

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 2009, and ending 20 D Employer identification number C Name of organization THE VANGUARD GROUP FOUNDATION Please Check if applicable Doing Business As Address change 23-2699769 label or E Telephone number print or Number and street (or P O box if mail is not delivered to street address) Room/suite Name change type 610-669-1000 100 VANGUARD BOULEVARD Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated MALVERN, PA 19355-2331 G Gross receipts \$ Amended return F Name and address of principal officer MICHAEL S MILLER Application pending H(a) Is this a group return for affiliates? Yes SAME AS "C" ABOVE H(b) Are all affiliates included? ☐Yes Tax-exempt status. If "No," attach a list (see instructions) Website: ►N/A H(c) Group exemption number ▶ M State of legal domicile PA Part I Summary 1 Briefly describe the organization's mission or most significant activities. THE GOAL OF THE FOUNDATION IS TO PROVIDE MEANINGFUL SUPPORT, THROUGH FINANCIAL CONTRIBUTIONS, TO CHARITABLE ORGANIZATIONS AND PROGRAMS THAT SCANNED DEC 0 2 2010 SERVE THE COMMUNITY Check this box > \ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a), 6 Total number of volunteers (estimate if necessary) 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** Contributions and grants (Part YIII, The THE IVED 3,426,011 3,778,875 Program service revenue (Part VIII, line 2g). Investment income (Part VIII, Column (A), lines 3, 4, and (d).

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

Total revenue—add lines 8 through 11 (must-equal Part VIII); column (A), line 12) 324,658 257,871 4,350 12 3,750,669 <u>4.041,096</u> Grants and similar amounts paid (Part 1x, column (A), lines 1-3). 2,833,704 3,334,970 Benefits paid to or for members (Part IX, column (A), line 4) . 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 O 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f). 161,478 14,297 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 2,995,182 3,349,267 19 Revenue less expenses. Subtract line 18 from line 12 755,487 691,829 5 8 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16). 8,435,110 10,234,054 21 Total liabilities (Part X, line 26) 374,758 211.301 Net assets or fund balances. Subtract line 21 from line 20 8.060.352 10.022.753 Signature Block Part II 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 been correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer GLENN W. REED, TREASURER Type or print name and title Date Check if Preparer's identifying number Preparer's (see instructions) signature employed ▶ □ Paid Preparer's Firm's name (or yours EIN Use Only if self-employed), address, and ZIP + 4 Phone no ▶

Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

	Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission	
	THE GOAL OF THE FOUNDATION IS TO PROVIDE MEANINGFUL SUPPORT, THROUGH FINANCIAL CONTRIBUTIONS, TO	
	CHARITABLE ORGANIZATIONS AND PROGRAMS THAT SERVE THE COMMUNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	and the second s	
	services?	No
	If "Yes," describe these changes on Schedule O.	
4	a determine the perspect desired in the digunization of the diagram delition by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grar allocations to others, the total expenses, and revenue, if any, for each program service reported.	its and
	anocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	a (Code.) (Expenses \$ 3,334,970 including grants of \$ 3,334,970) (Revenue \$	<u> </u>
	THE ORGANIZATION MADE 824 GRANTS TO VARIOUS CHARITABLE ORGANIZATIONS THAT FOCUS ON ONE OR MORE OF	' THE
	FOLLOWING AREAS OF CONCERN: CIVIC. CULTURE AND THE ARTS, EDUCATION, ENVIRONMENTAL, HEALTH, AND HUMA	
	SERVICES	
	•••••	
4h	h (Code:) (Expenses \$ including grants of \$) (Decense \$	
40	b (Code:) (Expenses \$including grants of \$) (Revenue \$)
	*	
4c	c (Code:) (Expenses \$)
4c	c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	C (Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	C (Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4c	C (Code:) (Expenses \$)
4c	C (Code:) (Expenses \$)
4c	C (Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4c	c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
)
4d	d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) e Total program service expenses > 3 334 970)

Par	t 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	χ_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	х	ļ
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		х_
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 similar funds or 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	_X	
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		x_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		х
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		х_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х_
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Χ_	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			I
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b		х
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		<u>x</u>
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 "Yes," complete Schedule F, Part III</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	L X

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X_	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	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		х_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u>x</u>
	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		_x_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			\$47.7°
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		X X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Inne 1	34	х	
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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		X
	10: 14010. 7 (ii 1 offit 000 filoto die required to complete collectale C	38	X	<u> </u>

Par	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	-1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		سند ا
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	!	Х
_	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_	-	├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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 Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		-×_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		
h	and services provided to the payor?	7b		X
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.2		
	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7с		Х
a	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
E	benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		ļ
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.		اسبيا	
a	Did the organization make any taxable distributions under section 4966?	9a	_	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a 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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	45		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a		

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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	Χ	
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_	_	Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4_		х_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		х
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a		
a	The governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	OD	_х	
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte			LA
	enue Code.)	,,,,a,		
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		x
	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Χ	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Χ	
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?	4-		
a	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		X
46	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		
	with a taxable entity during the year?	16a		X
þ	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		
Sec	tion C. Disclosure			'
<u> </u>	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c			
	available for public inspection. Indicate how you make these available. Check all that apply.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/	
	Own website Another's website Dupon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
-	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the	
	organization: ► JENNIFER HALLIDAY: 100 VANGUARD BLVD, MALVERN, PA 19355: 610-669-1000	-	-	

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. Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average		on (d		k all	that ap		Reportable	Reportable	Estimated
•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MICHAEL S. MILLER PRESIDENT & CHAIRMAN OF THE BOARD	15/YR	x		x				0	0	0
OLENAUM DEED	13/11	 ^	\vdash	├^-	╁		┼┈╴		ď	
GLENN W REED TREASURER	15/YR	x		x	1			0	o	0
MORTIMER J BUCKLEY	13/11	 ^ -	t^-	⇈			 	-		
DIRECTOR	15/YR	×			1			۰ ا	o	0
F. WILLIAM McNABB III	10/11	<u> </u>		T	T	ļ	\vdash	<u> </u>		
DIRECTOR	15/YR	×						0	اه	0
PAULINE SCALVINO										
DIRECTOR	15/YR	x	ł					0	0	0
MICHAEL L. KIMMEL			l							
SECRETARY	15/YR			x				0	0	0
TAMI WISE	[
FOUNDATION ADMINISTRATOR	1,150/YR		L	х	ļ	ļ	<u> </u>	0	0	0

Par	VII Section A. Officers, Directors, Trustees, Ke		/ Employees, and Highe						Compensated	d Employees (continued)			
	(A)	(B)			•	C)			(D)	(E)		(F)	
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportabl compensati from relate organizatio (W-2/1099-M	on ed ons	Estimate amount other compensa from th organizati and relations	of ition ie tion ted
												-	
		•											
							-						
						-							
						-							
1b	Total , , , ,							•	0		0		0
2	Total number of individuals (including but reportable compensation from the organization)	not limited t	to tho		liste		•	who	o received mor	e than \$10	0,000	in	
3	Did the organization list any former office employee on line 1a? <i>If "Yes," complete S</i>							-	, or highest co	•		Yes 3	No X
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	greater tha	n \$15	0,0	00?	If "	Yes,"	con				4	X
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	comp	ens	atic	n f	rom a	anv	unrelated orga	nization fo	r	5	
Sec	tion B. Independent Contractors	-											
1	Complete this table for your five highest cocompensation from the organization.	mpensated	d inde	per	nder	nt co	ontrac	tors	that received	more than	\$100,	000 of	
	(A) Name and business address								(B) Description of se	ervices	С	(C) ompensation	n
N/A						_		-					
				_									
2	Total number of independent contractors (in more than \$100,000 in compensation from					to th	ose li	sted	d above) who re	eceivea			

Part	VIII	Statement of Rev	enue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns		1a					
ran		Membership dues	[1b		1			<u> </u>
s, g		Fundraising events .	[1c		1			
ar a		Related organizations	[1d	3,778.875	İ			1
is, (Government grants (contrib	outions).	1e		1			
tior r si		All other contributions, gifts, gra							
ibu		and similar amounts not include		1f					
Contributions, gifts, grants and other similar amounts		Noncash contributions included Total . Add lines 1a–1f		\$	>	3.778.875			
					Business Code				
/en	2a								
Re	b								
rice	C								
Ser	d								
E	е								
Program Service Revenue	f	All other program service		. [
<u> </u>	g	Total. Add lines 2a-2f	<u> </u>		<u>.</u> >	0			
	3	Investment income (inclu	uding divide	ends, ir	nterest, and				
		other similar amounts)				257,871	257,871		
	4	Income from investment of	tax-exempt l	bond pr	roceeds >				
	5	Royalties	<u> </u>		<u> ▶</u>				
			(ı) Real		(II) Personal				
	6a	Gross Rents							
	b	Less ⁻ rental expenses							
		Rental income or (loss)		0	0	ļ	-		
	d	Net rental income or (los	.	• •		0			
	7a	Gross amount from sales of	(ı) Securitie	s	(II) Other				
		assets other than inventory							
	b	Less. cost or other basis				;			
		and sales expenses .		_		1			
		Gain or (loss) L Net gain or (loss)		0	0				
4	1	• ,				0			
nue	8a	Gross income from	fundraising)			•		
Š		events (not including \$ of contributions reported	on line 1e\	-					
8		See Part IV, line 18				}			1
Other Reven	h	Less: direct expenses				1			
₹		Net income or (loss) froi			nts ►	0			1
	0.	Gross income from gamır	na activitios	Ĭ					
	Ja	See Part IV, line 19							
	b	Less direct expenses.]			
	С	Net income or (loss) from	m gaming a	activitie	es >	0		<u> </u>	
	10a	Gross sales of inve	ntory, less	s					
	ŀ	returns and allowances]			
		Less: cost of goods sold							
	<u>c</u>	Net income or (loss) from				0			
	<u> </u>	Miscellaneous Reve			Business Code	 			
	11a	EXCISE TAX REFUND			00099	4,350	4,350		
	b						-		
	С								
		All other revenue							-
	L	Total. Add lines 11a-11				4.350			
	12	Total Revenue. See ins	structions .		<u> </u>	4,041,096	262,221		L

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). (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 3,334,970 3,334,970 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the U.S See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages . . . 7 Pension plan contributions (include section 401(k) 8 and section 403(b) employer contributions) . . . Other employee benefits 9 10 Payroll taxes Fees for services (non-employees): **b** Legal 13,062 13,062 **d** Lobbying Professional fundraising services See Part IV, line 17 Investment management fees 145 145 12 Advertising and promotion . 300 300 13 Office expenses 14 Information technology , , , , , 15 Royalties Occupancy 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 22 Depreciation, depletion, and amortization. 23 Insurance 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.) 790 POSTAGE 790 b d All other expenses Total functional expenses. Add lines 1 through 24f 25 3,349,267 3,334,970 14,297 Joint Costs. Check here ▶ ☐ 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

Рą	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	163,584	1	54,502
	2	Savings and temporary cash investments	671,371	2	558,025
	3	Pledges and grants receivable, net	-:	3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key		į	
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	····
	10a	Land, buildings, and equipment: cost or 10a			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b	0	10c	0
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	7.600,137	12	9.621.527
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,435,110	16	10,234,054
	17	Accounts payable and accrued expenses	10.704	17	1,090
	18	Grants payable	364.054	18	210,211
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ħ	22	Payables to current and former officers, directors, trustees, key			
jab		employees, highest compensated employees, and disqualified			
		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 to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	374.758	26	211.301
ces		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	7,944,801	27	9,890,834
Ва	28	Temporarily restricted net assets	115.551	28	131.919
þ	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	8.060.352	33	10.022.753
	34	Total liabilities and net assets/fund balances	8.435.110	34	10.234.054
					Form 990 (2009)

Par	t XI Financial Statements and Reporting			4.		
			Yes	No		
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
_	Schedule O.	2a				
	The time engantization of manifest entering the first of					
b	Were the organization's financial statements audited by an independent accountant?	2b	Χ_			
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?	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
	issued on a consolidated basis, separate basis, or both:					
За	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	İ	Y		
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 in Schedule O and describe any steps taken to undergo such audits.	3b				

Form **990** (2009)

SCHEDÙLE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE VANGUARD GROUP FOUNDATION

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer Identification number 23-2699769

Pa	rt I	Reason	for Public Ch	<u>larity Status (All or</u>	ganization	ons mus	t comple	ete this p	<u>part.) Se</u>	<u>e instruc</u>	tions	
The	orga	anization is no	ot a private foun	dation because it is: (For lines	1 throug	h 11, che	eck only	one box.)			
1		A church, co	nvention of chur	ches, or association of	of church	es descri	bed in se	ection 17	⁷ 0(b)(1)(A	\)(i).		
2		A school des	scribed in sectio	n 170(b)(1)(A)(ii). (Att	tach Scho	edule E.)						
3		A hospital or	a cooperative h	ospital service organi	ization de	escribed i	n sectio r	170(b)(1)(A)(iii).			
4			esearch organiza me, city, and sta	ition operated in conju ate:	unction w	uth a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the	
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, sta	ate, or local gove	ernment or governme	ntal unit	described	in secti	on 170(b)(1)(A)(v)	١.		
7	X	_	•	receives a substantia (1)(A)(vi). (Complete	•	ts suppor	rt from a	governme	ental unit	or from th	ne general public	
8		A community	trust described	in section 170(b)(1)	(A)(vi). (Complete	Part II.)					
9				receives: (1) more that								
				d to its exempt function								
				ent income and unrela						511 tax)	from businesses	
	_	•	_	after June 30, 1975.				•	•			
10	님	•	•	nd operated exclusive	•	-	•		•			
11	П			and operated exclusively supported organical								
		• •	•	t describes the type of					•	•	, , ,	
		a ☐ Type		* *		e III–Fur					Type III-Other	
Δ.		• •		fy that the organizati			•	•			• •	
-	ш			n managers and other								
			section 509(a)(2				p =					
f			, , ,	a written determination	on from t	he IRS t	hat it is a	a Type I	Type II.	or Type	III supporting	
		_	check this box									
g		Since Augus following per		the organization acce	pted any	gift or co	ontributioi	n from ar	y of the			
				indirectly controls, eining body of the supp				persons	describe	d in (ii)	Yes No	
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(ii)	
		(iii) A 35% c	ontrolled entity o	of a person described	in (ı) or (•					11g(iii)	
h		Provide the	following informa	ation about the suppo	г -	- ·	3)					
(i)		e of supported ganization	(iii) Type of organization (described on lines 1–9 above or IRC section (see Instructions))	in col (i) lis	organization sted in your document?	(v) Did you notify the organization in col (i) of your support?		(vi) la organizati (i) organiz U S	on in col ted in the	(vii) Amount of support		
				·-·	Yes	No	Yes	No	Yes	No		
	_											
			_									
		_										
		 										
	_		-	<u>.</u>								
Tot	al										0	
												

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,994,102	3,101,815	3,257,196	3,426,012	3,778,875	16,558,000
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,994,102	3,101,815	3,257,196	3,426,012	3,778,875	16,558,000
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						10,541,227
6							6,016,773
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		2,994,102	3,101,815	3,257,196	3,426,012	3,778,875	16,558,000
7 8	Amounts from line 4	2,934,102	3,101,013	3,237,190	3,420,012	3,770,073	10,550,000
Ü	payments received on securities loans.			İ			
	rents, royalties and income from similar sources	236,136	313,801	363,954	324,658	257,871	1,496,420
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						18,054,420
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for organization, check this box and stop he						
Sec	tion C. Computation of Public Su			<u> </u>	<u> </u>	<u> </u>	· · <u> </u>
14	Public support percentage for 2009 (line 6	_		column (fl)		14	33 33 %
15	Public support percentage from 2008 Sch		•	, 00.0 (1))		15	49 97 %
	33½% support test—2009. If the organiz		•	n line 13, and lir	ne 14 is 33 1/3 %	6 or more, chec	
	and stop here. The organization qualifies						_
b	331/3 % support test—2008. If the organization qua						
17a	10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	cts-and-circum	stances" test, ch	neck this box an	d stop here.	Explain in Part I	
b 18	10%-facts-and-circumstances test—2008. more, and if the organization meets the "facts-and-circumstan Private foundation. If the organization did	acts-and-circums aces" test. The o	tances" test, che rganization quali	eck this box and fies as a publicly	d stop here E supported orga	xplain in Part in nization	V how the ▶ □

	Jule A (Form 990 or 990-EZ) 2009						Page 3
Par	Support Schedule for Orga (Complete only if you checke				a)(2)	-	
Sec	tion A. Public Support			•			
	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
2	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
4	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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b					1	
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(4) 200	(=)====	(0) 200.	(2) 2000	(0) 2000	(1) 10141
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for to organization, check this box and stop	here					1 501(c)(3) ▶ □
<u>Sec</u>	tion C. Computation of Public Su	pport Percei	ntage				
15	Public support percentage for 2009 (line			e 13, column (f))	15	%
16 Sec	Public support percentage from 2008 S tion D. Computation of Investmen	chedule A, Pa	rt III, line 15	<u> </u>		16	%
					-l (5)	17	0/
17 10	Investment income percentage for 200	•		•		18	<u>%</u> %
18 19a		anization did n	ot check the bo	x on line 14, a	nd line 15 is m	ore than 33 1/3	%, and line
b	17 is not more than 33½%, check this bo 33½% support tests—2008. If the organ	ization did not	check a box on	line 14 or line 1	9a, and line 16	is more than 3	33 ⅓ %, and
	line 18 is not more than 331/3 %, check this	oux and stop	nere. The orga	ruzation qualifie	s as a publicly:	suppoπed orgai	nization 🕨 🔲

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

chedule A (Fo	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Info Part II, line 17a or 1	rmation. Complete 1 17b; and Part III, line	his part to provide to 12. Provide any oth	he explanations required per additional information	by Part II, line 10; . See instructions.
		-			
•••		·			
		-		•	
			·		
					-
••					
••••					••••
					··
			· 	· ·	
					
			·		•
	•••••				

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number THE VANGUARD GROUP FOUNDATION 23-2699769 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 1 0 2 Aggregate contributions to (during year) 0 3 Aggregate grants from (during year) . 131,919 Aggregate value at end of year . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Y Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b b 2c C Number of conservation easements on a certified historic structure included in (a) . . . 2d Number of conservation easements included in (c) acquired after 8/17/06 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year ► Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Par	Organizations Maintain	ing Collections	of Art, His	toric	cal Treasures	, or O	ther Similar A	\ssets (<u>contin</u>	ued)
3	Using the organization's acquisition collection items (check all that apply		ther record	ds, ch	eck any of the	follow	ing that are a	signıficar	nt use	of its
а	Public exhibition		d		Loan or excha	ange pr	ograms			
b	Scholarly research		е		Other					
С	Preservation for future general									
4	Provide a description of the organiz Part XIV.	ation's collections	and explai	n hov	v they further t	he orga	anization's exe	mpt purp	ose in	1
5	During the year, did the organization sassets to be sold to raise funds rather	solicit or receive do	nations of a	art, his t of th	storical treasure e organization's	es, or of s collec	her similar tion?		Yes	No
Par	Escrow and Custodial A IV, line 9, or reported an					nswere	ed "Yes" to Fo	rm 990,	Part	
	Is the organization an agent, trusted included on Form 990, Part X?					ns or o	ther assets no		Yes 🗌	No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the f	ollow	ing table:	1		Amount		
	Particular halana					1c	 	Anount		
	Beginning balance					•				
a	Additions during the year					1e		-		-
e	Distributions during the year					1f				
2a	Ending balance	ount on Form 990,				. —			Yes 🗆	No
	t V Endowment Funds. Co		anization	ansı	vered "Yes" t	o Forn	n 990 Part I\	/ line 1	<u></u>	
		(a) Current year	(b) Prior		(c) Two years		(d) Three years bac	_,		back
10	Reginging of year balance	(4) 50.10.11 / 50.1	(47: ::-	,	(-,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1,7,1		
la h	Beginning of year balance									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f g	Administrative expenses End of year balance							<u> </u>		
2	Provide the estimated percentage of	•		as:						
а	Board designated or quasi-endowm		%							
b	Permanent endowment ▶									
	Term endowment ►									
3a	Are there endowment funds not in thorganization by.	e possession of the	e organizati	ion th	at are held and	d admin	istered for the		Yes	No
	(i) unrelated organizations .							3a(i	-	<u> </u>
	(ii) related organizations				<u></u>			3a(ii	_	└
	If "Yes" to 3a(II), are the related org Describe in Part XIV the intended u							3b		<u> </u>
4							inc 10			
Par	t VI Investments—Land, Bu									
	Description of investment	(a) Cost or ot (investm			Cost or other usis (other)		ccumulated preciation	(d) Bo	ook value)
1a	Land									
b	Buildings									
С	Leasehold improvements							****		
d	Equipment									
<u>e</u>	Other	· · <u> </u>	00 0 11		(2) " (2)					
rota	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	190, Part X,	colun	nn (B), line_10(c	<i>).)</i>	▶			

Part VII	Investments—Other Securities	. See Form 990, Part X	, line 12.	
	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial de	erivatives			
	d equity interests			
•				
	ST INVEST-GRADE (NONRESTRICTED)	498,192	End-of-Year Market Value	
VANGUARD	ST INVEST-GRADE FUND (RESTRICTED)	131,919	End-of-Year Market Value	
VANGUARD	BALANCED INDEX FUND	8,991,416	End-of-Year Market Value	
				
			-	
		<u> </u>		
• • • • • • • • • • • • • • • • • • • •				
Total /Column /	(b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII	<u></u>	9,621,527	line 12	
	Investments—Program Related			· · · · · · · · · · · · · · · · · · ·
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
		<u> </u>		
				
				-
Total. (Column ((b) must equal Form 990, Part X, col. (B) line 13) ▶			
Part IX	Other Assets. See Form 990, Pa	rt X, line 15.		
		(a) Description		(b) Book value
	·			
				
			 .	
				
T-4-1 (0-1	(h) (D) D (V) (L)	/D) #= - 45)		
Part X	mn (b) must equal Form 990, Part X, col. Other Liabilities. See Form 990,		<u> </u>	L
1.	(a) Description of liability			<u> </u>
Federal inco	_ `: :	(b) Amount		
r ederal line	one taxes		-	
			\dashv	
			-	
			7	
			7	
			_	
Total. (Column ((b) must equal Form 990, Part X, col (B) line 25) ▶			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	ule D (Form 990) 2009 t XI Reconciliation of Change in Net Assets from Form 990	to Aud	ited Einensial St	- to m	Page 4
				1	•
1	Total revenue (Form 990, Part VIII, column (A), line 12)			2	4,041,096
2	Total expenses (Form 990, Part IX, column (A), line 25)			3	3,349,267
3	Excess or (deficit) for the year. Subtract line 2 from line 1		1	4	691,829
4	Net unrealized gains (losses) on investments			5	1,270,572
5	Donated services and use of facilities			6	
6	Investment expenses		-	7	.
7	Prior period adjustments			8	
8	Other (Describe in Part XIV.)			9	1 070 570
9 10	Total adjustments (net). Add lines 4 through 8			10	1,270,572
-	t XII Reconciliation of Revenue per Audited Financial Statements.				1,962,401 Return
1	Total revenue, gains, and other support per audited financial statemen			1	5,458,376
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				0,400,070
a	Net unrealized gains on investments	2a	1,270,572		
b	Donated services and use of facilities	2b	146,708	7	
C	Recoveries of prior year grants	2c	140,100	1	
d	Other (Describe in Part XIV.)	2d		1	
e	Add lines 2a through 2d			2e	1,417,280
3	Subtract line 2e from line 1			3	_4,041,096
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		1	
č				4.	1
·				4c	1 0
5				4C 5	4,041,096
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Reconciliation of Expenses per Audited Financial St	12) .		5	4,041,096
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Reconciliation of Expenses per Audited Financial S	12) .		5	4,041,096 er Return
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line **Total Expenses and India Section 1. **India Secti	12) .		5	4,041,096 er Return
5 Par 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Reconciliation of Expenses per Audited Financial S	12) .		es po	4,041,096 er Return
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Reconciliation of Expenses per Audited Financial Statements	tatemer	nts With Expens	es po	4,041,096 er Return
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Reconciliation of Expenses per Audited Financial Statements	12) . tatemer	nts With Expens	es po	4,041,096 er Return
5 Pal 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Reconciliation of Expenses per Audited Financial Statements	12) . tatemer	nts With Expens	es po	4,041,096 er Return
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Reconciliation of Expenses per Audited Financial S Total expenses and losses per audited financial statements	12) tatemer	nts With Expens	es po	4,041,096 er Return 3,495,975
Pal 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Reconciliation of Expenses per Audited Financial Statements	12) tatemer	nts With Expens	5 es po	4,041,096 er Return 3,495,975
Pal 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Reconciliation of Expenses per Audited Financial Statements Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d	12) tatemer	nts With Expens	5 es po	4,041,096 er Return 3,495,975
Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line times 1 Reconciliation of Expenses per Audited Financial Statements Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1	12) tatemer	nts With Expens	5 es po	4,041,096 er Return 3,495,975
5 Par 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIV). Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1:	12) . tatemer 2a 2b 2c 2d	nts With Expens	5 es po	4,041,096 er Return 3,495,975
5 Par 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Reconciliation of Expenses per Audited Financial Statements Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	146,708	5 es po 1 1 2e 3	4,041,096 er Return 3,495,975
5 Pai 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Reconciliation of Expenses per Audited Financial S' Total expenses and losses per audited financial statements	2a 2b 2c 2d 4a 4b	146,708	5 es po 1 1 2e 3	4,041,096 er Return 3,495,975 146,708 3,349,267
5 Pai 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Reconciliation of Expenses per Audited Financial Statements Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	146,708	5 es po 1 1 2e 3	4,041,096 er Return 3,495,975 146,708 3,349,267
5 Par 1 2 a b c d e 3 4 a b c 5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Reconciliation of Expenses per Audited Financial S' Total expenses and losses per audited financial statements	2a 2b 2c 2d 4a 4b 1, line 18	146,708	5 es po 1 2e 3	4,041,096 er Return 3,495,975 146,708 3,349,267
5 Par 1 2 a b c d e 3 4 a b c 5 Par Corrand	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Reconciliation of Expenses per Audited Financial Statements Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4	12)tatemer 2a 2b 2c 2d 4a 4b	146,708	2e 3	4,041,096 er Return 3,495,975 146,708 3,349,267 0 3,349,267 art IV, lines 1b
5 Par 1 2 a b c d e 3 4 a b c 5 Par Corrand	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Reconciliation of Expenses per Audited Financial Statements Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5,	12)tatemer 2a 2b 2c 2d 4a 4b	146,708	2e 3	4,041,096 er Return 3,495,975 146,708 3,349,267 0 3,349,267 art IV, lines 1b
5 Par 1 2 a b c d e 3 4 a b c 5 Par Corrand	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Reconciliation of Expenses per Audited Financial Statements Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4	12)tatemer 2a 2b 2c 2d 4a 4b	146,708	2e 3	4,041,096 er Return 3,495,975 146,708 3,349,267 0 3,349,267 art IV, lines 1b
5 Par 1 2 a b c d e 3 4 a b c 5 Par Command this	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Reconciliation of Expenses per Audited Financial Statements Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4	2a 2b 2c 2d 4a 4b	146,708 146,708	2e 3 4c 5	4,041,096 er Return 3,495,975 146,708 3,349,267 0 3,349,267 art IV, lines 1b Also complete
5 Par 1 2 a b c d e 3 4 a b c 5 Par Command this	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Reconciliation of Expenses per Audited Financial S Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b part to provide any additional information	2a 2b 2c 2d 4a 4b	146,708 146,708	2e 3 4c 5	4,041,096 er Return 3,495,975 146,708 3,349,267 0 3,349,267 art IV, lines 1b Also complete
5 Par 1 2 a b c d e 3 4 a b c 5 Par Command this	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Reconciliation of Expenses per Audited Financial S Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b part to provide any additional information	tatemer 2a 2b 2c 2d 4a 4b 1, line 18 b; and 9; Fb; and Pa	146,708 146,708 146,708 2 art III, lines 1a and art XIII, lines 2d and art XIII, lines 2d and All XIIII, lines 2d and All XIII, lines 2d and All XIIII, lines 2d and All XIII, lines 2d and All XIII, lines 2d and All XIIII, II and All XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	2e 3 4c 5 14; Pd 4b.	4,041,096 er Return 3,495,975 146,708 3,349,267 0 3,349,267 art IV, lines 1b Also complete
5 Par 1 2 a b c d e 3 4 a b c 5 Par Command this	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Reconciliation of Expenses per Audited Financial S Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b part to provide any additional information.	tatemer 2a 2b 2c 2d 4a 4b 1, line 18 b; and 9; Fb; and Pa	146,708 146,708 146,708 2 art III, lines 1a and art XIII, lines 2d and art XIII, lines 2d and All XIIII, lines 2d and All XIII, lines 2d and All XIIII, lines 2d and All XIII, lines 2d and All XIII, lines 2d and All XIIII, II and All XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	2e 3 4c 5 14; Pd 4b.	4,041,096 er Return 3,495,975 146,708 3,349,267 0 3,349,267 art IV, lines 1b Also complete
5 Part 1 2 a b c d e 3 4 a b c 5 Part Contract C	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Reconciliation of Expenses per Audited Financial S Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b part to provide any additional information.	tatemer 2a 2b 2c 2d 4a 4b 1, line 18 b; and 9; Fb; and Pa	146,708 146,708 146,708 2 art III, lines 1a and art XIII, lines 2d and art XIII, lines 2d and All XIIII, lines 2d and All XIII, lines 2d and All XIIII, lines 2d and All XIII, lines 2d and All XIII, lines 2d and All XIIII, II and All XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	2e 3 4c 5 14; Pd 4b.	4,041,096 er Return 3,495,975 146,708 3,349,267 0 3,349,267 art IV, lines 1b Also complete

Schedule D (Fon	m 990) 2009	Page 3
Part YIV	Supplemental Information (continued)	
rait Aiv	Supplemental information (communication)	
• • • • • • • • • • • • • • • • • • • •		,
••••••		
• • • • • • • • • • • • • • • • • • • •		
• • • • • • • • • • • • • • • • • • • •	······································	

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

Open to Public Inspection

NONE **2** 824 Schedule I (Form 990) 2009 (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use **Employer identification number** X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 23-2699769 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. assistance (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations. (c) IRC section if applicable General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (P) EIN THE VANGUARD GROUP FOUNDATION SEE ATTACHED 1 (a) Name and address of organization or government Name of the organization Part II Part I

Schedule I (Form 990) 2009

THE VANGUARD GROUP FOUNDATION'S GRANT AGREEMENTS REQUIRE THAT THE GRANTEES PROVIDE PERIODIC REPORT(S) THAT TRACK AND REPORT ON THEIR WORK. PROGRESS REPORTS ARE RECEIVED AND EVALUATED AGAINST GOALS BASED ON THE SIZE OF THE GRANT, ACCOMPLISHMENTS AND CHALLENGES ARE REPORTED TO THE BOARD Schedule I (Form 990) 2009 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. PART I, 2: PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Inspection

OMB No 1545-0047

THE VANGUARD GROUP FOUNDATION	23-2699769
PART VI, SECTION A, LINE 2: ONE OF THE DIRECTORS OF THE FOUNDATION ALSO SERVES AS A D	IRECTOR FOR THE VANGUARD
GROUP, INC. ADDITIONALLY, THE REMAINING DIRECTORS/OFFICERS OF THE FOUNDATION ARE A	LSO OFFICERS OF THE VANGUARD
GROUP, INC	
PART VI, SECTION B. LINE 11a PRIOR TO FILING THE TAX RETURN, THE INFORMATION REQUIRED	TO BE PROVIDED ON THE FORM 990
IS REVIEWED, AS NEEDED, BY A COMMITTEE CONSISTING OF THE FOUNDATION'S ADMINISTRATO	R, TREASURER, TAX PREPARERS,
AND LEGAL ADVISORS. PRIOR TO FILING, THE RETURN IS REVIEWED BY THE FOUNDATION'S SIGN	NING DIRECTOR, AND COPIES OF
THE RETURN AND ALL SUPPORTING SCHEDULES ARE PROVIDED TO THE ORGANIZATION'S GOVE	RNING BODY
PART VI, SECTION B, LINE 12c: ANNUALLY, A COPY OF THE VANGUARD GROUP FOUNDATION'S CO	NFLICT OF INTEREST POLICY IS
GIVEN TO EACH DIRECTOR, OFFICER, AND STAFF MEMBER WHO IS PRESENTLY SERVING THE FO	UNDATION A QUESTIONNAIRE
RELATING TO POSSIBLE CONFLICTS OF INTEREST IS COMPLETED ANNUALLY AND UPDATED AS N	EEDED THROUGHOUT THE YEAR
BY ALL VANGUARD GROUP FOUNDATION BOARD MEMBERS, OFFICERS, AND STAFF. EACH DIREC	TOR, OFFICER, AND STAFF MEMBER
CERTIFIES THAT HE/SHE HAS READ AND UNDERSTANDS THE VANGUARD GROUP FOUNDATION'S	CONFLICT OF INTEREST POLICY
AND HAS COMPLIED WITH ALL REQUIREMENTS OF THE POLICY. INFORMATION PROVIDED ON THE	E QUESTIONNAIRE IS USED TO
PREVENT BOARD MEMBERS, OFFICERS, AND STAFF FROM INFLUENCING THE FOUNDATION'S CHA	ARITABLE GRANTS IN A MANNER
THAT COULD CREATE ACTUAL CONFLICTS OF INTEREST.	
PART VI, SECTION C. LINE 19. THE VANGUARD GROUP FOUNDATION MAKES ITS GOVERNING DOC	UMENTS, CONFLICT OF INTEREST
POLICY AND THE FINANCIAL STATEMENTS AVAILABLE UPON REQUEST	

Chedule O (Form 330) 2003	raye &
Name of the organization	Employer identification number
THE VANGUARD GROUP FOUNDATION	23-2699769
	••••••
	•••••
	•••••
	•••••
	•••••
	••••••
	•••••

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

THE VANGUARD GROUP FOUNDATION

Part I

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

See separate instructions.

Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Open to Public Inspection 2009

OMB No. 1545-0047

Employer Identification number

23-2699769

(a) Name, address, and ElN 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
N/A					
Part II Identification of Related Tax-Exempt Organizations (had one or more related tax-exempt organizations durin	ons (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it during the tax year.)	zation answered "	Yes" to Form 990), Part IV, line 34 I	oecause it
(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
N/A					
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	orm 990.			Schedul	Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

managing partner? Percentage ownership % Yes No General or Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 amount in box 20 of Schedule K-1 (Form 1065) N/A Code V—UBI Share of end-of-year assets (h)
Disproportionate
allocations? ŝ ž Yes Share of total income (g) Share of end-of-year assets Type of entity (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year.) Share of total income O (d) (d) Direct controlling entity ١ Predominant income (related, unrelated, excluded from tax under Legal domicile (state or foreign country) sections 512-514) Δ FINANCIAL SVCS (d) (Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization Primary activity 100 VANGUARD BLVD; MALVERN, PA 19355 THE VANGUARD GROUP, INC. Name, address, and EIN of related organization Part IV Part III Š

Schedule R (Form 990) 2009

36.)
or 36.
35,
34,
line 34, 35, or 36.)
, ≥
art
990, Part IV, li
66
orm
s" to Form 9
"Xes
ę
swe
au
tion
iza
rgar
e if the organization answer
ii H
ete
d d
ns (Com
SUC
zatic
Organi
S O
late
æ
Vit.
S
tior
sac
ran
F
> t
Ра

All the Control of th		Yes
Note. Complete line 1 if any entity is listed in raits if, iii, or it or iiis 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?	in Parts II–IV?	188
		1a ×
	· · ·	1b ×
offit, grant, or capital contribution to other organization(s)	•	,
c Giff, grant, or capital contribution from other organization(s)		22;
d Loans or loan quarantees to or for other organization(s)		1d ×
e Loans or loan guarantees by other organization(s)	•	1e x
	•	
f Sale of assets to other organization(s)		*
		1g ×
b Exchange of seconds	•	th ×
		> -
I Lease of facilities, equipment, or other assets to other organization(s)		
i Lease of facilities equipment or other assets from other organization(s)		i.
Described of socialists of manifestal manufactures of social or manufactures of social or manufactures of social or		
R PETITINATION OF SOCIOOD OF MOMBASHIP OF fundamental Solicitations for other presultations)		×
2		13 ×
_		┼
n Sharing of paid employees		
		> > >
p Reimbursement paid by other organization for expenses		X X X X X X X X X X X X X X X X X X X
q Other transfer of cash or property to other organization(s)		х .
Other transfer of cash or property from other organization(s)		11 ×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered re	relationships and transaction thresholds.	insaction thresholds.
(a)	æ	9
Name of other organization	Transaction type (a⊣)	Amount involved
(1) THE VANGIARD GROID INC	<u>a</u>	3.778.875
(2) THE VANGUARD GROUP, INC	Γ, Μ	146,708
(6)		
(4)		
(6)		
(9)		
	Sched	Schedule R (Form 990) 2009

Credule in (Form 890) 2008

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

General or managing partner? ş Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. Ξ Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (f)
Disproportionate
allocations? Ŷ Yes (e)
Share of
end-of-year
assets (d)
Are all partners
section
501(c)(3)
organizations? Yes No (c)
Legal domicile
(state or foreign
country) Primary activity Name, address, and EIN of entity

				,

Schedule R (Form 990) 2009

THE VANGUARD GROUP FOUNDATION (23-2699769) FORM 990, SCHEDULE I, PART II YEAR ENDED DECEMBER 31, 2009

	TEARE	ADED DEC	EMBER 31, 2003	3					
(a) Name of Organization or Government	City	State	(b) EIN	(c) IRC Section	(d) Amount of Cash Grant	(e) Amount of Non-Cash	of	(g) Description of Non-Cash	(h) Purpose of Grant Assistance
						Assistance		Assistance	
ACADEMY OF COMMUNITY MUSIC	FT WASHINGTON	PA	23-2227745		5,000 00				
AMERICAN RED CROSS	PHILADELPHIA	PA	53-0196605		35,000 00				
ARDEN THEATRE COMPANY	PHILADELPHIA	PA	23-2521993		10,000 00				
ARTS AND SCIENCE COUNCIL	CHARLOTTE	NC	56-0693436		10,000 00				
BAKER INDUSTRIES BALDWIN SCHOOL	MALVERN	PA PA	23-2560245		5,000 00				
BERWYN FIRE COMPANY	BRYN MAWR BERWYN	PA PA	23-1352619 23-0406833		5,300 00 7,500 00				
BLAIR ACADEMY	BLAIRSTOWN	NJ	22-1500475		7,850 00				
BLESSED TERESA OF CALCUTTA SCHOOL	SCHWENKSVILLE	PA	06-1779261		11,428 00				
BRISBANE ACADEMY	CHARLOTTE	NC	56-1840658		19,500 00				
BRYN MAWR REHABILITATION HOSPITAL	MALVERN	PA	23-2110812		12,500 00				
BUCKNELL UNIVERSITY	LEWISBURG	PA	24-0772407		6,750 00				
CAMPBELLSVILLE UNIVERSITY INC	CAMPBELLSVILLE	KY	61-0469267		7,960 00				
CAMPHILL SOLTANE	GLENMOORE	PA	22-2856588		5,000 00				
CAMPHILL SPECIAL SCHOOL	GLENMOORE	PA	23-1443766		7,200 00				
CHILDRENS HOSPITAL FOUNDATION	PHILADELPHIA	PA	23-2237932		5,090 00				
CHRISTIAN ACADEMY	BROOKHAVEN	PA	23-1472523		5,160 00				
COMMUNITY COLLEGE OF PHILADELPHIA	PHILADELPHIA	PA	23-2612698		5,550 00				
CONGRESSO DE LATINOS UNIDOS INC	PHILADELPHIA	PA	23-2051143		25,000 00				
CONSUMER CREDIT COUNSELING SERVICE OF DV	PHILADELPHIA	PA	23-1671903		12,000 00				
CRADLES TO CRAYONS	HORSHAM	PA	04-3584367		10,000 00				
EAST WHITELAND FIRE COMPANY	FRAZER	PA	23-7099010		7,500 00				
EPISCOPAL ACADEMY	NEWTOWN SQUARE	PA	23-1370500		7,054 00				
FAIRMOUNT PARK CONSERVANCY	PHILADELPHIA	PA	23-2977645		32,500 00				
FRANKLIN INSTITUTE	PHILADELPHIA	PA	23-1370501		10,000 00				
FREE LIBRARY OF PHILADELPHIA	PHILADELPHIA	PA	52-1173474		30,000 00				
GREATER PHILADELPHIA URBAN AFFAIRS	PHILADELPHIA	PA	23-7046398		20,000 00				
GREEN VALLEY ASSOCIATION	POTTSTOWN	PA	23-7025192		5,000 00				
HAVERFORD SCHOOL	HAVERFORD	PA	23-1352646		7,000 00				
JEFFERSON HOSPICE	RADNOR	PA	23-2308028		5,305 00				
JENKINS ARBORETUM	DEVON	PA	23-2726419		10,350 00				
JOHN BARTRAM ASSOCIATION	PHILADELPHIA	PA	23-7393771		5,000 00				
LANTERN THEATER COMPANY	PHILADELPHIA	PA	23-2798692		5,000 00				
LASALLE UNIVERSITY	PHILADELPHIA	PA	23-1352654		7,060 00				
LEHIGH UNIVERSITY	BETHLEHEM	PA	24-0795445		5,281 00				
MAIN LINE ANIMAL RESCUE	CHESTER SPRINGS	PA	23-3017210		8,575 00				
MAIN LINE HOSPITALS INC	PAOLI	PA	23-1352160		50,000 00				
MALVERN PREPARATORY SCHOOL	MALVERN	PA	23-1352658		8,950 00				
MANN CENTER FOR THE PERFORMING ARTS	PHILADELPHIA	PA	23-1473884		7,500 00				
MASSACHUSETTES INSTITUTE OF TECHNOLOGY (MIT)	CAMBRIDGE	MA	04-2103594		6,355 00				
METROLINA REGIONAL SCHOLARS ACADEMY	CHARLOTTE	NC	56-2153618		5,300 00				
MILLIGAN COLLEGE	MILLIGAN COLLEGE	TN	62-0535755		5,000 00				
MONTGOMERY SCHOOL	CHESTER SPRINGS	PA	23-1352662		8,300 00				
MUSIC AT GRETNA INC	ELIZABETHTOWN	PA	23-2137025		8,833 00				
MUSICAL ARTS ASSOCIATION	CLEVELAND	ОН	34-0714468		15,000 00				
NATIONAL AUDUBON SOCIETY	KING OF PRUSSIA	PA	13-1624102		5,000 00				
NEIGHBORHOOD GARDENS ASSOCIATION	PHILADELPHIA	PA	22-2741750		7,500 00				
PAOLI FIRE COMPANY	PAOLI	PA	23-0940540		7,500 00				
PENN STATE UNIVERSITY	UNIVERSITY PARK	PA	24-6000376		18,138 00				
PHILADELPHIA EDUCATION FUND	PHILADELPHIA	PA	22-2567982		50,000 00				
PHILADELPHIA MUSEUM OF ART	PHILADELPHIA	PA	23-1365388		10,702 00				
PHILADELPHIA ORCHESTRA ASSOCIATION	PHILADELPHIA	PA	23-1352289		10,000 00				
PLEASE TOUCH MUSEUM ROSEMONT SCHOOL OF THE HOLY CHILD	PHILADELPHIA	PA	23-2109376		32,500 00				
RSVP OF MONTGOMERY COUNTY	ROSEMONT	PA PA	23-1887550		5,450 00				
SAINT JOSEPHS UNIVERSITY	PLYMOUTH MEETING PHILADELPHIA	PA PA	23-2121691 23-1352674		5,000 00				
SPRUCE HILL CHRISTIAN SCHOOL	PHILADELPHIA	PA	23-2073123		7,225 00 15,000 00				
ST CHARLES BORROMEO SEMINARY OVERBROOK	WYNNEWOOD	PA	23-1370450						
ST ELIZABETH EDUCATION FUND	UWCHLAN	PA	23-3046502		6,925 00 20,525 00				
SURREY SERVICES FOR SENIORS INC	BERWYN	PA	23-2610145		10,000 00				
TRISKELES FOUNDATION	GLENMOORE	PA	75-3023740		7,000 00				
TRUSTEES OF THE UNIV OF PENNSYLVANIA	PHILADELPHIA	PA	23-1352685		38,754 00				
UNITED WAY OF SOUTHEASTERN PENNSYLVANIA	PHILADELPHIA	PA	23-1556045		2 025 000 00				
UNITED WAY OF THE CENTRAL CAROLINAS	CHARLOTTE	NC	56-0529948		122,500 00				
UNIVERSITY OF BALTIMORE	BALTIMORE	MD	23-7036780		5,000 00				
UNIVERSITY OF CHICAGO	CHICAGO	IL	36-2177139		5,000 00				
UNIVERSITY OF DELAWARE	NEWARK	DE	51-6000297		7,550 00				
UNIVERSITY OF NOTRE DAME	NOTRE DAME	IN	35-0868188		21,700 00				
UNIVERSITY OF RICHMOND	UNIVERSITY OF RICHMOND		54-0505956		5,550 00				
UNIVERSITY OF VIRGINIA LAW SCHOOL FOUND	CHARLOTTESVILLE	VA	54-0838566		7,500 00				
URBAN TREE CONNECTION	PHILADELPHIA	PA	23-2889697		7,500 00				
VALLEY OF THE SUN UNITED WAY	PHOENIX	AZ	86-0104419		192,566 00				
VILLA MARIA ACADEMY LOWER SCHOOL	IMMACULATA	PA	23-2113543		5,500 00				
VOLUNTEER ENGLISH PROGRAM IN CHESTER CO	WEST CHESTER	PA	22-2685077		5,000 00				
WHYY	PHILADELPHIA	PA	23-1438083		13,260 00				
ZOOLOGICAL SOCIETY OF PHILA	PHILADELPHIA	PA	23-1352298		57,500 00				
	-		_						