c	1,554,990.	
	11	Investments - publicly traded securities	60,499,329.	11	65,572,784.			
	12	Investments - other securities. See Part IV, line 1		12				
	13	Investments - program-related. See Part IV, line 1		13				
	14	Intangible assets			50,000.	14	50,000.	
	15	Other assets. See Part IV, line 11			193,159.	15	522,964.	
	16	Total assets. Add lines 1 through 15 (must equa		·	99,605,978.	16	129,345,194.	
	17	Accounts payable and accrued expenses			765,785.	17	700,036.	
	18	Grants payable			47,772,994.	18	62,559,832.	
	19		Deferred revenue					
	20	Tax-exempt bond liabilities		20				
	21	Escrow or custodial account liability. Complete P				21		
es	22	Loans and other payables to any current or forme						
Liabilities		trustee, key employee, creator or founder, substa						
-iat		controlled entity or family member of any of these				22		
-	23	Secured mortgages and notes payable to unrelat				23		
	24	Unsecured notes and loans payable to unrelated				24		
	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines						
					143,437.	25	513,381.	
	26	Total liabilities. Add lines 17 through 25			48,682,216.	26	63,773,249.	
	20	Organizations that follow FASB ASC 958, check						
es		and complete lines 27, 28, 32, and 33.						
anc	27				30,550,108.	27	26,418,222.	
Bal	28	Net assets with donor restrictions			20,373,654.	28	39,153,723.	
pu		Organizations that do not follow FASB ASC 95						
Fu		and complete lines 29 through 33.						
s or	29	Capital stock or trust principal, or current funds				29		
set	30	Paid-in or capital surplus, or land, building, or equ				30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	ome, o	or other funds		31		
Net	32	Total net assets or fund balances			50,923,762.	32	65,571,945.	
-	33	Total liabilities and net assets/fund balances			99,605,978.	33	129,345,194.	

Form 990 (2023)

27480.01

Part X Balance Sheet

Form	1990 (2023) THE V FOUNDATION	13-	3705951	Pa	<sub>ge</sub> 12						
Pa	rt XI Reconciliation of Net Assets										
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	62,403								
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>51,90</u> 10,49								
3	<ul> <li>Revenue less expenses. Subtract line 2 from line 1</li> <li>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</li> <li>4</li> </ul>										
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))										
5	Net unrealized gains (losses) on investments	5	4,64	7,7	41.						
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	-498	3,6	07.						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,										
	column (B))	10	65,57	1,9	45.						
Pa	rt XII Financial Statements and Reporting				X						
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: Cash X Accrual Other										
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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:										
	Separate basis Consolidated basis Both consolidated and separate basis										
b	Were the organization's financial statements audited by an independent accountant?		2b	Х							
	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:										
	X Separate basis Consolidated basis Both consolidated and separate basis										
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the										
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule 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?		3a		X						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	t								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	000							

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Nan	ame of the organization Employer identification												
De			V FOUNDATI						3-3705951				
	irt I	Reason for Public (					ee instruction	S.					
	organi	ization is not a private found		<b>u</b> ,		,							
1		A church, convention of ch				on 170(b)( <sup>-</sup>	1)(A)(i).						
2		A school described in sect		-									
3		A hospital or a cooperative					-						
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv). (C											
6		A federal, state, or local gov	-										
7	X												
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe											
9		An agricultural research org	-			-		-	-				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	eor				
		university:											
10		An organization that norma											
		activities related to its exem		•	. ,			••					
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the org	janization a	after June 30, 1975.				
		See section 509(a)(2). (Con			(at. ) 0 a a		20(-)(4)						
11 12	$\square$	An organization organized a An organization organized a	•		•			rn out the	purpassa of ana ar				
12		more publicly supported or	•	•	•			•					
		lines 12a through 12d that	-										
а		<b>Type I.</b> A supporting orga	• ·					-	aivina				
		the supported organization	-	-	• • • •	-							
		organization. You must c			indjointy e				spporting				
b		<b>Type II.</b> A supporting org	-		tion with its	s supporte	ed organizatio	n(s), by hay	vina				
		control or management o	-				-		-				
		organization(s). You mus						5					
с		] Type III functionally inte	-		in connect	tion with, a	and functional	ly integrate	ed with,				
		its supported organization											
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness				
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .						
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III					
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.							
		er the number of supported o	•										
g		vide the following information	· · ·	<u> </u>	(iv) Is the orac	anization listed							
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No							
Tota	al												

THE V FOUNDATION

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

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

Sec	ection A. Public Support												
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total						
1	Gifts, grants, contributions, and												
	membership fees received. (Do not												
	include any "unusual grants.")	<u>17695208.</u>	<u>29112571.</u>	36624612.	<u>45243069.</u>	<u>55345791.</u>	<u>184021251</u>						
2	Tax revenues levied for the organ-												
	ization's benefit and either paid to												
	or expended on its behalf												
3	The value of services or facilities												
	furnished by a governmental unit to												
	the organization without charge				1 - 0 1 0 0 6 0		101001051						
	Total. Add lines 1 through 3	17695208.	29112571.	36624612.	45243069.	55345791.	184021251						
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)						104004054						
	Public support. Subtract line 5 from line 4.						184021251						
	ction B. Total Support	1		I	1	1							
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total						
		17695208.	291125/1.	30024012.	45243069.	<u>55345/91.</u>	184021251						
8	Gross income from interest,												
	dividends, payments received on												
	securities loans, rents, royalties,	1 4 1 1 0 4 0	1000000	1000000	0500100	2061004	10000000						
	and income from similar sources $\dots$	1411949.	1279670.	1800073.	2583122.	38618/4.	10936688.						
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			20 075			20 075						
	assets (Explain in Part VI.)			39,075.			<u>39,075.</u> 194997014						
	Total support. Add lines 7 through 10						µ94997014						
	Gross receipts from related activities,		,										
13	First 5 years. If the Form 990 is for th												
500	organization, check this box and stor ction C. Computation of Public						·····						
				a aluma (f)		44	94.37 %						
	Public support percentage for 2023 (					14	<u>94.37</u> % 94.58%						
	Public support percentage from 2022 33 1/3% support test - 2023. If the												
104	stop here. The organization qualifies												
Ь	33 1/3% support test - 2022. If the		•			or more check th							
	and stop here. The organization qua												
179	10% -facts-and-circumstances test												
178	and if the organization meets the fact	-											
	meets the facts-and-circumstances te			•		U U							
h	10% -facts-and-circumstances test	-		• • • •		17a and line 15 is							
U.	more, and if the organization meets the												
	organization meets the facts-and-circl												
18	Private foundation. If the organization		•										
				,,,	, <u></u>		(Form 990) 2023						

THE V FOUNDATION

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6	(0) 2013	(6) 2020	(0) 2021	(0) 2022		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
	check this box and stop here	<u></u>					
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
<u>16</u>	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)23</b> (line 10c, colur	nn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2023.</b> If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and I	line 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the	organization did n	ot check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che						ition
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
33202	23 12-21-23		17			Scheo	dule A (Form 990) 2023

2023.05050 THE V FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

## 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	(Form 990) 2023		-	FOUNDATION
Part IV	Supporting Org	ganizations	(co	ntinued)

1

2

			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and					
	11c below, the governing body of a supported organization?	11a				
b	A family member of a person described on line 11a above?	11b				
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide					
	detail in Part VI.	11c				
Sec	Section B. Type I Supporting Organizations					
			Yes	No		
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? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
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? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated	

**Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

	Dervis		,011010116	a me sur		i organization.	
Sectio	n C.	Type	II Sup	porting	j Org	anizations	

 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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or management of the support of the s

Section D	All Type III Supporting Organizations	

			Yes	No
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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>far (</i> <b>eee</b>

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions	).
---	--	---	-------------------------	-----------------	---------------------	-------------------	----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

 Schedule A (Form 990) 2023

332025 12-21-23

#### 19 2023.05050 THE V FOUNDATION

_	dule A (Form 990) 2023 THE V FOUNDATION	-		13-3705951 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g 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.	
Sect	on 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		
Sect	on 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		
е	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		
Sect	on C - Distributable Amount			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	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2023

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THE V FOUNDATION

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	dule A (Form 990) 2023 THE V FOUNDAT			1	.3-3705951	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ied)		
Secti	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributab Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years				-	
b	Applied to 2023 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
e	Excess from 2023					

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Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023		FOUNDATION		13-3705951 Page 8
Part VI	Supplemental I Part IV, Section A, I line 1; Part IV, Secti	nes 1, 2, 3b, 3c, - on D, lines 2 and	1b, 4c, 5a, 6, 9a, 9b, 9c, 3; Part IV, Section E, line	required by Part II, line 10; Part II, line 11a, 11b, and 11c; Part IV, Section B s 1c, 2a, 2b, 3a, and 3b; Part V, line 1 and 6. Also complete this part for any	9 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V,
332028 12-21-2	3			22	Schedule A (Form 990) 2023

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~~		Supplementa	al Financia	l Statomonte			OMB No. 1	545-0047
		Complete if the orga					204	22
(FOI)	n 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11	d, 11e, 11f, 12a, or 12b	).		20/	٢J
	ment of the Treasury I Revenue Service	م Go to www.irs.gov/Form99	ttach to Form 990. 0 for instructions a		ion.		Open to Inspect	
-	e of the organizati	ion					er identificatio	
Par	t I Organiz	THE V FOUNDATION ations Maintaining Donor Advise	d Funds or Oth	er Similar Funds (	or Acc		<u>13-37059</u>	
Fai		on answered "Yes" on Form 990, Part IV, lin				sounts.	Complete if tr	ne
	0.9424.10			dvised funds	(1	) Funds a	and other accou	ints
1	Total number at e	nd of year				, ·		
2		of contributions to (during year)						
3		of grants from (during year)						
4		at end of year						
5		on inform all donors and donor advisors in	writing that the asse	ets held in donor advise	d fund	S		
	are the organization	on's property, subject to the organization's	exclusive legal cont	rol?			Yes	No No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing th	at grant funds can be u	sed on	ly		
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or t	for any other purpose c	onferrir	ng		
De	impermissible priv						Yes	No
Par		vation Easements. Complete if the or			art IV, I	ine 7.		
1		servation easements held by the organizati	· ·					_
		n of land for public use (for example, recrea	tion or education)	Preservation of a				a
		of natural habitat		Preservation of a	a certin	ed histori	c structure	
2		n of open space I through 2d if the organization held a quali	fied conservation co	ontribution in the form o	facon	servation	essement on th	ne last
-	day of the tax yea				[		d at the End of th	
а		onservation easements			ľ	2a		
b						2b		
с	-	vation easements on a certified historic str			Г	2c		
d	Number of conser	vation easements included on line 2c acqu	ired after July 25, 2	006, and not	[			
	on a historic struc	ture listed in the National Register			[	2d		
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished	d, or terminated by the o	organiz	ation duri	ng the tax	
	year							
4		where property subject to conservation eas						
5	-	ation have a written policy regarding the per						
c	,	forcement of the conservation easements it		and onforcing conco			<b>Ves</b>	
6	Stall and voluntee	er hours devoted to monitoring, inspecting,	nanuling of violation	is, and enforcing conse	Ivation	leasenner	its during the y	ear
7	Amount of expense	 ses incurred in monitoring, inspecting, hand	lling of violations a	nd enforcing conservatio	on eas	ements di	iring the year	
•	, and an or experie		ing of violations, a	ia officioning content at	on ouo		aning the year	
8	Does each conser	 vation easement reported on line 2d above	satisfy the requirer	nents of section 170(h)(	4)(B)(i)			
	and section 170(h						🔄 Yes	No No
9	In Part XIII, descri	be how the organization reports conservati	on easements in its	revenue and expense s	tateme	ent and		
	balance sheet, an	d include, if applicable, the text of the footr	note to the organiza	tion's financial statemer	nts that	t describe	s the	
Dec		counting for conservation easements.		Tueses an Oth				
Par	_	ations Maintaining Collections of			ier Si	milar As	ssets.	
		f the organization answered "Yes" on Form						
1a	-	elected, as permitted under FASB ASC 95						
		easures, or other similar assets held for put				e of publ	IC	
h	•	Part XIII the text of the footnote to its final elected, as permitted under FASB ASC 95				sheet wor	ks of	
U	-	sures, or other similar assets held for public						
		ing amounts relating to these items.	SAMURACI, CUUCALI		. an 00			
		Ided on Form 990, Part VIII, line 1				\$		
2		received or held works of art, historical tre						
		unts required to be reported under FASB A						

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

**b** Assets included in Form 990, Part X

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Otl	her Simila	r Assets	(continu	ied)			
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that mak	e significant u	use of its					
	collection items (check all that apply).										
а	Public exhibition	d	Loan or exc	hange program							
b	Scholarly research	е	Other								
с											
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	exempt purpo	se in Part	XIII.				
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other sim	ilar assets						
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	llection?			Yes	No			
Par	t IV Escrow and Custodial Arrang	gements Complet	e if the organizatior	answered "Yes"	on Form 990,	, Part IV, li	ne 9, or				
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for contribution	s or other assets i	not included						
	on Form 990, Part X?						Yes	No			
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:								
							Amount				
с	Beginning balance				1c						
d	Additions during the year				1d						
	Distributions during the year										
f	Ending balance				1f						
2a	Did the organization include an amount on Fe	orm 990, Part X, line :	21, for escrow or cu	istodial account lia	ability?		Yes	No			
b	If "Yes," explain the arrangement in Part XIII.					<u></u> .					
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, lin	e 10.						
		(a) Current year	(b) Prior year	(c) Two years bac	k <b>(d)</b> Three y	/ears back	<b>(e)</b> Four y	/ears back			
1a	Beginning of year balance	43,216,953.	38,723,186.	43,914,78		42,732.	34,2	27,905.			
b	Contributions	714,772.	1,396,470.	, ,		70,290.	3,1	L70,855.			
С	Net investment earnings, gains, and losses	7,879,769.	4,439,983.	-4,468,793	3. 6,3	61,654.	2,5	561,576.			
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	2,056,610.	1,158,129.			87,679.		958,734.			
f	Administrative expenses	196,881.	184,557.	,		.72,217.		L58,870.			
g	End of year balance	49,558,003.	43,216,953.	38,723,18	6. 43,9	14,780.	37,8	342,732.			
2	Provide the estimated percentage of the curr		(line 1g, column (a)	) held as:							
а	Board designated or quasi-endowment	75.3500	_%								
b	Permanent endowment 24.5000	%									
С	Term endowment .1500	%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered fo	or the		_				
	organization by:							Yes No			
	(i) Unrelated organizations?						3a(i)	<u>X</u>			
							3a(ii)	<u> </u>			
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b				
4 Par	t VI Land, Buildings, and Equipm		vment funds.								
. a	Complete if the organization answere		Part IV, line 11a, S	ee Form 990. Part	t X. line 10.						
	Description of property	(a) Cost or of			) Accumulate		(d) Book	valuo			
	Description of property	basis (investm		(other)	depreciation		(u) BOOK	value			
1a	Land		,	<u> </u>							
	Buildings		1.86	5,502.	407,6	74.	1,457	,828.			
	Leasehold improvements			5,000.	1,2			,750.			
	Equipment			0,151.	187,04			,109.			
	Other			2,328.	242,02			,303.			
	. Add lines 1a through 1e. (Column (d) must e						1,554				
		quari onni 330, i dil 7						990) 2023			
								,			

Part VII	Investn	nents -	Other Se	CU	rities
Schedule D	(Form 990)	) 2023	THE	V	FOUNDATION

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(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)			
otal. (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-vear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
otal. (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 Description	11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))           Part IX         Other Assets           Complete if the organization answered "Yes"         (a)           (1)         (a)           (2)         (a)           (4)         (5)           (6)         (7)           (8)         (9)           'otal. (Column (b) must equal Form 990, Part X, line 15, complete 15, complete 16, complete	Description		(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, com Part X Other Liabilities	Description		
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "Yes"         Complete if the organization answered "Yes"	Description		→ 25.
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, part X, line 15, column (b) must equal Form 990, part X, line 15, column (b) must equal Form 90, part X, line 15, column (b) must equal Form 90, part X, line 15, column (b) must equal Form 90, part X, line 15, column (b) must equal Form 90, column (b) must equal Form 90,	Description		
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otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (column (column (column for the organization answered "Yes")         .       (a) Description of liability         (1)       Federal income taxes         (2)       RIGHT OF USE OPERATING LE.	Description		25. (b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (c) must equal Form 990, Part X, line 15, column	Description		25. (b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX         Other Assets         Complete if the organization answered "Yes"         (a)         (1)       (a)         (2)       (a)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (b) must equal Form 990, Part X, line 15, col         Part X         Other Liabilities         Complete if the organization answered "Yes"         .       (a) Description of liability         (1) Federal income taxes       (2) RIGHT OF USE OPERATING LE.         (3) LIABILITIES       (4)	Description		25. (b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, cor Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) RIGHT OF USE OPERATING LE. (3) LIABILITIES (4) (5)	Description		e 25.
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX         Other Assets         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Cotal. (Column (b) must equal Form 990, Part X, line 15, col         Part X         Other Liabilities         Complete if the organization answered "Yes"         .       (a) Description of liability         (1)       Federal income taxes         (2)       RIGHT OF USE OPERATING LE.         (3)       LIABILITIES         (4)       (5)         (6)       (6)	Description		25. (b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, line 15, ccc         Part X         Other Liabilities         Complete if the organization answered "Yes"         I.         (a) Description of liability         (1) Federal income taxes         (2) RIGHT OF USE OPERATING LE.         (3) LIABILITIES         (4)         (5)         (6)         (7)	Description		25. (b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, line (b) must equal Fo	Description		→ 25.

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

Schedule D (Form 990) 2023

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Sche	dule D (Form 990) 2023 THE V FOUNDATION			13-	3705951 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	66,744,306.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	4,647,741.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	4,647,741.
3	Subtract line 2e from line 1			3	62,096,565.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	304,449.		
b	Other (Describe in Part XIII.)	4b			
С				4c	304,449.
-	Total revenue Add lines 2 and 4 (T): ( ) ( ) ( )			5	62,401,014.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wi	th Expenses per F		
Pa	<b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents Wi a.	th Expenses per F	Retur	'n
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wi a.	th Expenses per F		
	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.	th Expenses per F	Retur	'n
1	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12           Total expenses and losses per audited financial statements	a.	th Expenses per F	Retur	'n
1 2	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wi	th Expenses per F	Retur	'n
1 2 a	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	a. 	th Expenses per F	Retur	'n
1 2 a b	<b>t XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F	Retur	n 52,096,123.
1 2 a b c	<b>t XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a           2b           2c           2d	498,607.	Retur	n 52,096,123. 498,607.
1 2 a b c d	<b>t XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	498,607.	Retur 1	n 52,096,123.
1 2 b c d e	TXII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	498,607.	Retur	n 52,096,123. 498,607.
1 2 b c d 3	<b>t XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	498,607.	Retur	n 52,096,123. 498,607.
1 2 3 4 2 3 4	TXII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	498,607.	Retur	n 52,096,123. 498,607. 51,597,516.
1 2 d c 3 4 a b	<b>t XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a           2b           2b           2c           2d	498,607. 304,449.	1 2e 3 4c	n 52,096,123. 498,607. 51,597,516. 304,449.
1 2 d e 3 4 b c 5	<b>t XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2b           2c           2d	498,607. 304,449.	1 2e 3	n 52,096,123. 498,607. 51,597,516.

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

15100212 783398 27480.000

498,607.

90	HEDULE F	1	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites 📙	OMB No. 1545-0047
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15						2023		
•	-		•••••	- <b>J</b>	Attach to Form 990.		_	Open to Public
	rtment of the Treasury al Revenue Service		Go to w	ww.irs.gov/Form	1990 for instructions and the latest i	nformation.		Inspection
Nam	ne of the organizatio	on					Employer id	lentification number
TH	<u>E V</u> FOUNDA						13-370	
Pa	rt I General	Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answe	red "Yes" on
	Form 990,							
1	-		•		ds to substantiate the amount of its gra the selection criteria used to award the			X Yes No
2	For grantmakers United States.	. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	outside the
3	Activities per Reg	jion. (Tł	ne following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)		
	<b>(a)</b> Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d gram service, specific type (s) in the regio	expenditures for and investments
					GRANTS TO SUPPORT CANCER	GRANTS TO S	UPPORT CAN	CER
NOR	TH AMERICA		0	0	RESEARCH	RESEARCH		2,400,000.
3 a	Subtotal		0	0				2,400,000.
	Total from continu	uation	0	0				0.
c	<b>Totals</b> (add lines		0	0				2 400 000

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

#### Schedule F (Form 990) 2023

THE V FOUNDATION

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>(b)</b> IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> 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	٥.		
		NORTH AMERICA -						
		CANADA AND						
		MEXICO, BUT NOT						
		THE UNITED STATES	CANCER RESEARCH	800,000.	CHECKS	٥.		
		1			1			

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

3 Enter total number of other organizations or entities

2

Page 2

#### Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

THE V FOUNDATION

(a) Type of grant or assistance	(b) Region	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

33

Schedule F (Form 990) 2023

#### Page 3

## 13-3705951

Schedule F (Form 990) 2023

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	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 THE V FOUNDATION

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.

Schedule F (Form 990) 2023

332075 11-29-23

15100212 783398 27480.000

SCHEDULE I	G	arants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, ar	nd Individual	ls in the Ŭni	ted States		2023
Department of the Treasury	eenip.		Attach to Forn	•			Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization THE V FC	UNDATION						Employer identification number $13 - 3705951$
Part I General Information on Grants	and Assistance						
1 Does the organization maintain record	ls to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	
criteria used to award the grants or as	sistance?						X Yes No
2 Describe in Part IV the organization's	procedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance t	•				anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
recipient that received more tha				1	(f) Method of	I	
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE JACKSON LABORATORY CANCER							
CENTER - 600 MAIN STREET - BAR							
HARBOR, ME 04609	01-0211513	501(C)(3)	0.	600,000.			CANCER RESEARCH
DAVID H. KOCH INSTITUTE FOR							
INTEGRATIVE CANCER RESEARCH AT MI	т						
- 500 MAIN ST - CAMBRIDGE, MA							
02142	04-2103594	501(C)(3)	0.	1,400,000.			CANCER RESEARCH
DANA-FARBER/HARVARD CANCER CENTER							
450 BROOKLINE AVE							
BOSTON, MA 02215	04-2263040	501(C)(3)	0.	1,400,000.			CANCER RESEARCH
BRIGHAM AND WOMENS HOSPITAL							
PARTNERS HEALTH CARE 101							
HUNTINGTON AVENUE, 3RD FLOOR -							
BOSTON, MA 02115	04-2312909	501(C)(3)	0.	800,000.			CANCER RESEARCH
THE GENERAL HOSPITAL CORPORATION							
D/B/A MASSACHUSETTS GENERAL							
HOSPITAL - 55 FRUIT STREET -							
BOSTON, MA 02114	04-2697983	501(C)(3)	0.	1,400,000.			CANCER RESEARCH
BOSTON CHILDREN'S HOSPITAL							
300 LONGWOOD AVENUE							
BOSTON, MA 02115	04-2774441	501(C)(3)	0.	600,000.			CANCER RESEARCH
2 Enter total number of section 501(c)(3			- Data at Andria	,		I	15
<ul> <li>2 Enter total number of section 50 (c)(3)</li> <li>3 Enter total number of other organization</li> </ul>		5					

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

Schedule I (Form 990) 2023

19104

NEW YORK, NY 10032	13-228083	DOT(C)(3)	0.	800,000.	CANCER RESEARCH
THE TISCH CANCER INSTITUTE/ICAHN					
SCHOOL OF MEDICINE AT MOUNT SINAI					
- 1 GUSTAVE L. LEVY PL - NEW YORK,					
NY 10029	13-6171197	501(C)(3)	٥.	600,000.	CANCER RESEARCH
ROSWELL PARK COMPREHENSIVE CANCER					
CENTER - 875 ELLICOT STREET -					
BUFFALO, NY 14203	16-1391608	501(C)(3)	٥.	800,000.	CANCER RESEARCH
ATRIUM HEALTH WAKE FOREST BAPTIST					
COMPREHENSIVE CANCER CENTER - 1					
MEDICAL CENTER BLVD -					
WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	0.	1,150,000.	CANCER RESEARCH
CHILDREN'S HOSPITAL OF					
PHILADELPHIA - 3401 CIVIC CENTER					
BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	0.	600,000.	CANCER RESEARCH
UNIVERSITY OF PENNSYLVANIA SCHOOL					
OF MEDICINE - PERELMAN SCHOOL OF					
MEDICINE AT THE UNIVERSITY OF					
PENNSYLVANIA, 3400 CIVIC C -	23-1352685	501(C)(3)	٥.	1,400,000.	CANCER RESEARCH
ELLEN AND RONALD CAPLAN CANCER					
CENTER OF THE WISTAR INSTITUTE -					

THE V FOUNDATION Schedule I (Form 990)

(a) Name and address of

organization or government

MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVENUE SRB 9TH

LAURA AND ISAAC PERLMUTTER CANCER

3601 SPRUCE ST - PHILADELPHIA, PA

FLOOR - NEW YORK, NY 10065

34TH ST - NEW YORK, NY 10016

COLUMBIA UNIVERSITY 630 W 168TH ST

NEW YORK, NY 10032

(h) Purpose of grant

or assistance

CANCER RESEARCH

CANCER RESEARCH

CANCER RESEARCH

Schedule I (Form 990)

CANCER RESEARCH

Ο.

1,200,000

CENTER/NYU LANGONE HEALTH - 160 E 13-5562308 501(C)(3) 0. 600,000 13 - 5598093 = 501(C)(3)0 800 000

(d) Amount of

cash grant

0.

(e) Amount of

noncash

assistance

3,000,000

(f) Method of

valuation

(book, FMV, appraisal, other) (g) Description of

non-cash assistance

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

(c) IRC section

if applicable

(b) EIN

13-1924236 501(C)(3)

23-6434390 501(C)(3)

Schedule I (Form 990)

		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
FRED HUTCH / UNIVERSITY OF							
WASHINGTON / SEATTLE CHILDRENS							
CANCER CONSORTIUM - FHCC/ OFFICE							
OF SPONSORED RESEARCH PO BOX	23-7156071	501(C)(3)	0.	600,000.			CANCER RESEARCH
UPMC HILLMAN CANCER CENTER							
5150 CENTRE AVE							
PITTSBURGH, PA 15232	25-1865744	501(C)(3)	٥.	150,000.			CANCER RESEARCH
CINCINNATI CHILDREN'S HOSPITAL							
MEDICAL CENTER - 3333 BURNET							
AVENUE - CINCINNATI, OH 45229-3026	31-0833936	501(C)(3)	٥.	600,000.			CANCER RESEARCH
VANDERBILT-INGRAM CANCER CENTER/							
VANDERBILT UNIVERSITY MEDICAL							
CENTER - 2220 PIERCE AVE -							
NASHVILLE, TN 37232	35-2528741	501(C)(3)	0.	600,000.			CANCER RESEARCH
THE UNIVERSITY OF CHICAGO MEDICINE							
COMPREHENSIVE CANCER CENTER - 5841							
S MARYLAND AVE, MC 1140, H212 C -							
CHICAGO, IL 60637	36-2177139	501(C)(3)	0.	600,000.			CANCER RESEARCH
UNIVERSITY OF MICHIGAN ROGEL							
CANCER CENTER - 1500 E MEDICAL							
CENTER DR #5841 - ANN ARBOR, MI							
48109	38-6006309	501(C)(3)	0.	2,000,000.			CANCER RESEARCH
UNIVERSITY OF WISCONSIN CARBONE							
CANCER CENTER - 600 HIGHLAND AVE							
CSC BUILDING K6/532 - MADISON, WI							
53792	39-6006492	501(C)(3)	0.	1,400,000.			CANCER RESEARCH
UNIVERSITY OF WISCONSIN-MADISON,							
SCHOOL OF VETERINARY MEDICINE -							
VETERINARY MEDICINE BLDG 2015							
LINDEN DR - MADISON, WI 53706	39-6006492	501(C)(3)	0.	600,000.			CANCER RESEARCH
SIDNEY KIMMEL COMPREHENSIVE CANCER							
CENTER AT JOHNS HOPKINS - THE							
HARRY AND JEANETTE WEINBERG							
BUILDING 401 N. BROADWAY -	45-0562642	501(C)(3)	0.	110,000.			CANCER RESEARCH

(d) Amount of

(e) Amount of

(f) Method of

(g) Description of

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

(c) IRC section

(b) EIN

#### THE V FOUNDATION Schedule I (Form 990)

(a) Name and address of

(h) Purpose of grant

38

		- 1

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

		<b>U</b>				,	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIDNEY KIMMEL COMPREHENSIVE CANCER							
CENTER AT JOHNS HOPKINS - THE							
HARRY AND JEANETTE WEINBERG							
BUILDING 401 N. BROADWAY -	52-0595110	501(C)(3)	0.	1,400,000.			CANCER RESEARCH
UNIVERSITY OF MARYLAND MARLENE AND				, ,			
STEWART GREENEBAUM COMPREHENSIVE							
CANCER CENTE - 22 S GREENE ST -							
BALTIMORE, MD 21201-1595	52-6002033	501(C)(3)	0.	600,000.			CANCER RESEARCH
VCU MASSEY COMPREHENSIVE CANCER				, ,			
CENTER - VCU MASSEY CANCER CENTER							
401 COLLEGE STREET P.O. BOX 980037							
- RICHMOND, VA 23298-0037	54-6001758	501(C)(3)	0.	110,000.			CANCER RESEARCH
· · · ·				, ,			
UVA CANCER CENTER/UVA HEALTH							
1240 LEE ST							
CHARLOTTESVILLE, VA 22908	54-6001796	501(C)(3)	0.	110,000.			CANCER RESEARCH
· · ·				, ,			
DUKE CANCER INSTITUTE							
20 DUKE MEDICINE CIRCLE							
DURHAM, NC 27710	56-0532129	501(C)(3)	0.	1,250,000.			CANCER RESEARCH
<b>i</b>							
NC STATE UNIVERSITY, COLLEGE OF							
VETERINARY MEDICINE - 1060 WILLIAM							
MOORE DR RALEIGH, NC 27606	56-6000756	501(C)(3)	0.	350,000.			CANCER RESEARCH
UNC LINEBERGER COMPREHENSIVE							
CANCER CENTER - LINEBERGER							
COMPREHENSIVE CANCER CENTER 125							
MARSICO HALL CB#7295 - CHAPEL	56-6001393	501(C)(3)	0.	1,000,000.			CANCER RESEARCH
WINSHIP CANCER INSTITUTE OF EMORY							
UNIVERSITY - 1365-C CLIFTON ROAD							
NE - ATLANTA, GA 30322	58-0566256	501(C)(3)	0.	1,200,000.			CANCER RESEARCH
·							
UNIVERSITY OF MIAMI, SYLVESTER							
COMPREHENSIVE CANCER CENTER - 1475							
NW 12TH AVE - MIAMI, FL 33136	59-0624458	501(C)(3)	٥.	2,400,000.			CANCER RESEARCH

Schedule I (Form 990)

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Schedule I (Form 990)

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
THE UNIVERSITY OF ALABAMA AT							
BIRMINGHAM - AB 1170 1720 2ND							
AVENUE SOUTH - BIRMINGHAM, AL							
35294	63-6005396	501(C)(3)	0.	800,000.			CANCER RESEARCH
MAYS CANCER CENTER AT UT HEALTH							
SAN ANTONIO - 7703 FLOYD CURL DR -							
SAN ANTONIO, TX 78229	74-1586031	501(C)(3)	0.	1,400,000.			CANCER RESEARCH
				_,,			
BAYLOR COLLEGE OF MEDICINE							
1 BAYLOR PLAZA							
HOUSTON, TX 77030	74-1613878	501(C)(3)	0.	1,600,000.			CANCER RESEARCH
UNIVERSITY OF TEXAS MD ANDERSON							
CANCER CENTER - 1515 HOLCOMBE BLVD							
- HOUSTON, TX 77030	74-6001118	501(C)(3)	0.	800,000.			CANCER RESEARCH
UNIVERSITY OF TEXAS SOUTHWESTERN							
MEDICAL CENTER - 5323 HARRY HINES				1 100 000			
BOULEVARD - DALLAS, TX 75390	75-6002868	501(C)(3)	0.	1,400,000.			CANCER RESEARCH
UNIVERSITY OF COLORADO CANCER							
CENTER - 1665 AURORA COURT							
ANSCHUTZ CANCER PAVILION - AURORA,		$E_{01}(a)(2)$		800.000			CANCER REGENEOU
CO 80045	84-6000555	5UI(C)(3)	0.	800,000.			CANCER RESEARCH
HUNTSMAN CANCER INSTITUTE							
2000 CIRCLE OF HOPE							
SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	0.	600,000.			CANCER RESEARCH
FRED HUTCH / UNIVERSITY OF		,					
WASHINGTON / SEATTLE CHILDRENS							
CANCER CONSORTIUM - FHCC/ OFFICE							
OF SPONSORED RESEARCH PO BOX	91-1935159	501(C)(3)	0.	600,000.			CANCER RESEARCH
OHSU KNIGHT CANCER INSTITUTE				, ,			
OHSU KNIGHT CANCER INSTITUTE MAIL							
CODE CR145 3181 S.W. SAM JACKSON							
PARK ROA	93-1176109	501(C)(3)	0.	600,000.			CANCER RESEARCH

#### THE V FOUNDATION Schedule I (Form 990)

Page 1

# THE V FOUNDATION

chedule I (Form 990) THE V FOU							.3-3705951 Pag
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Doi	(c) IRC section (c) IRC section if applicable	(d) Amount of cash grant	vernments (Sche (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
ISC NORRIS COMPREHENSIVE CANCER ENTER – 1441 EASTLAKE AVENUE – JOS ANGELES, CA 90033	95-1642394	501(C)(3)	0.	600,000.			CANCER RESEARCH
CLA HEALTH JONSSON COMPREHENSIVE ANCER CENTER - 675 CHARLES E. OUNG DRIVE SOUTH 5-720 MRL - LOS				,			
INGELES, CA 90095 MOORES COMPREHENSIVE CANCER CENTER/UNIVERSITY OF CALIFORNIA, SAN DIEGO - 3855 HEALTH SCIENCES	95-6006143	501(C)(3)	0.	800,000.			CANCER RESEARCH
DRIVE - LA JOLLA, CA 92093	95-6006144	501(C)(3)	0.	1,200,000.			CANCER RESEARCH

Schedule I (Form 990)

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.

THE V FOUNDATION

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> 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.

Page 2

Schedule I (Form 990) 2023

Part III

SC	HEDULE J	Compensation Information			OMB No.	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and High	est		20	00	
-	-	Compensated Employees			20	<b>2</b> 3	)
Dopo	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, lin Attach to Form 990.	1e 23.		Open to	Pub	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest informat	ion.		Inspe		
Nam	ne of the organization				identificati		mber
		THE V FOUNDATION		13-	370595	1	
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed or	n Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c						
	Travel for com						
		ation and gross-up payments					
	Discretionary	spending account Personal services (such as maid, c	hauffeu	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment					
•	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain				<u>1b</u>		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all direct					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?			2		
2	Indianta which if a	are of the following the experimetion used to establish the compensation of the experi	-otion's				
3		ny, of the following the organization used to establish the compensation of the organizator.					
		ector. Check all that apply. Do not check any boxes for methods used by a related org ation of the CEO/Executive Director, but explain in Part III.	Janizati				
	X Compensation						
		compensation consultant X Compensation survey or study					
	X Form 990 of o		notion c	ommittaa			
			Sation	ommittee			
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 re						
а	•	e payment or change-of-control payment?			4a		X
b		eive payment from a supplemental nonqualified retirement plan?					X
		eive payment from an equity-based compensation arrangement?			4.		X
	-	nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any comp	ensatic	on			
	contingent on the r						
а	The organization?				5a		X
		ation?					X
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any comp	ensatic	n			
	contingent on the n	net earnings of:					
а	The organization?				<u>6a</u>		X
		ation?					X
		or 6b, describe in Part III.					
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed pa	-				
		nes 5 and 6? If "Yes," describe in Part III			7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subje	ect to th	ne			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in					
	Regulations section		<u></u>		9		
For	Paperwork Reducti	ion Act Notice, see the Instructions for Form 990.		Sche	dule J (Forr	n 990	) 2023

LHA 332111 11-06-23

15100212 783398 27480.000

#### 13-3705951

#### 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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base	(ii) Bonus &	(iii) Other	compensation			reported as deferred
		compensation	incentive compensation	reportable compensation				on prior Form 990
			·	•				
(1) SHANE JACOBSON	(i)	506,829.	75,900.	0.	13,200.	28,973.	624,902.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSANNA GREER	(i)	301,716.	10,000.	0.	12,366.	29,083.	353,165.	0.
CHIEF SCIENTIFIC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PHILIP PILEWSKI	(i)	202,518.	10,000.	0.	7,130.	29,050.	248,698.	0.
EXECUTIVE DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROGER FERGUSON	(i)	211,707.	25,000.	0.	4,293.	772.	241,772.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DEVIN GILREATH	(i)	197,059.	0.	0.	7,884.	28,877.	233,820.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JANE BAER	(i)	201,317.	0.	0.	7,467.	20,354.	229,138.	0.
SR VP MARKET DEVELOPMENT & EVENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KRAIG MAX DULEY	(i)	189,221.	0.	0.	5,737.	28,798.	223,756.	0.
VP AUCTIONS & MARKET DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARY ELLEN CURRAN	(i)	175,479.	7,000.	0.	7,324.	12,624.	202,427.	0.
VP PARTNER STEWARDSHIP TO 01/2024	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHANDA DOUGLAS-WARD	(i)	148,941.	0.	0.	5,969.	12,460.	167,370.	0.
VP, HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	+							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Employer identification number

13-3705951

2023
Open to Public
Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 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

Par	rt I	Ty	pes 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	<b>(d)</b> Method of de noncash contribu	etermin	•	3
1	Ar	t - Works	s of art							
2			ical treasures							
3			onal interests							
4			publications							
5			nd household goods							
6			ther vehicles							
7			planes							
8			property							
9			- Publicly traded	X	47	557,595.	FAIR MARKET	VAI	LUE	
10			- Closely held stock						-	
11	Se		- Partnership, LLC, or							
12			sts - Miscellaneous							
13			onservation contribution -							
10			uctures							
14			onservation contribution - Other							
15			e - Residential							
16			e - Commercial							
17			e - Other							
18			s							
19			ntory							
20			medical supplies							
21										
22			artifacts							
23			pecimens							
24			cal artifacts							
25		ther (	·)							
26	Ot	ther (	)							
27	Ot	ther (	)							
28	Ot	ther (	)							
29	Nu	umber of	Forms 8283 received by the organi	zation during	g the tax year for co	ontributions				
	foi	r which t	he organization completed Form 82	83, Part V, D	onee Acknowledg	ement				
									Yes	No
30a	Du	uring the	year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	m	ust hold	for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for			
	ex	empt pu	rposes for the entire holding period	?				30a		Х
b	lf '	"Yes," de	escribe the arrangement in Part II.							
31	Do	oes the o	rganization have a gift acceptance	policy that re	equires the review o	of any nonstandard contribut	ions?	31	Х	
32a	Do	oes the o	rganization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				I
	со	ontributio	ns?					32a	Х	
b	lf '	"Yes," de	escribe in Part II.							
33	lf t	the organ	nization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is cheo	ked,			

describe in Part II.

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

15100212 783398 27480.000

13-3705951 Page 2

**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 M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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. <u>Go to www.irs.gov/Form990 for the latest information.</u>



Employer identification number 13 - 3705951

THE V FOUNDATION

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 THE 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.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION FOR THE POSITIONS OF CEO, CFO, OR

ANY KEY MANAGEMENT POSITION INCLUDES THE USE OF TOTAL COMPENSATION

SOLUTIONS NOT FOR PROFIT COMPENSATION SURVEY, CHARITY NAVIGATOR'S CEO

COMPENSATION STUDY, JOURNAL OF PHILANTHROPY NONPROFIT COMPENSATION REPORT,

A REVIEW BY THE FINANCE/COMPENSATION COMMITTEE, REVIEW OF OTHER

ORGANIZATION'S 990S, AND APPROVAL BY THE BOARD OF DIRECTORS. THE FOUNDATION

HAS ALSO CONSULTED WITH AN EXECUTIVE SEARCH FIRM WHEN SETTING CEO

COMPENSATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization THE V FOUNDATION	Employer identification number 13-3705951
AL, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, MO, NC, NH, N	J, 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

-498,607.

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.

FORM 990, PART VI, LINE 8B

THE EXECUTIVE COMMITTEE MAY ACT ON BEHALF OF THE BOARD IN THEIR

ABSENCE. ALL SUCH ACTIONS ARE RATIFIED BY THE BOARD WHEN IT NEXT MEETS.

332212 11-14-23

### **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.

Name of the organization

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection Employer identification number

13-3705951

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

THE V FOUNDATION

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
	-				

#### 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 Part II organizations during the tax year.

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

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

Schedule R (Form 990) 2023

OMB No. 1545-0047	
2023	

#### Schedule R (Form 990) 2023 THE V FOUNDATION

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.

		-	( ))	()	(0)	()			(1)		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	amount in box 20 of Schedule	partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes I	10
	-										
	-										
	-										
	1										
											+
	1										
	{										
	4										

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512(b contr	i) b)(13) rolled tity?
		country)		01 (1030)		435013		Yes	No
	-								
									<u> </u>
									<u> </u>

#### Schedule R (Form 990) 2023 THE V FOUNDATION

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.		Yes	No
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
<b>b</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)	1f		x
g Sale of assets to related organization(s)			X
h Purchase of assets from related organization(s)	<b>1</b> h		X
i Exchange of assets with related organization(s)	1i		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)	1k		x
I 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)	4	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)		X	
p Reimbursement paid to related organization(s) for expenses	1p	x	
<b>q</b> Reimbursement paid by related organization(s) for expenses		X	+
r Other transfer of cash or property to related organization(s)	1r	x	
s Other transfer of cash or property from related organization(s)	1s	X	

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) DON'T EVER GIVE UP, INC.	С	24,000,000.	ACCRUAL BASIS REVENUE
(2) DON'T EVER GIVE UP, INC.	J	133,075.	AMOUNT PAID ON LEASE
(3) DON'T EVER GIVE UP, INC.	N	1,160,377.	AMOUNT OF EXPENSES PAID
(4) DON'T EVER GIVE UP, INC.	0	2,673,208.	AMOUNT OF EXPENSES PAID
(5) DON'T EVER GIVE UP, INC.	Р	210,295.	AMOUNT OF EXPENSES REIMBURSED
(6) DON'T EVER GIVE UP, INC.	Q	3,017,032.	AMOUNT OF EXPENSES REIMBURSED

#### Schedule R (Form 990) THE V FOUNDATION

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amount involved
(7) DON'T EVER GIVE UP, INC.	R	5,071,742.	TRANSFERS
(8) DON'T EVER GIVE UP, INC.	S	679,874.	TRANSFERS
(9)			
(10)			
_ (11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

#### Schedule R (Form 990) 2023 THE V FOUNDATION

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

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

(a)	(b)	(c)	(d)	10		(f)	(g)	/	h)	(i)	(j)	(k)
(a) Name, address, and EIN	(b) Primary activity	Legal domicile	Predominant incomo	Are Are partners 501(c orgs	all	(י) Share of	(9) Share of		ronor-	UI Code V-UBI	(J) General c	
of entity	Frimary activity	(state or foreign	(related, unrelated,	501(c	s sec. ;)(3)	total	end-of-year	tio	ropor- nate	amount in box 20	managin	ownership
or onacy		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs		income	assets		tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	
		country)	Sections 512-514)	Yes	No			Yes	No	(FUITI 1003)	Yes NO	<u></u>
	1											
												1

Schedule R (Form 990) 2023

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.

Schedule R (Form 990) 2023

332165 09-28-23