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DLN: 93493228013300

Form **990**

Return of Organization Exempt From Income Tax

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

2008

OMB No 1545-0047

Open to Public

Department of the Treasury

nternal	Revenue	Service	P The or	ganization may have to use a copy of th	nis return to satisfy st	ate reporting	requirements	Inspection
Fo	rthe 2	2008 cal	endar yea	r, or tax year beginning 10-01-2008 a	nd ending 09-30-2009		D.F	ALC CALL TO THE REAL PROPERTY.
_			Please	C Name of organization VAL SKINNER FOUNDATION INC			ט Employer ider	ntification number
Add	lress cha	ange	use IRS label or	Doing Business As	13-4084940 E Telephone nui			
_	ne chan	.9-	print or type. See					
Init	ıal retur	'n	Specific Instruc-	Number and street (or P O box if mail is not	delivered to street address	s) Room/suite	(866) 882-5 G Gross receipts	
Ter	mınatıor		tions.	PO BOX 213				4,
Am	ended r	eturn		City or town, state or country, and ZIP + 4 BAY HEAD, NJ 087420213		•		
App	lication	pending		311 HE76, 113 '007 120213				
				ne and address of Principal Officer		H(a) Is this	a group return i	for
			VALSI PO BO	(INNER X 213		affiliat	es?	┌ Yes ┌ No
				EAD, NJ 08742		H(b) Are all	affiliates included	d?
Ta	x-exem	pt status	501(c)	(3) ◀ (Insert no)	27	(If"N	o," attach a lıst	See instructions)
W	eb site	e: 🕨 WWV	V V A L S K I	NNERFOUNDATION ORG		H(c) Group	Exemption Nun	nber 🟲
			.			1		
Тур	e of orga	anization J	∨ Corporat	on trust association other ▶		L Year of For	mation 1999 M S	State of legal domicile NJ
_		_						
Pa	rt I	Summ	•	a arganization's mission or most signific	ant natuutiaa			
_		•		e organization's mission or most signific			CII TOEATMEN	
2	1			N'S MISSION IS TO RAISE SUPPORT DCUSING ON YOUNG WOMEN	FOR BREAST CANC	ERRESEAR	SH, TREATMEN	I, AND EDUCTION
2		51 20111	CALLITY	SCOSING ON TOONG WOMEN				
,	2	Check th	ııs box 🗀	if the organization discontinued its oper	rations or disposed of	more than 2!	5% of its assets	
	1		,	nembers of the governing body (Part VI				3
	1		_	dent voting members of the governing b				2
	1			nployees (Part V, line 2a)				1
				lunteers (estimate if necessary)	_	29		
{	1			ted business revenue from Part VIII, lir		0		
-		_		ness taxable income from Form 990-T,	, , , ,	•	76 7b	
				·		Prio	r Year	Current Year
	8	Contrib	utions and	grants (Part VIII, line 1h)			1,949,981	855,062
₽	9			revenue (Part VIII, line 2g)		, ,	0	
Havenue	10	_		ne (Part VIII, column (A), lines 3, 4, an			73,979	10,120
끝	11			art VIII, column (A), lines 5, 6d, 8c, 9c		19,198	-22,812	
	12	Total re	venue—a	dd lines 8 through 11 (must equal Part \				
		12)	<u> </u>				2,043,158	842,370
	13			er amounts paid (Part IX, column (A), lin			1,106,588	501,644
	14			r for members (Part IX, column (A), line				0
8	15	Salaries	s, other co	ompensation, employee benefits (Part I)	140,088	199,920		
ž K	16a	,	ional fund	raising fees (Part IX, column (A), line 1	,	0		
Expenses	ь			penses, Part IX, column (D), line 25 265,703				
ונ	17			Part IX, column (A), lines 11a-11d, 11			481,249	216,859
	18		•	add lines 13-17 (must equal Part IX, li	•		1,727,925	918,423
	19			penses Subtract line 18 from line 12	, , , , , , , , , , , , , , , , , , , ,		315,233	-76,053
5 %						Beginniı	ng of Year	End of Year
, å	20	Total as	ssets (Pai	t X, line 16)			1,247,401	1,227,468
₹ <u>8</u>	21		•	Part X, line 26)			100,115	159,461
net Assets or Fund Balances	22		•	d balances Subtract line 21 from line 2	.0		1,147,286	1,068,007
_	t III		ture Blo		:=		_, , , _ 0 0	1,000,007
اند				rjury, I declare that I have examined this return.	, including accompanying s	chedules and st	atements, and to th	e best of my knowledge
_				correct, and complete Declaration of preparer (o				
lea		*****				2010-	08-10	
ign Iere		F Signat	ture of office	er .		Date		
	-		IOBLE TREA					
		F Type (от ринк пат		Т		1	
		Preparer's		Dat H A REPICE SR CPA		neck if elf-	Preparer's PTIN (S	See Gen Inst)
aid		signature	F JUSEP	I A REFICE SK CFA		npolyed 🕨 🦵		
•	arer's		ne (or your	SCHALICK GRESSMAN REPICE & DEBELLIS F	PC	· ·	EIN Þ	
lse (Only	ıf self-em address, a	ployed), and ZIP + 4	737 LANDIS AVENUE			ETIN I	
				VINELAND, NJ 08360			Phone no 🕨	
		I		rn with the preparer shown above? (See			1	
av t	he TDC	S discuss	thic ratii	rn with the preparer chown about? (See	instructions)			┌Yes ┌No

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's missing THE FOUNDATION'S MISSION IS TO RAI		R RESEARCH, TREATMENT, AND	,	
			,		
2	Did the organization undertake the prior Form 990 or 990-EZ?		vices during the year whic	h were not listed on	Yes ✓ No
	If "Yes," describe these new se	rvices on Schedule O			
3	Did the organization cease conservices?		changes in how it conduct		Yes V No
	If "Yes," describe these change	s on Schedule O			
4	Describe the exempt purpose a Section 501(c)(3) and (4) orga others, the total expenses, and	nızatıons and 4947(a)(1) tr	usts are required to report		
4a	(Code) (Exp THE FOUNDATION'S MAIN FOCUS HA TRESTMENT, AND EDUCTAION TO T MISSION OF THE LIFE EVENT TO HEL FOUNDATION TO WORK WITH ORGA	S BEEN THE SUPPORT OF ORGANI HAT END, THE FOUNDATION CREA P ERADICATE BREAST CANCER AS	TED THE LIFE EVENT (LPGA PRO A LIFE THREATENING DISEASE	OS IN THE FIGHT TO ERADICAT THE FUNDS RAISED FROM TH	E BREAST CANCER) IT IS THE
4b	(Code) (Exp	enses \$	ncluding grants of \$) (Revenue \$)
4c	(Code) (Exp	enses \$	ncluding grants of \$) (Revenue \$	
4d	Other program services (Des	crihe in Schedule O \			
ти	(Expenses \$	including grants of s	,	(Revenue \$)
4e	Total program service expens				·

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a	47		
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	o		
_	Did the organization comply with backup withholding rules for reportable payments to vendors and r	reportable		
·	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return	1		
ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns	?		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year cover			
	return?	3a		N o
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other			
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other			
	account)?	4a		Νο
Ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign E Financial Accounts.	3ank and		
5a 	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran			No
		35		N o
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardii Tax Shelter Transaction?	ng Prohibited 5c		
6a	Did the organization solicit any contributions that were not tax deductible?			N o
	If "Yes," did the organization include with every solicitation an express statement that such contrib			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 more?	5 or 7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	· ·		
	file Form 8282?	<u>7c</u>		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	a personal		
	benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor	ntract? 7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as require			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098 required?	3-C as 7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(
_	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization			
	excess business holdings at any time during the year?	8		Νo
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	,			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	·		1	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing Body	and Management	

			res	NO
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $pr\infty$ esses, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 3			
Ь	Enter the number of voting members that are independent 1b 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		N o
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8b		No
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νo
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NJ
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

☐ own website ☐ another's website ☐ upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ANN NOBLE PERSONAL CONFIDENTIAL

PO BOX 500

SOMMERS POINT, NJ 08244

(609) 653-8400

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

,	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
VAL SKINNER, CHAIRPERSON	25 00	Х		Х				131,250	0	0
ANN NOBLE , TREASURER	5 00	X		Х				0	0	0
KEVIN MCTERNAN , SECRETARY	2 00	Х		Х				0	0	0
ANNETTE CATINO , ADVISORY BOARD	2 00	X						0	0	0
AMY PERELLA , ADVIAORY BOARD	2 00	X						0	0	0
GERRI LOSQUADRO , ADVISORY BOARD	2 00	Χ						0	0	0
SUE CROSBY , ADVISORY BOARD	2 00	X						0	0	0
EVAN KATZ , ADVISORY BOARD	2 00	Х						0	0	0
							_			

Part VII Continued

		Posi t	tion (that a	(che		all			(E)	(F)	
(A) Name and Title			Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
										_	
1b Total					-		►	131,250			

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►1

			1 03	110
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	marviada	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	

Vec

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<u> </u>	1a	Federated camp	paigns 1a					314
Contributions, gifts, grants and other similar amounts	ь	Membership du	es . 1b					
g∑≝	c	Fundraising eve	ents 1c	708,660				
£ ë	d	Related organiz	ations 1d					
ું.≣	e	Government grants	s (contributions) 1e					
고 교	f		ons, gifts, grants, and 1f	146,402				
音音	g	sımılar amounts no Noncash contri	butions included in					
늍	-	lines 1a-1f \$ _	2,014					
ပ်ခ	h	Total (Add line	s 1a-1f)		855,062 ————			
e E				Business Code				
¥en	2a b							
2 <u>2</u>								
Š	c d							
Ř								
Ē	e f	A 11 - +1-						
Program Service Revenue		All other progra	am service revenue					
<u> </u>	g		s 2a-2f					
	3		ome (including dividen nounts)		12,534			12,534
	4		tment of tax-exempt bond					
	5	Royalties	<u> </u>		12,338			12,338
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental incor	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	46,047					
		assets other than inventory						
	b	Less cost or other basis and	48,461					
	_	sales expenses Gain or (loss)	-2,414					
	c d		s)	<u> </u>	-2,414			-2,414
	8a	Gross income f			,			,
		events (not inc	luding					
<u>•</u>		Ψ <u> </u>	,990 reported on line 1c)					
Other Revenue		See Part IV , lın	ie 18					
ě			G if total exceeds	708,660				
<u>.</u>	Ь	• •	penses b	700,000				
ţ	c		loss) from fundraising	<u> </u>	-35,150	-35,150		
0	9a		rom gaming activities					
		See part IV , lin Complete Schedi	e 19 ule G ıf total exceeds					
		\$15,000						
			a 					
	b с		penses b (loss) from gamıng actı	L				
	—	Gross sales of						
		returns and allo	owances .					
	.		a					
	b с	-	oods sold b (loss) from sales of inve	entory •				
	۴	Miscellaneous		Business Code				
	11a	scandileous		223111233 2046				
	b							
	_ c		_					
		Λ II -+						
	d e	All other revenu	ue s 11a-11d	\$				
	12	Total Revenue	Add lines 1h, 2g, 3, 4,	5.6d 7d 8c	842,370	-35,150		22,458
	-	9c, 10c, and 11	le	-		·		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	501,400	501,400					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22							
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	244	244					
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	189,583	87,208	18,958	83,417			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes	10,337	4,755	1,034	4,548			
11	Fees for services (non-employees)							
а	Management							
b	Legal	710	0	710	0			
С	Accounting	14,479	0	14,479	0			
d	Lobbying							
e	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other							
12	Advertising and promotion	53,306	3,692	0	49,614			
13	Office expenses	8,638	0	7,393	1,245			
14	Information technology	675	675	0	0			
15	Royalties							
16	Occupancy							
17	Travel	13,368	3,008	0	10,360			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials							
19	Conferences, conventions and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	3,784	0	3,784	0			
23	Insurance	4,599	0	4,599	0			
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	GOLF & PLAYERS FEES	116,326	0	0	116,326			
b	FILING FEES	500	500	0	0			
c	MISCELLANEOUS	474	0	281	193			
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	918,423	601,482	51,238	265,703			
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		-		900 (2008)			

Part X	Balance	Sheet
	Dalalice	SHEEL

					(A) Beginning of year			3) fyear
	1	Cash—non-interest-bearing			384	1	Liid 0	384
	2	Savings and temporary cash investments			470,942	2		1,167,093
	- 3	Pledges and grants receivable, net			3		4,500	
	4	Accounts receivable, net	· · ·			4		
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L		nployees or	2,127	5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of S	tion 49			6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
Ø	9	Prepaid expenses and deferred charges				9		
ëet	10a							
Assets		Land, buildings, and equipment cost basis	10a	52,336				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	21,546	34,575	10c		30,790
	11	Investments—publicly traded securities			739,373	11		24,701
	12	Investments—other securities See Part IV, line 11 $\it Complete Part Schedule D$	t VII of	;		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Pair of Schedule D$.			13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,247,401	16		1,227,468
	17	Accounts payable and accrued expenses .			100,115	17		159,461
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
e.	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			100,115	26		159,461
<u>ي</u>		Organizations that follow SFAS 117, check here ► 🔽 and complet through 29, and lines 33 and 34.	ete line	s 27				
anc	27	Unrestricted net assets			1,147,286	27		1,068,007
Balance	28	Temporarily restricted net assets				28		
	29	Permanently restricted net assets				29		
Fund		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	ete					
. o.	30	Capital stock or trust principal, or current funds	•			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
ŞS	32	Retained earnings, endowment, accumulated income, or other fun		- •		32		
Net /	33	Total net assets or fund balances			1,147,286	33		1,068,007
ž	34	Total liabilities and net assets/fund balances			1,247,401			1,227,468
Pa	rt XI	·						
							Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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?	2c		No
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		N o
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493228013300

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

/AL S	KINNER	FOUNDATION	INC					4.5	400404	•	
Do	~A T	Boscon	for Dublic C	harity Status (to be co	malatad	bu all or			-4084940		
	rt I			ation because it is (Please					111Sti uct	10115)	
1	- F		•	·			•		Δ \(i)		
2	<u>'</u>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)									
	<u>'</u>										
3	<u> </u>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)									
4	ı	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the									
_	_	hospital's name, city, and state									
5	ļ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
_	_			(Complete Part II)							
6	<u> </u>	-		overnment or governmental						_	
7	ı	=		ally receives a substantial p		support fro	m a govei	rnmental u	ınıt or fron	n the gene	ral public
	_		-	o)(1)(A)(vi) (Complete Par	•						
8	_		•	ed in Section 170(b)(1)(A)			•				
9	~	-		ally receives (1) more than						•	· -
				ated to its exempt functions	-		•		•		
		• •	J	estment income and unrelate			•			() from bu	sinesses
	_		-	on after June 30, 1975 See					•		
10	<u> </u>	=	_	and operated exclusively to	-		-				· ·
11	ı	_	=	and operated exclusively fo orted organizations describe					•	•	
				type of supporting organiza						Section 5	Us(a)(S). Check
		a				- Function			d	Гтуре	III - Other
е	Γ	By checkin	g this box, I ce	rtıfy that the organızatıon ıs	not contro	olled direc	tly or ındı	rectly by o	ne or mor	e disquali	fied persons
				agers and other than one or	more publ	icly suppo	orted orga	nızatıons (described	ın sectior	1509(a)(1) or
f		section 50		d a written determination fro	m the IDS	: that it is	a Tuna I	Tung II o	r Tuna III	cupportu	a organization
•		check this		d a written determination fro	ill the IKS	tilat it is	a Type I,	Type II O	i Type III	Supportin	
g				as the organization accepte	d any gift	or contribi	ution from	any of the	!		,
		following pe					_				
			•	r indirectly controls, either a		-	th persons	describe	d in (ii)		Yes No
			· -	ng body of the the supported	_	tion?				11g	
			•	erson described in (i) above						11g(
				ty of a person described in (11g(iii)
h		Provide the	following inforr	nation about the organizatio	ns the org	janization	supports				
	/:> N		(::) FIN	/:::\ T of	(:) T	- 41	(\ D. d		(-:\ T	- 46	(-::> A
		ame of orted	(ii) EIN	(iii) Type of organization (described on lines 1-9		s the ation in	(v) Did y the orga			s the ation in	(vii) A mount of support?
		ıızatıon		above or IRC section	_	listed in) of your		rganized	Зарроп
(See Instructions)) your governing support? in the U.S.?											
	document?										
					Yes	No	Yes	No	Yes	No	

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on						ľ	
_	its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3							
	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column						ľ	
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							(
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business						ľ	
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in						ľ	
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instruction	ns)		•	12		
13	First Five Years. If the Form 990 is for the			d fourth or fifth	tav vaaras a 5		3 /	
13	organization, check this box and stop here		irst, second, tilli	u, iouitii, oi iiiti	itax year as a s	01(0)(ر د	▶ □
	organization, eneck this box and stop here							- 1
Co	omputation of Public Support Perc	entage						
	Public Support Percentage for 2008 (line 6		ded by line 11 co	olumn (f))		14		
15	Public Support Percentage for 2007 Sched	lule A. Part IV-A	A. line 26f			15		
				and line 14 is 2	2 1/20% or more	$\overline{}$	thic box	
10a	33 1/3% Test - 2008. If the organization di and stop here. The organization qualifies as				3 1/3% OF HIGHE,	CHECK	LIIIS DOX	▶ □
b	33 1/3% Test - 2007. If the organization di				15 is 33 1/3% c	r more	check th	
_	box and stop here. The organization qualifi			•	13 13 33 1/3/0	1 111010	CHOCK C	
17a	10% Facts and Circumstances Test - 2008.				.3, 16a, or 16b	and line	14 is 10	•
	more, and if the organization meets the "fa-	•						
	organization meets the "facts and circums		· ·					► □
ь	10% Facts and Circumstances Test - 2007.	If the organizati	on did not check	a box on line 1	.3, 16a, 16b, or	17a an	id line 15	
	more, and if the organization meets the "fa							
	the organization meets the "facts and circu							ր ▶ [
18	Private Foundation. If the organization did	not check the b	ox on line 13, 10	5a, 16b, 17a or	17b, check this	box ar	ıd see	. —
	ınstructions							▶┌

Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you check						
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,017,616	974,179	969,202	1,949,981	850,562	5,761,540
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose	72,550	77,651	59,700	67,200	35,990	313,091
3	Gross recepts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	1 000 155	1.051.000	1 222 222	2017.101	200 552	
6	Total Add lines 1-5	1,090,166	1,051,830	1,028,902	2,017,181	886,552	6,074,631
b	A mounts included on lines 1, 2, and 3 received from disqualified persons A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						6,074,631
	line 6)						0,071,031
Τo	tal Support			<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	ndar year (or fiscal year beginning in) A mounts from line 6	(a) 2004 1,090,166	(b) 2005 1,051,830	(c) 2006 1,028,902	(d) 2007 2,017,181	(e) 2008 886,552	(f) Total 6,074,631
Cale	· · · · · · · · · · · · · · · · · · ·						
Cale	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	1,090,166 37,839	1,051,830 76,537	1,028,902 65,439	2,017,181 77,227	886,552 24,872	6,074,631 281,914
Cale 9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b	1,090,166	1,051,830	1,028,902	2,017,181	886,552	6,074,631
Cale 9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,090,166 37,839	1,051,830 76,537	1,028,902 65,439	2,017,181 77,227	886,552 24,872	6,074,631 281,914
Cale 9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	1,090,166 37,839	1,051,830 76,537	1,028,902 65,439	2,017,181 77,227	886,552 24,872	6,074,631 281,914
Cale: 9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets	1,090,166 37,839	1,051,830 76,537	1,028,902 65,439	2,017,181 77,227	886,552 24,872	6,074,631 281,914
Caler 9 10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	1,090,166 37,839 37,839 rganization's firs	76,537 76,537	65,439 65,439	2,017,181 77,227 77,227	24,872 24,872	6,074,631 281,914 281,914 6,356,545
Caler 9 10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	1,090,166 37,839 37,839 rganization's firs	1,051,830 76,537 76,537	65,439 65,439 , fourth, or fifth t	2,017,181 77,227 77,227	24,872 24,872	6,074,631 281,914 281,914 6,356,545 ation,
Caler 9 10a b c 11 12 13 14 Co 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet	1,090,166 37,839 37,839 rganization's firs	76,537 76,537 76,537 et, second, third	65,439 65,439 , fourth, or fifth t	2,017,181 77,227 77,227	24,872 24,872 21(c)(3) organiza	6,074,631 281,914 281,914 6,356,545 ation, 95 560 %
Caler 9 10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	1,090,166 37,839 37,839 rganization's firs	76,537 76,537 76,537 et, second, third	65,439 65,439 , fourth, or fifth t	2,017,181 77,227 77,227	24,872 24,872 21(c)(3) organiza	6,074,631 281,914 281,914 6,356,545 ation,
Calei 9 10a b c 11 12 13 14 Co 15 16 Co	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8) Public Support Percentage for 2007 Scheden	rganization's firsentage column (f) divided le A , Part IV - A Percentage	1,051,830 76,537 76,537 st, second, third	1,028,902 65,439 65,439 , fourth, or fifth t	2,017,181 77,227 77,227	24,872 24,872 24,872 15 16	6,074,631 281,914 281,914 6,356,545 ation, 95 560 % 95 400 %
Calei 9 10a b c 11 12 13 14 Co 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8	rganization's firs entage column (f) divide ule A, Part IV - A Percentage ne 10c column (76,537 76,537 76,537 et, second, third,	1,028,902 65,439 65,439 , fourth, or fifth t	2,017,181 77,227 77,227	24,872 24,872 21(c)(3) organiza	6,074,631 281,914 281,914 6,356,545 ation, 95 560 %

19a 33 1/3% Tests - 2008. 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 33 1/3% Tests - 2007. 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



▶▽

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

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

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DLN: 93493228013300

OMB No 1545-0047

Schedule D (Form 990) 2008

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

	me of the organization SKINNER FOUNDATION INC		Employer identification number
vAL	2VTMATY I CONDUITON TAC		13-4084940
Pa	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 99	90, Part IV, line 6.	unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
1	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		oradvised Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beimpermissible private benefit?		
Pa	rt III Conservation Easements. Complete	ıf the organization answered "Yes" to	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat	ion or pleasure)	historically importantly land area rtified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	lified conservation contribution in the form	of a conservation easement
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	ts	2b
c	Number of conservation easements on a certified h	istoric structure included in (a)	2c
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organization during
	the taxable year 🕨	, , , ,	
4	Number of states where property subject to conserv	ation easement is located ►	
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ations, and Yes No
5	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial	
ar	Complete if the organization answered		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its file.	for public exhibition, education or researc	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in	·
	(i) Revenues included in Form 990, Part VIII, line 1	L	► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		. 1
а	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		· ▶ \$

Cat No 52283D

Part	III Organizations Maintaining Co	llections of Art, Hi	stori	cal Treasur	es, or Othe	r Similar Asse	ts (continued
3	Using the organization's accession and other items (check all that apply)	records, check any of t	he fol	lowing that are	a significant us	se of its collection	ı
а	Public exhibition	d	Γ	Loan or exch	ange programs		
b	Scholarly research	e	Γ	Other			
c	Preservation for future generations						
4	Provide a description of the organization's co Part XIV	ollections and explain ho	ow the	y further the or	ganızatıon's ex	empt purpose in	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than t					ılar	Yes
Par	Part IV, line 9, or reported an am	Arrangements. Con	nplet	e if the orgar		ered "Yes" to Fo	rm 990,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermediar	y for c	ontributions or	other assets r		Yes
b	If "Yes," explain why in Part XIV and comple	te the following table					
						A mou	nt
С	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 Fo	orm 990, Part X, line 21	?			Γ.	Yes
	If "Yes," explain the arrangement in Part XIV						
Par	t V Endowment Funds. Complete i						
4 -	D	(a)Current Year (t	b) Prior	Year (c)Two	Years Back (d)	Three Years Back (e)	Four Years Bac
1a	Beginning of year balance						
b	Contributions						
C	Investment earnings or losses						
d	Grants or scholarships Other expenditures for facilities						
е	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the year	r end balance held as					
а	Board designated or quasi-endowment						
ь	Permanent endowment -						
c	Term endowment ►						
3a	Are there endowment funds not in the posses organization by	ssion of the organization	that	are held and ad	ministered for	the	Yes No
	(i) unrelated organizations					3a(i)	
	(ii) related organizations					3a(ii)	
b	If "Yes" to 3a(11), are the related organization	•				3b	
4	Describe in Part XIV the intended uses of the						
Par	VI Investments—Land, Buildings	s, and Equipment. S	See F	orm 990, Pai	rt X, line 10.		
	Description of investment			a) Cost or other sis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a l	and						
b F	Guildings						
	easehold improvements						
c L	easehold improvements			52,336		21,546	30,79
c L d E e (quipment			· · · · · · · · · · · · · · · · · · ·		21,546	30,79

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	842,370
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	918,423
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-76,053
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-76,053
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Returr	
1	Total revenue, gains, and other support per audited financial statements	1	657,984
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 6,000		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 68		
e	Add lines 2a through 2d	2e	2,843
3	Subtract line 2e from line 1	3	655,141
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	187,229
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	842,370
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	737,262
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
Ь	Prior year adjustments		
с	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	6,068
3	Subtract line 2e from line 1	3	731,194
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)	_	
с _	Add lines 4a and 4b	4c	187,229
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	918,423

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Pt XII Line 2d		FOREIGN TAXES NETTED AGAINST INVESTMENT INCOME ON FORM 990
Pt XIII Line 2d		FOREIGN TAXES NETTED AGAINST INVESTMENT INCOME ON FORM 990
Pt XII Line 4b		EVENT FUNDRAISING EXPENSES NETTED AGAINST EVENT INCOME ON INCOME STATEMENT
Pt XIII Line 4b		EVENT FUNDRAISING EXPENSES NETTED AGAINST EVENT INCOME ON INCOME STATEMENT

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DLN: 93493228013300

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Name of the organization						Thispection
					Employer ider	ntification number
VAL SKINNER FOUNDATION	INC				13-4084940	
Part I Fundraising Ac	ctivities Complet	a if the oi	raanizat	ion answered "Ves"		
 -	<u> </u>				·	, iiiie 17.
Indicate whether the orga	inization raised funds	through ar	ny of the			
a Mail solicitations b Email solicitations					non-government grants government grants	
c Phone solicitations				g Special fundrais	-	
d In-person solicitation	S			g i Special idildial	sing events	
2a Did the organization have or key employees listed ii			•	` .		Г Yes Г N
b If "Yes," list the ten higher to be compensated at lea						
		(iii)			(
(i) Name of individual		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
	I (III) A CTIVITY					
or entity (fundraiser)		I				l organization
or entity (fundraiser)		contribu	1		col (i)	organization
or entity (fundraiser)		I	No No		col (i)	organization
or entity (fundraiser)		contribu	1		col (i)	organization
or entity (fundraiser)		contribu	1		col (i)	organization
or entity (fundraiser)		contribu	1		col (i)	organization
or entity (fundraiser)		contribu	1		col (i)	organization
or entity (fundraiser)		contribu	1		col (i)	organization
or entity (fundraiser)		contribu	1		col (i)	organization
or entity (fundraiser)		contribu	1		col (i)	organization
or entity (fundraiser)		contribu	1		col (i)	organization

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1	(b) Event #2	(c) O ther Events	(Add col		
			(event type)	(event type)	(total number)	co	ol (c))	
₽	1	Gross receipts	744,650	,,,,	(cocar mamber)		74	4,650
Revenue	2	Less Charitable contributions	708,660				70	8,660
<u>~</u>	3	Gross revenue (line 1 minus line 2)	35,990				3	5,990
	4	Cash Prizes						
96	5	Non-cash Prizes	18,305				1	8,305
Expenses	6	Rent/Facility costs	48,297				4	8,297
ற் ர	7	Other direct expenses	4,538					4,538
Direct	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)	•		7	1,140
	9	Net income summary Combine lii						5,150
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
<u>~</u>	1	Gross revenue						
9	2	Cash prizes						
Expenses	3	Non-cash prizes						
<u>ភ</u>	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌────────────────────────────────────	┌ Yes% ┌ No			
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	🛌			1
_							Yes	No
9 a		er the state(s) in which the organiza he organization licensed to operate				. 9a		
b	If"	No," Explain						
10a		e any of the organization's gaming l	ıcenses revoked, suspen	ded or terminated during	g the tax year?	10a		
Ь	If "\	Yes," Explain						
	_							
11 12		es the organization operate gaming a he organization a grantor, beneficial				11	+	<u> </u>
		ned to administer charitable gaming				. 12		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493228013300 OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public **Inspection**

Employer identification number

VAL SKINNER FOUNDATION	INC					13 4094040	
Part I General Inform	nation on Gran	nts and Assistance	.			13-4084940	
Does the organization ma the selection criteria used Describe in Part IV the or	ıntaın records to s d to award the gran	ubstantiate the amount its or assistance?	of the grants or assista				☐ Yes ☑
Part IV and Sche	V, line 21 for an edule I-1 if addit	iy recipient that rece :ional space is	eived more than \$5,00	00. Check this box i	es. Complete if the of no one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN FOR THE CURE5005 LBJ FREEWAY SUITE 250 DALLAS,TX 75244	75-1835298	501(c)(3)	250,000				BREAST CANCER
THE CANCER INSTITUTE OF NEW JERSEY120 ALBANY STREET NEW BRUNSWICK, NJ 08901	20-2959012	501(c)(3)	250,000				BREAST CANCER
2 Enter total number of sectorganizations					•		4
3 Enter total number of other						<u> </u>	<u> </u>
For Paperwork Reduction Act Noti	ce, see the Instruct	ions for Form 990.		Cat No 50055P	ı	Sc	hedule I (Form 990) 2008

Part III	Grants and Other Assista	nce to Individuals in the United States	. Complete if the organization	answered "Yes'	" on Form 990,	Part IV, lır	ne 22.
	Use Schedule I-1 (Form 990) if additional space is needed.					

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

See Additional Data Table		
Ident if ier	Return Reference	Explanation
Pt I Line 2		THE FUNDS RAISED FROM THE LIFE EVENT ARE DISTRIBUTED TO OTHER NON-PROFIT ORGANIZATIONS FOR BREAST CANCER EDUCATION, TREATMENT, AND RESEARCH ACTIVITIES ONCE DISTRIBUTED, THE FOUNDATION IS ACTIVELY INVOLVED IN MONITORING EXISTING PROGRAMS AND ACTIVELY PARTICIPATES IN PROGAM GROWTH AND DEVELOPMENT

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DLN: 93493228013300

OMB No 1545-0047

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

200

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organization
VAL SKINNER FOUNDATION INC

Employer identification number

13-4084940

ldentifier	Return Reference	Explanation
Pt VI-A, Line 6		THE FOUNDATION HAS A BOARD OF DIRECTORS, WHICH IS THE GOVERNING BODY

ldentifier	Return Reference	Explanation					
Pt VI-A, Line 7a		BOARD MEMBERS ARE NOMINATED AND VOTED IN BY MAJORITY VOTE					

ldentifier	Return Reference	Explanation						
Pt VI-A, Line 8		THE MEETINGS OF THE BOARD ARE DOCUMENTED IN THE FOUNDATION'S MINUTES						

ldentifier	Return Reference	Explanation					
Pt VI-A, Line 10		THE FEDERAL FORM 990 IS REVIEWED BY THE BOARD BEFORE SUBMITTAL					

ldentifier	Return Reference	Explanation				
Pt VI-B, Line 15		THE FOUNDATION CONDUCTS MARKET RESEARCH BY CONTACTING OTHER NON-PROFITS AND REVIEWING 990'S FOR SIMILAR ORGANIZATIONS ANNUAL COMPENSATION IS APPROVED BY THE BOARD				

ldentifier	Return Reference	Explanation
Pt VI-C, Line 19		THE FOUNDATION'S POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST

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DLN: 93493228013300

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

		>	See separate instruction	s. 🕨 Attach	to your tax r	et urn.			Attachment Sequence No. 67
Name(s) show	wn on return		Business or a	activity to which	this form re	ates	Ident	ifying	number
	R FOUNDAT:	ION INC		·					
Do at T	Floories 7	Fo F	Form 990 / F		170		13-4	08494	40
Part I		•	Certain Property Un isted property, comple			nnlete Part	<i>- 1</i>		
1 Maximum			s for a higher limit for cert				. T	1	\$ 250,000
			-				`.	2	+ ===/===
2 Total cost of section 179 property placed in service (see instructions)							3	\$ 800,000	
			from line 2 If zero or les				·	4	+ 000,000
			line 4 from line 1 If zero	•	o- Ifmarried	l filina	Ť		
	y, see instruc	•						5	
<u> </u>	7 7						<u> </u>		
	(a) D	escription of pro	nerty	(b) Cost	(busıness us	e (c) Ele	cted c	ost	
	(4) 5			•	only)	(6) 210			-
6									-
7 Listed pre	marty Entard	the amount from	line 20		. 7	<u> </u>		Т	_
·	• •		erty Add amounts in col	· · · · ·				8	
			of line 5 or line 8	ullili (C), illies o	aliu / .		•	9	
			line 13 of your 2007 Fo				• •	10	
•			business income (not less tha		e instructions)		` `	11	
							•		
	·		ines 9 and 10, but do not			· · ·	•	12	
			009 Add lines 9 and 10		. P 13				
			pelow for listed proper Allowance and Othe			t include list	ted pr	nerty	()(See instructions)
			lified property (other than	_					(See matructions)
	see instructio			, , , , , , , , , , , , , , , , , , , ,	, ,			14	
15 Property	subject to sed	tion 168(f)(1) e	election					15	
16 Other dep	reciation (inc	luding ACRS)						16	
Part III	MACRS De	preciation (I	Do not include listed j		e instruction	ons.)			
47.14.606.1				ection A				4- [0.2.4
			n service in tax years be					17	934
•	_		ssets placed in servic	e during the t	•		_		
		nts, check her	Service During 200	ne Tay Year	 Usina the	General		ocia	tion System
36011	OII D-ASS	laceum	(c) Basis for	l lax lear		General	Бері	Cla	don System
(a) Classi	fication of	(b) Month and	depreciation	(d) Recovery					(g)Depreciation
prop		year placed in	(business/investment	period	(e) Conven	tion (f) N	4 etho	d	deduction
		service	use only—see instructions)						
19a 3-year pr	operty								
b 5-year pr	operty								
c 7 - year pr	operty								
d 10-year									
e 15-year	· · · · · · · · · · · · · · · · · · ·								
f 20-year p g 25-year				25 yrs			/1		
h Residenti	· · · · · · · · · · · · · · · · · · ·			27 5 yrs	ММ		S/L S/L		
property	iai rentai			27 5 yrs	ММ		<u>/ </u>		
i Nonresıde	ential real			39 yrs	MM S/L				
property					ММ	S	/L		
	Sect io	n C—Assets Plac	ced in Service During 200	8 Tax Year Using	gthe Alterna	tive Deprec	iat ion	Syste	em
20a Class life	1					S	5/L		
b 12-year				12 yrs			5/L	_	
c 40-year	C	 	tions)	40 yrs	MM		5/L		
Part IV		y (See instruction (See instruction)	•				I	24	2 0 5 0
•				nnd 20			·	21	2,850
			14 through 17, lines 19 urn Partnerships and So				nere.	22	3,784
		-	service during the curren	-	e		1		
portion of	the basis att	ributable to sect	tion 263A costs .		23				

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? ✓ Yes ✓ No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis period use use only) cost percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use 2 LINCOLN MRX - 2007 2007-08-15 100 000 % 40,199 40,199 5 0 S/L-HY 2,850 27 Property used 50% or less in a qualified business use % S/L -|S/L -% 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 2,850 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? . Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code

A mortization for Description of costs amortization period or amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 Amortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44



FACTS OF LIFE



Background

The Val Skinner Foundation (the Foundation) was established in October 1999 as a New Jersey 501 (c) 3 not-for-profit corporation. The Foundation's main focus has been to raise money to support organizations whose primary activities are centered on breast cancer research, treatment and education. To that end, the Foundation created LIFE (**LPGA Pros In the Fight to Eradicate Breast Cancer**). The LPGA (Ladies professional golf association) family, unfortunately like so many, has discovered firsthand the devastating effects of breast cancer on the victims, their families and friends. We owe it to the memory of those who have lost their lives to this disease to take an active role in raising funds to help find a cure. It is the mission of LIFE to help eradicate breast cancer as a life threatening disease. A key element of the mission is to reach a younger generation of women with information about early detection and the importance of healthy breast care practices.

It is the Foundation's Objective to set itself apart from other charity golf events in a very meaningful way. It is imperative for us to set a very aggressive fund raising goal and to work with organizations that enable us to set the landscape for launching initiatives that help us to accomplish our mission. Therefore, the Foundation has taken a very active role not only in fundraising for this campaign, but also in the development and implementation of the initiatives. The Foundation has hosted ten LIFE Events and made history by donating the largest sum to breast cancer research, treatment and education through a single day event. To date, the Foundation has donated just under \$5 million to this cause.



LIFE's Benefactors and Breast Cancer Initiatives

Although the diagnosis of breast cancer is life altering to women of all ages, the impact of this diagnosis on younger women is particularly devastating. The 33 year old mother diagnosed with breast cancer during a subsequent pregnancy, the 29 year old newlywed that has yet to begin her family, and the 25 year old co-ed facing and imminent radical surgical procedure, speak to the need to better recognize and understand breast cancer in this underrepresented population.

In order to accomplish our goals, the Foundation selects the benefactors of the LIFE Event very carefully.

Susan G Komen for the Cure ("Komen") is the LPGA's official national charity and the nation's largest private funder of research dedicated solely to breast cancer Its National Grant Program funds innovative breast cancer education, screening and treatment programs Together with Komen, the Foundation co-conceptualized the idea of a young women's breast cancer initiative With our funding Komen has completed a needs assessment study, which was designed to identify the most appropriate and effective way to reach this generation of women Based on the results of the needs assessment, Komen developed and implemented a strategic plan for the roll out of the initiative, which involves a multifaceted approach to educating young women as well as, healthcare providers regarding awareness, breast cancer risks and early detection. Komen utilizes the funds donated by the LIFE Event to launch the outreach programs associated with this national initiative. Young women in their twenties and thirties are receiving information, for the first time ever, about the importance of healthy breast care practices The Foundation also funded and participated in the development of "On the Way to the Cure - the Komen College Tour" which was launched in September This tour was designed to empower young women to make positive, life-long decisions about breast health that could save their lives Starting at Rutgers University in New Brunswick, New Jersey, this interactive educational tour traveled the eastern seaboard and took the message of the Young Women's Initiative and early breast health care to women and men on multi-cultural and demographically diverse college campuses The tour traveled to ten colleges and universities in a large pink vehicle that served as an interactive learning station at each stop As part of the experience students learned how to perform breast selfexams (BSE) with the help of Komen's online BSE instructional tool, as well as about opportunities for local and national involvement in the cause. In addition, health care personnel were available to answer questions and provide information about how to schedule a clinical breast exam at the campus health center Additionally, the tour featured prizes and giveaways including Ipods, pre-paid calling cards, GUND LIFE Bears and more Students also had the opportunity to share a memory or pledge their personal support in the fight against breast cancer on an eight-foot "graffiti wall" that stayed behind when the tour left as a reminder of what was learned at the event. This effort, which was the first of its kind, reached thousands of students with potentially life-saving messages overwhelming positive response from the pilot run the tour was renamed, "On the Way to the Cure - Komen on the Go", and expanded to twenty college stops and fourteen community events throughout the country in 2005. In 2006, the tour was further expanded to include 45 stops In 2007, the Tour was taken to a new level traveling to 32 cities, making 160 stops throughout the country at colleges and community events The 2008 "Komen on the Go" visited the Republican and Democratic National Conventions, 3-Day events plus Race for the Cure events, Garth Brooks Concerts, NASCAR, LPGA and other community events around the nation. The 2008 "Komen on the Go" also visited 50 college campuses across the nation. "Komen on the Go" concluded a successful cross-country tour in 2009, bringing the total stops to 513 To date audience attendance at "Komen on the Go" sites totals over 13 million

The Cancer Institute of New Jersey (CINJ) is the state's first and only National Cancer Institute Designated Cancer Center—CINJ has developed a high-risk breast cancer program, which has been named the "LIFE Center" after this advocacy—Education of health care practitioners and the young women they serve about breast cancer risk, screening and prevention has been the major focus of the LIFE Center—The LIFE Center serves as the laboratory for the development and evaluation of novel educational tools and strategies for

community education of young women The LIFE Center has established a multidisciplinary team of breast cancer experts including medical oncologists, surgeons, geneticists, genetic counselors, psychologists and nurse practitioners, to study unique causes, identify risk factors and develop effective preventive strategies for young women at risk and their families CINJ is also actively involved in the Young Women's Initiative through the development of a multi-pronged approach to increase breast cancer awareness, utilizing the donation from the LIFE Event to support the clinical, educational and research activities of the LIFE Center Additionally, CINJ has established a post-doctoral "LIFE Fellowship" which focuses on the development of an educational intervention in the high school setting called **BioCONECT** BioCONECT means, biology of cancer, on-line education, connecting teens science curriculum uses breast cancer as the context and is designed to be integrated into high school biology courses Through hands-on experiments, role-plays, games and cooperative learning activities, the BioCONECT curriculum provides teachers with innovative methods to address state and national science education standards (improves science skills) while increasing breast cancer awareness. Through the curriculum, students explore how scientific inquiry and technological design can be used to appropriately pose questions, seek answers and develop solutions, expand their understanding of the structure and function of cells and their organelles, and apply their knowledge of the molecular basis of heredity. Students also learn how cancer develops, identify risk factors for cancer and investigate ways to reduce cancer risk Several New Jersey school districts are participating in BioCONECT We have carefully selected other southern states for the program, see (LIFE Center summary page) Our funding has also enabled CINJ to expand the LIFE Center's services to reach New Jersey area hospitals Morristown Memorial Hospital, Overlook and Robert Wood Johnson University Hospital at Hamilton Through this expansion these hospitals have the opportunity to draw on the LIFE Center's resources, research and experience Young women at risk who visit the LIFE Center satellite locations are counseled on available medical options to manage their risk and are provided with a management plan tailored to their unique level of risk Our work in 2006 enabled further expansion of the LIFE Center to CentraState Medical Center and in 2008 Bayshore Medical was added to the satellite network. We now have five new resource centers for genetic counseling. CINJ continues to identify hospitals for additional satellite locations.. We saw over 430 new patients in the LIFE Centers in 2008, greater than 60% returned for one or more follow up visits. In 2009, the LIFE Centers had 502 new patient visits with 300 patient returns and an overall increase of 8 5% from 2008

The Foundation also provides support to the **Young Survival Coalition** (YSC) which is the only international non-profit organization dedicated to the critical concerns and issues unique to young women and breast cancer. The Foundation has granted funds to the YSC to provide a portion of the funding for data analysis of a study which was done in connection with **Mt. Sinai School of Medicine Department of Genetics.** This study survey of young women which included questions covering demographics, quality of life, pregnancy, family history of cancer, medical history, treatment history, genetic testing, medical and social support will help determine what issues specific to this population need to be brought to the forefront of the medical, research and breast cancer communities for further action and study Additionally, the Foundation has provided funding to the YSC to support initiatives within their Metastatic Breast Cancer Program. In 2008 The Foundation made the largest contribution to the coalition to expand their service areas in the southern states. During 2009 a needs assessment was conducted in the southern states to identify areas of need. This

year newly diagnosed patient kits will be distributed directly to patients at five cancer centers in these southern states



Awareness Campaigns

In 2000, we also launched a national awareness campaign in collaboration with GUND, the New Jersey based plush toy manufacturer The "LIFE Awareness Bear" products are for sale throughout the United States, as well as, Canada, Denmark and Taiwan Each product, including a golf club head cover, has a hangtag with information about, The Val Skinner Foundation, CINJ, the Komen Foundation and the Young Women's Initiative in addition to self-exam instructions. These products are being sold through retail outlets, golf pro shops, on-line and PGA Shops in many of the nations airports. It is our hope this bear will be a reminder to all women who see it to do their self-exams. In January 2006, this boutique-line of golf accessories and plush toys sweetened with the addition of our Scottie Dog, Sinclair The 2008 season introduced BOGEY Bear as the newest member of the LIFE Line Family.

LIFE History

- 2000 First Celebration of LIFE
- 2001 National needs assessment and Harris poll for the Young Women's Initiative
- 2001 Funding of the WIC (Women, Infant and Children) Program
- 2002 Naming of the LIFE Center at The Cancer Institute of New Jersey
- 2002 Strategic plan for Young Women's Initiative
- 2003 Middle School Outreach Program and LIFE Fellowship
- 2003 Establishment of Roche Distinguished Lectureship Series at The Cancer Institute of New Jersey
- 2003 Establishment of Grant for Young Survival Coalition
- 2004 ON THE WAY TO THE CURE KOMEN COLLEGE TOUR launched 10 College Campuses
- 2004 LIFE Center research collaboration with Dr. Arnie Levine
- 2005 ON THE WAY TO THE CURE KOMEN ON THE GO TOUR grows to 34 stops
- 2005 LIFE Center develops four satellite centers
- 2006 LIFE Center adds one additional satellite centers
- 2006 ON THE WAY TO THE CURE -KOMEN ON THE GO grows to 45 stops
- 2006 Establishment of Amoena LIFE and Verdina Clothing as partners
- 2007 KOMEN ON THE GO grows to 160 stops
- 2008 KOMEN ON THE GO visits the National Conventions, numerous community events and 50 College Campuses
- 2008 LIFE Center adds Bayshore Community Hospital as a LIFE satellite center
- 2008 LIFE in the South added as the first sister event and made largest contribution to benefactors \$1,000,000
- 2008 BioCONECT launches in New Jersey High Schools
- 2009 Young Survival Coalition establishes services in the Southern States
- 2009 KOMEN ON THE GO tours sites with a total audience of 4.1 million and to date has 513 total stops.
- 2009 LIFE Celebrates ten-year anniversary

LIFE Event

Annually, the LIFE will be held at a prestigious country club in Northern New Jersey The Foundation features Former First Lady and breast cancer survivor, Betty Ford as the Honorary Chairperson and Jack Ford, TV personality, as the Co-host In addition to the most elite women golfers in the world, the Foundation has persuaded other professional athletes to sign on to their mission. The contests held throughout the day are very challenging and exciting