

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE V FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>14600 WESTON PARKWAY</b> City or town, state or province, country, and ZIP or foreign postal code <b>CARY, NC 27513</b> <b>F</b> Name and address of principal officer: <b>DEVIN GILREATH</b> <b>14600 WESTON PARKWAY, CARY, NC 27513</b>	<b>D</b> Employer identification number <b>13-3705951</b> <b>E</b> Telephone number <b>919-380-9505</b> <b>G</b> Gross receipts \$ <b>82,846,166.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>V.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1993</b>
		<b>M</b> State of legal domicile: <b>DE</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PUT AN END TO CANCER.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>46</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>45</b>	
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) .....	<b>5</b>	<b>80</b>	
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>60</b>	
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	<b>0.</b>	
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> <b>45,232,411.</b>	<b>Current Year</b> <b>55,345,791.</b>
<b>9</b> Program service revenue (Part VIII, line 2g) .....		<b>0.</b>	<b>0.</b>	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		<b>2,348,759.</b>	<b>6,688,609.</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		<b>232,193.</b>	<b>366,614.</b>	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		<b>47,813,363.</b>	<b>62,401,014.</b>	
Expenses		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>41,678,096.</b>	<b>41,871,160.</b>
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>4,636,637.</b>	<b>6,481,280.</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>	<b>0.</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>4,263,997.</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>4,093,060.</b>	<b>3,549,525.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>50,407,793.</b>	<b>51,901,965.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>-2,594,430.</b>	<b>10,499,049.</b>		
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> <b>99,605,978.</b>	<b>End of Year</b> <b>129,345,194.</b>	
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>48,682,216.</b>	<b>63,773,249.</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>50,923,762.</b>	<b>65,571,945.</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>DEVIN GILREATH, CHIEF FINANCIAL OFFICER</b>	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DEETRA B. WATSON</b>	Preparer's signature <b>DEETRA B. WATSON</b>	Date <b>02/12/25</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00534544</b>
	Firm's name <b>BLACKMAN &amp; SLOOP ADVISORS, INC.</b>	Firm's EIN <b>56-1304727</b>	Phone no. (919) 942-8700		
	Firm's address <b>1414 RALEIGH RD, SUITE 300 CHAPEL HILL, NC 27517</b>				

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (46), 1b (45), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

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

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHANE JACOBSON CHIEF EXECUTIVE OFFICER	20.00 20.00	X		X				582,729.	0.	42,173.
(2) SUSANNA GREER CHIEF SCIENTIFIC OFFICER	40.00				X			311,716.	0.	41,449.
(3) PHILIP PILEWSKI EXECUTIVE DIRECTOR OF DEVELOPMENT	28.00 12.00					X		212,518.	0.	36,180.
(4) ROGER FERGUSON CHIEF MARKETING OFFICER	26.00 14.00				X			236,707.	0.	5,065.
(5) DEVIN GILREATH CHIEF FINANCIAL OFFICER	28.00 12.00			X				197,059.	0.	36,761.
(6) JANE BAER SR VP MARKET DEVELOPMENT & EVENTS	0.00 40.00					X		201,317.	0.	27,821.
(7) KRAIG MAX DULEY VP AUCTIONS & MARKET DEVELOPMENT	0.00 40.00					X		189,221.	0.	34,535.
(8) MARY ELLEN CURRAN VP PARTNER STEWARDSHIP TO 01/2024	40.00					X		182,479.	0.	19,948.
(9) CHANDA DOUGLAS-WARD VP, HUMAN RESOURCES	28.00 12.00					X		148,941.	0.	18,429.
(10) CONSTANCE E. SKIDMORE TREASURER	1.00	X		X				0.	0.	0.
(11) GEORGE BODENHEIMER SECRETARY	1.00	X		X				0.	0.	0.
(12) EVAN GOLDBERG CHAIR	1.00 2.00	X		X				0.	0.	0.
(13) PAMELA VALVANO STRASSER CHAIRWOMAN	1.00	X		X				0.	0.	0.
(14) ROBERT BAST, JR. M.D. DIRECTOR	1.00	X						0.	0.	0.
(15) NICHOLAS P. VALVANO PRESIDENT EMERITUS	1.00	X						0.	0.	0.
(16) JEFF BERRY DIRECTOR	1.00	X						0.	0.	0.
(17) JAY BILAS DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEVEN M. BORNSTEIN DIRECTOR	1.00	X						0.	0.	0.
(19) THOMAS E. CABANISS DIRECTOR	1.00	X						0.	0.	0.
(20) JULIE CHASE DIRECTOR	1.00	X						0.	0.	0.
(21) NANCY DAVIDSON, M.D. DIRECTOR	1.00	X						0.	0.	0.
(22) GEORGE W. DENNIS, III DIRECTOR	1.00	X						0.	0.	0.
(23) RITA FERRO DIRECTOR	1.00	X						0.	0.	0.
(24) MATT HONG DIRECTOR	1.00	X						0.	0.	0.
(25) MICHAEL B. KASTAN, M.D., PH.D. DIRECTOR	1.00	X						0.	0.	0.
(26) CLARK KINLIN DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,262,687.	0.	262,361.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,262,687.	0.	262,361.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 27

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
COYNE PUBLIC RELATIONS, LLC 5 WOODHOLLOW RD, PARSIPPANY, NJ 07054-2832	PUBLIC RELATIONS COMMUNICATION AGENCY	214,588.
THE IMAGINE GROUP, LLC PO BOX 603849, CHARLOTTE, NC 28260-3849	PRINT COMMUNICATIONS DESIGN AND PRODUCTI	174,968.

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

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARK KING DIRECTOR TO 05/2024	1.00	X						0.	0.	0.
(28) MICHAEL W. KRZYZEWSKI DIRECTOR	1.00	X						0.	0.	0.
(29) CARL C. LIEBERT, III DIRECTOR	1.00	X						0.	0.	0.
(30) F.J. "JOE" LOUGHREY DIRECTOR	1.00	X						0.	0.	0.
(31) MICHAEL C. MACDONALD DIRECTOR	1.00	X						0.	0.	0.
(32) NANCY MAJOR, M.D. DIRECTOR	1.00	X						0.	0.	0.
(33) JULIE MAPLES DIRECTOR	1.00	X						0.	0.	0.
(34) GEOFFREY S. MASON DIRECTOR	1.00	X						0.	0.	0.
(35) MARC MENTRY DIRECTOR	1.00	X						0.	0.	0.
(36) JOSEPH O. MOORE, M.D. DIRECTOR	1.00	X						0.	0.	0.
(37) ROBERT C. NAKASONE DIRECTOR	1.00	X						0.	0.	0.
(38) WILLIAM NELSON, M.D., PH.D. DIRECTOR	1.00	X						0.	0.	0.
(39) DONNA ORENDER DIRECTOR	1.00	X						0.	0.	0.
(40) JAMES PITARO DIRECTOR	1.00	X						0.	0.	0.
(41) KEVIN PLANK DIRECTOR	1.00	X						0.	0.	0.
(42) BUSTER POSEY DIRECTOR	1.00	X						0.	0.	0.
(43) LAWRENCE F, PROBST, III DIRECTOR	1.00	X						0.	0.	0.
(44) HARRY E. RHOADS, JR. DIRECTOR	1.00	X						0.	0.	0.
(45) SAGE STEELE DIRECTOR	1.00	X						0.	0.	0.
(46) STUART A. TAYLOR II DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	24,000,000.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	31,345,791.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 557,595.				
	<b>h Total.</b> Add lines 1a-1f .....			55,345,791.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,495,260.			3495260.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		233,539.			233,539.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	133,075.			
			(ii) Personal				
				0.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>	133,075.				
	<b>d</b> Net rental income or (loss) .....			133,075.		133,075.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	23,638,501.			
			(ii) Other				
				20,445,152.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>	3,193,349.				
	<b>d</b> Net gain or (loss) .....			3,193,349.		3193349.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			62,401,014.	0.	0.	7055223.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	992,842.	<b>1</b>	3,854,990.
	<b>2</b> Savings and temporary cash investments .....	29,717,446.	<b>2</b>	42,977,882.
	<b>3</b> Pledges and grants receivable, net .....	5,365,211.	<b>3</b>	13,476,965.
	<b>4</b> Accounts receivable, net .....	899,024.	<b>4</b>	1,005,048.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	253,475.	<b>9</b>	329,571.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,392,981.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 837,991.	<b>10c</b>	1,554,990.
	<b>11</b> Investments - publicly traded securities .....	60,499,329.	<b>11</b>	65,572,784.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	50,000.	<b>14</b>	50,000.
	<b>15</b> Other assets. See Part IV, line 11 .....	193,159.	<b>15</b>	522,964.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	99,605,978.	<b>16</b>	129,345,194.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	765,785.	<b>17</b>	700,036.
	<b>18</b> Grants payable .....	47,772,994.	<b>18</b>	62,559,832.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	143,437.	<b>25</b>	513,381.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	48,682,216.	<b>26</b>	63,773,249.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	30,550,108.	<b>27</b>	26,418,222.
	<b>28</b> Net assets with donor restrictions .....	20,373,654.	<b>28</b>	39,153,723.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	50,923,762.	<b>32</b>	65,571,945.
	<b>33</b> Total liabilities and net assets/fund balances .....	99,605,978.	<b>33</b>	129,345,194.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	62,401,014.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,901,965.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,499,049.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	50,923,762.
5	Net unrealized gains (losses) on investments	5	4,647,741.
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	-498,607.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	65,571,945.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2023)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17695208.	29112571.	36624612.	45243069.	55345791.	184021251
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	17695208.	29112571.	36624612.	45243069.	55345791.	184021251
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						184021251

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4	17695208.	29112571.	36624612.	45243069.	55345791.	184021251
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1411949.	1279670.	1800073.	2583122.	3861874.	10936688.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			39,075.			39,075.
<b>11 Total support.</b> Add lines 7 through 10						194997014
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	94.37 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	<b>15</b>	94.58 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**Part VI**

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

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	43,216,953.	38,723,186.	43,914,780.	37,842,732.	34,227,905.
b Contributions	714,772.	1,396,470.	1,630,419.	2,370,290.	3,170,855.
c Net investment earnings, gains, and losses	7,879,769.	4,439,983.	-4,468,793.	6,361,654.	2,561,576.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,056,610.	1,158,129.	2,156,838.	2,487,679.	1,958,734.
f Administrative expenses	196,881.	184,557.	196,382.	172,217.	158,870.
g End of year balance	49,558,003.	43,216,953.	38,723,186.	43,914,780.	37,842,732.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 75.3500 %
  - b Permanent endowment 24.5000 %
  - c Term endowment .1500 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,865,502.	407,674.	1,457,828.
c Leasehold improvements		15,000.	1,250.	13,750.
d Equipment		220,151.	187,042.	33,109.
e Other		292,328.	242,025.	50,303.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,554,990.



**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>RIGHT OF USE OPERATING LEASE</b>	
(3) <b>LIABILITIES</b>	513,381.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	513,381.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	66,744,306.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	4,647,741.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	4,647,741.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	62,096,565.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	304,449.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	304,449.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	62,401,014.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	52,096,123.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	498,607.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	498,607.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	51,597,516.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	304,449.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	304,449.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	51,901,965.

**Part XIII Supplemental Information**

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

**PART V, LINE 4:**

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

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

BAD DEBT EXPENSE 498,607.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

THE V FOUNDATION

Employer identification number

13-3705951

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) 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, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	0	GRANTS TO SUPPORT CANCER RESEARCH	GRANTS TO SUPPORT CANCER RESEARCH	2,400,000.
<b>3 a</b> Subtotal .....	0	0			2,400,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			2,400,000.

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

Schedule F (Form 990) 2023

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CANCER RESEARCH	1600000.	CHECKS	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CANCER RESEARCH	800,000.	CHECKS	0.		

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

3 Enter total number of other organizations or entities \_\_\_\_\_



Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2023

**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 I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> 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)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> 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 MIT - 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) and government organizations listed in the line 1 table **45.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVENUE SRB 9TH FLOOR - NEW YORK, NY 10065	13-1924236	501(C)(3)	0.	3,000,000.			CANCER RESEARCH
LAURA AND ISAAC PERLMUTTER CANCER CENTER/NYU LANGONE HEALTH - 160 E 34TH ST - NEW YORK, NY 10016	13-5562308	501(C)(3)	0.	600,000.			CANCER RESEARCH
COLUMBIA UNIVERSITY 630 W 168TH ST NEW YORK, NY 10032	13-5598093	501(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)	0.	600,000.			CANCER RESEARCH
ROSWELL PARK COMPREHENSIVE CANCER CENTER - 875 ELLICOT STREET - BUFFALO, NY 14203	16-1391608	501(C)(3)	0.	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)	0.	1,400,000.			CANCER RESEARCH
ELLEN AND RONALD CAPLAN CANCER CENTER OF THE WISTAR INSTITUTE - 3601 SPRUCE ST - PHILADELPHIA, PA 19104	23-6434390	501(C)(3)	0.	1,200,000.			CANCER RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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)	0.	150,000.			CANCER RESEARCH
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVENUE - CINCINNATI, OH 45229-3026	31-0833936	501(C)(3)	0.	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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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
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)	0.	2,400,000.			CANCER RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF 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 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, CO 80045	84-6000555	501(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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USC NORRIS COMPREHENSIVE CANCER CENTER - 1441 EASTLAKE AVENUE - LOS ANGELES, CA 90033	95-1642394	501(C)(3)	0.	600,000.			CANCER RESEARCH
UCLA HEALTH JONSSON COMPREHENSIVE CANCER CENTER - 675 CHARLES E. YOUNG DRIVE SOUTH 5-720 MRL - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	0.	800,000.			CANCER RESEARCH
MOORES COMPREHENSIVE CANCER CENTER/UNIVERSITY OF CALIFORNIA, SAN DIEGO - 3855 HEALTH SCIENCES DRIVE - LA JOLLA, CA 92093	95-6006144	501(C)(3)	0.	1,200,000.			CANCER RESEARCH

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

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

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

**PART I, LINE 2:**

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

THE V FOUNDATION

Employer identification number

13-3705951

**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

<b>Part I</b>	<b>Types of Property</b>	<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	47	557,595.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

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

SCHEDULE M, LINE 32B:

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

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

THE V FOUNDATION

Employer identification number

13-3705951

FORM 990, PART VI, SECTION A, LINE 2:

NICHOLAS VALVANO, 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:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization <b>THE V FOUNDATION</b>	Employer identification number <b>13-3705951</b>
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AL, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, MO, NC, NH, NJ, NM, NY, OR, PA, RI  
SC, TN, UT, VA, WV, WI, CO, OH

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION PUBLISHES ITS AUDIT REPORT ON ITS WEBSITE. THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BAD DEBT EXPENSE -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.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

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

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DON'T EVER GIVE UP, INC.	C	24,000,000.	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.	O	2,673,208.	AMOUNT OF EXPENSES PAID
(5) DON'T EVER GIVE UP, INC.	P	210,295.	AMOUNT OF EXPENSES REIMBURSED
(6) DON'T EVER GIVE UP, INC.	Q	3,017,032.	AMOUNT OF EXPENSES REIMBURSED



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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) DON'T EVER GIVE UP, INC.	R	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)			



**Part VII** Supplemental Information

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

FORM 990, SCHEDULE R, PART II

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