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Form 990 Department of the Treasury Internal Revenue Service	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)	OMB No 1545-0047
		2009
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization VAL SKINNER FOUNDATION INC	D Employer identification number 13-4084940
		Doing Business As	E Telephone number (866) 882-5433
		Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 213	G Gross receipts \$ 899,556
		City or town, state or country, and ZIP + 4 BAY HEAD, NJ 087420213	
		F Name and address of principal officer VAL SKINNER PO BOX 213 BAY HEAD, NJ 08742	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW VALSKINNERFOUNDATION ORG			

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation 1999	M State of legal domicile NJ
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE FOUNDATION'S MISSION IS TO RAISE SUPPORT FOR BREAST CANCER RESEARCH, TREATMENT, AND EDUCATION SPECIFICALLY FOCUSING ON YOUNG WOMEN		
	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5	Total number of employees (Part V, line 2a)	5	1
6	Total number of volunteers (estimate if necessary)	6	29	
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	855,062	852,636
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,120	9,164
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-22,812	-4,154
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	842,370	857,646
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	501,644	677,251
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	199,920	140,754
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) 216,008		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	216,859	277,897
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	918,423	1,095,902
	19	Revenue less expenses Subtract line 18 from line 12	-76,053	-238,256
	Net Assets or Fund Balances		Beginning of Current Year	End of Year
20		Total assets (Part X, line 16)	1,227,468	1,150,210
21		Total liabilities (Part X, line 26)	159,461	320,735
22		Net assets or fund balances Subtract line 21 from line 20	1,068,007	829,475

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	***** Signature of officer		2011-05-05 Date	
	ANN NOBLE TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature JOSEPH A REPICE SR CPA	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 SCHALICK GRESSMAN REPICE & DEBELLIS PC 737 LANDIS AVENUE VINELAND, NJ 08360			EIN
			Phone no (856) 691-3936	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

THE FOUNDATION'S MISSION IS TO RAISE SUPPORT FOR BREAST CANCER RESEARCH, TREATMENT, AND

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 749,124 including grants of \$ 677,251) (Revenue \$)

THE FOUNDATION'S MAIN FOCUS HAS BEEN THE SUPPORT OF ORGANIZATIONS WHOSE PRIMARY ACTIVITIES ARE CENTERED ON BREAST CANCER RESEARCH, TREATMENT, AND EDUCATION TO THAT END, THE FOUNDATION CREATED THE LIFE EVENT (LPGA PROS IN THE FIGHT TO ERADICATE BREAST CANCER) IT IS THE MISSION OF THE LIFE EVENT TO HELP ERADICATE BREAST CANCER AS A LIFE THREATENING DISEASE THE FUNDS RAISED FROM THE LIFE EVENTS ENABLES THE FOUNDATION TO WORK WITH ORGANIZATIONS TO SET THE LANDSCAPE FOR LAUNCHING INITIATIVES THAT HELP US TO ACCOMPLISH OUR MISSION OVER THE PAST DECADE THE LIFE EVENTS HAVE RAISED OVER 6 MILLION DOLLARS FOR BREAST CANCER AWARENESS AND RESEARCH PROGRAMS FOR FURTHER DETAIL PLEASE SEE ATTACHED "FACTS OF LIFE" NEWSLETTER

4b

(Code) (Expenses \$ 88,264 including grants of \$) (Revenue \$)

IN OCTOBER 2009 THE FOUNDATION RECEIVED \$100,000 FROM C R BARD'S "VEINS FOR LIFE" PROGRAM TO BE USED SPECIFICALLY FOR EDUCATION AND ADVOCACY OF VASCULAR ACCESS DEVICES AND IMPLANTED PORTS FOR THE DELIVERY OF CHEMOTHERAPY

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 837,388

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	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
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	No
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	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
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	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• 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	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? 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 U S ? If "Yes," complete Schedule F, Part II	15	No
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 U S ? If "Yes," complete Schedule F, Part III	16	No
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	No
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	Yes
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	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a31		
	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	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a1		
	b If at least one is reported on line 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 (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a	No
b 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	No
b If "Yes," enter the name of the foreign country: <input type="text"/> 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	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c 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	
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	No
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).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes
b 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 was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
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	No
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	No
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	No
10 Section 501(c)(7) organizations. Enter				
a 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			10b	
11 Section 501(c)(12) organizations. Enter				
a 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)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body . . .		
1b	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	No
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	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5	No
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
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	No
10b	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	Yes
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	No
13	Does the organization have a written whistleblower policy?	13	No
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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	No
	If "Yes" to line a or b, 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 with a taxable entity during the year?	16a	No
16b	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
18	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 SOMERS POINT, NJ 08244 (609) 653-8400

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

• 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

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

Form **990** (2009)

1b	Total	189,583	
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization: 1

		Yes	No
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>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 but not limited to those listed above) who received more than \$100,000 in compensation from the organization:		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	672,300			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	180,336			
	g	Noncash contributions included in lines 1a-1f \$ 1,056					
	h	Total. Add lines 1a-1f		852,636			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		3,186		
4		Income from investment of tax-exempt bond proceeds . .		5,977			5,977
5		Royalties					
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			1		1
8a		Gross income from fundraising events (not including \$ 672,300 of contributions reported on line 1c) See Part IV, line 18					
b		Less direct expenses	a	36,700			
c		Net income or (loss) from fundraising events . .	b	40,854	-4,154	-4,154	
9a		Gross income from gaming activities See Part IV, line 19					
b		Less direct expenses					
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances					
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .						
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			857,646	-4,154		9,164

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 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	677,251	677,251		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	131,250	60,375	13,125	57,750
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	9,504	4,372	950	4,182
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,000	0	1,000	0
c	Accounting	13,170	0	13,170	0
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	123	0	123	0
12	Advertising and promotion	50,503	2,168	0	48,335
13	Office expenses	12,952	0	7,561	5,391
14	Information technology	1,163	1,163	0	0
15	Royalties				
16	Occupancy				
17	Travel	23,159	6,809	0	16,350
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	2,439	0	2,439	0
23	Insurance	4,101	0	4,101	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)				
a	GOLF & PLAYERS FEES	84,000	0	0	84,000
b	FILING FEES	250	250	0	0
c	MISCELLANEOUS	37	0	37	0
d	EDUCATION & ADVOCACY	85,000	85,000	0	0
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,095,902	837,388	42,506	216,008
26	Joint costs. Check here <input checked="" type="checkbox"/> 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			384	1	384
	2	Savings and temporary cash investments			1,167,093	2	867,048
	3	Pledges and grants receivable, net			4,500	3	230,000
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key 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	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	52,336			
	b	Less accumulated depreciation	10b	23,985	30,790	10c	28,351
	11	Investments—publicly traded securities			24,701	11	24,427
	12	Investments—other securities. See Part IV, line 11				12	
	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)			1,227,468	16	1,150,210
Liabilities	17	Accounts payable and accrued expenses			159,461	17	13,735
	18	Grants payable				18	307,000
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key 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			159,461	26	320,735
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,068,007	27	817,739
	28	Temporarily restricted net assets				28	11,736
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,068,007	33	829,475
	34	Total liabilities and net assets/fund balances			1,227,468	34	1,150,210

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		No
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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?		No
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 . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
VAL SKINNER FOUNDATION INC

Employer identification number
13-4084940

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

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

☐

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, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			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.)

Section A. Public Support

Calendar 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 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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12

Gross receipts from related activities, etc (See instructions)

12

13

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	0 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	

16a

33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b

33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a

10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	974,179	969,202	1,949,981	850,562	852,636	5,596,560
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	77,651	59,700	67,200	35,990	36,700	277,241
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	1,051,830	1,028,902	2,017,181	886,552	889,336	5,873,801
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						5,873,801

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	1,051,830	1,028,902	2,017,181	886,552	889,336	5,873,801
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	76,537	65,439	77,227	24,872	9,163	253,238
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	76,537	65,439	77,227	24,872	9,163	253,238
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						6,127,039

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

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	95.870 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	95.560 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	4.130 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	4.440 %

19a**33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b**33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
VAL SKINNER FOUNDATION INC

Employer identification number
13-4084940

Part I

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	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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 Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8

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

☐ Yes ☐ No

9

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

Part III

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

1b

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		52,336	23,985	28,351
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				28,351

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	857,646
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,095,902
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-238,256
4	Net unrealized gains (losses) on investments	4	-274
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2
9	Total adjustments (net) Add lines 4 - 8	9	-276
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-238,532

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	702,154
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-274
b	Donated services and use of facilities	2b	3,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	2,726
3	Subtract line 2e from line 1	3	699,428
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	158,218
c	Add lines 4a and 4b	4c	158,218
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	857,646

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	940,686
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	3,000
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	2
e	Add lines 2a through 2d	2e	3,002
3	Subtract line 2e from line 1	3	937,684
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	158,218
c	Add lines 4a and 4b	4c	158,218
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,095,902

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Pt XI Line 8		ROUNDING DIFFERENCES
Pt XII Line 4b		FUNDRAISING EXPENSES NETTED AGAINST INCOME ON FINANCIAL STATEMENT
Pt XIII Line 2d		ROUNDING DIFFERENCES
Pt XIII Line 4b		FUNDRAISING EXPENSES NETTED AGAINST INCOME ON FINANCIAL STATEMENT

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization
VAL SKINNER FOUNDATION INC

Employer identification number
13-4084940

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>LIFE NJ</u> (event type)	<u>NONE</u> (event type)	 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	736,705		736,705
	2	Less Charitable contributions	700,005		700,005
	3	Gross income (line 1 minus line 2)	36,700		36,700
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	2,184		2,184
	6	Rent/facility costs	24,190		24,190
	7	Food and beverages	10,836		10,836
	8	Entertainment			
	9	Other direct expenses	3,644		3,644
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3, column d, and line 10. ▶			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter 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	
b	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 ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	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 ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
VAL SKINNER FOUNDATION INC

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
13-4084940

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes

☒ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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	751835298	501(c)(3)	250,000				BREAST CANCER
THE CANCER INSTITUTE OF NEW JERSEY120 ALBANY STREET NEW BRUNSWICK,NJ 08901	202959012	501(c)(3)	300,000				BREAST CANCER
YOUNG SERVIVAL COALITION61 BROADWAY SUITE 2235 NEW YORK,NY 10006	134057685	501(c)(3)	100,000				BREAST CANCER
BRRH FOUNDATION745 MEADOWS ROAD BOCA RATON,FL 33486	592406425	501(c)(3)	7,000				HOSPITAL
BETTY FORD CENTER 41990 COOK STREET SUITE C-301 PALM DESERT,CA 92211	953863994	501(c)(3)	10,000				DEPENDENCY
MORGAN PRESSEL FOUNDATIONPO BOX 480157 DELRAY BEACH,FL 33448	272854677	501(c)(3)	7,000				BREAST CANCER

2

Enter total number of section 501(c)(3) and government organizations

4

3

Enter total number of other organizations

0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

[illegible]

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

[illegible]

Schedule J (Form 990) <div>Department of the Treasury Internal Revenue Service</div>	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.</div> <div>▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Name of the organization VAL SKINNER FOUNDATION INC	Employer identification number 13-4084940
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Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <div>a Receive a severance payment or change-of-control payment?</div> <div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div> <div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	No
		4b	No
		4c	No
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div>a The organization?</div> <div>b Any related organization?</div> If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div>a The organization?</div> <div>b Any related organization?</div> If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 13-4084940
Name: VAL SKINNER FOUNDATION INC

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136020251

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization VAL SKINNER FOUNDATION INC	Employer identification number 13-4084940
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Identifier	Return Reference	Explanation
Pt V-I-A, Line 6		THE FOUNDATION HAS A BOARD OF DIRECTORS, WHICH IS THE GOVERNING BODY

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

Identifier	Return Reference	Explanation
Pt V-I-A, Line 8a		THE MEETINGS OF THE BOARD ARE DOCUMENTED IN THE FOUNDATION'S MINUTES

Identifier	Return Reference	Explanation
Pt V-I-A, Line 8b		THE FOUNDATION DOES NOT HAVE ANY COMMITTEES WHICH ACT ON BEHALF OF THE BOARD

Identifier	Return Reference	Explanation
Pt V-I-B, Line 11A		THE FEDERAL FORM 990 IS REVIEWED BY THE BOARD BEFORE SUBMITTAL

Identifier	Return Reference	Explanation
Pt V-I-B, Line 15		THE FOUNDATION CONDUCTS MARKET RESEARCH BY CONTACTING OTHER NON-PROFITS

Identifier	Return Reference	Explanation
Pt V-I-B, Line 15		AND REVIEWING 990'S FOR SIMILAR ORGANIZATIONS ANNUAL COMPENSATION IS

Identifier	Return Reference	Explanation
Pt V-I-B, Line 15		APPROVED BY THE BOARD

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return VAL SKINNER FOUNDATION INC	Business or activity to which this form relates Form 990 / Form 990EZ	Identifying number 13-4084940
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	\$ 125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$ 500,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .▶	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)		
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	664
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here▶		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV Summary (see instructions)

21 Listed property

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	2,439
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
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		1,775	
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28	1,775	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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 during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

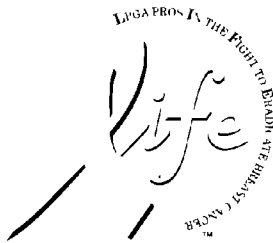
Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

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 employees?	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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2009 tax year (see instructions)					
43 A mortization of costs that began before your 2009 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 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 eleven 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 over \$6.3 million to our benefactors.



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 under-represented population.

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 2004. 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 self-exams (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. Due to the 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 and 2010, bringing the total stops to 597. To date audience attendance at Komen on the Go sites total 17.5 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 **BioCONNECT**. BioCONNECT means, biology of cancer, on-line education, connecting teens. This new 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 BioCONNECT 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 BioCONNECT. 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 2010 Somerset Medical Center and the University Medical Center at Princeton were added to the satellite network. We now have six 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 2009 and 2010 increases were equal to the previous years.

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

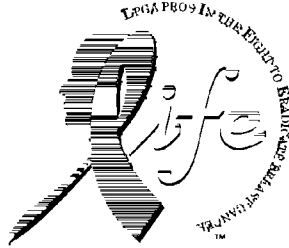
In 2000, we also launched a national awareness campaign in collaboration with GUND, the New Jersey based plush toy manufacturer. The "LIFE Awareness Bear" products are for sale throughout the United States, as well as, Canada, Denmark and Taiwan. Each product, including a golf club head cover, has a 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 nation's 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 in the South added as the first sister event and made largest contribution to benefactors \$1,000,000**
- 2008 BioCONNECT 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**
- 2010 Somerset Medical Center and the University Medical Center at Princeton were added as LIFE satellite centers**
- 2010 KOMEN ON THE GO tours sites with a total audience of 4.7 million and to date has 597 total stops**

LIFE Event

LIFE will be held at the Sebonack Golf Club in Southampton, New York. 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.



2010 Media Snapshot

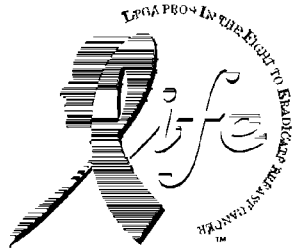
Estimated total impressions: 555,067,485*

Estimated total dollar value for impressions: \$6,900,700*

**Total does not include millions of web impressions*

The LIFE event is promoted through a variety of marketing channels with a specific focus on promotion through publicity. An annual public relations campaign is conducted that proactively pitches the LIFE story and all its components to local, regional and national lifestyle and sports media outlets. This annual campaign results in millions of impressions for the event, its supporters and participants. Sponsors receive the value of both direct acknowledgements in some placements as well as the value of association with the LIFE Event and the positive reputation that it has grown with the media over the years in general placements. The millions of annual impressions also do not include the numerous placements on many of the nation's most reputable and popular news outlets.

In addition, sponsors receive added value promotion such as inclusion in press materials distributed to hundreds of media outlets annually, acknowledgement in the annual LIFE LINES newsletter also distributed to key media representatives and LIFE constituents each year and a presence on the Val Skinner Foundation web site which is the hub of LIFE information to which all media outlets are directed for more information about LIFE.



KOMEN

Join us on our mission to end breast cancer.

Founded by LIFE and the Val Skinner Foundation

2010 HIGHLIGHTS

Susan G Komen On the Go was present at the following national events in 2010, where Susan G Komen for the Cure received wide-ranging news coverage

- The Susan G Komen Global Race for the Cure, in Washington, D C which received over 12 million media impressions with an audience of over 57,000
- NASCAR in Charlotte, North Carolina, generating over 26 million media impressions

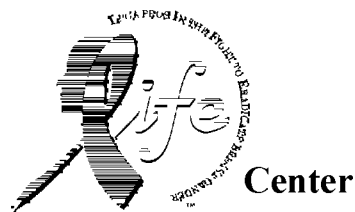
The Komen On the Go tour also visited a wide range of other events and venues with diverse audience exposure of more than 4 7 million and 35,500 in-person visitors to the Komen On the Go exhibit Other venues included

- The State Fair of Texas, with audience attendance of over 1 2 million people
- Taste of Chicago, with audience attendance of over 1 6 million people
- Afr'Am Festival in Norfolk, Virginia, with audience attendance of over 47,000 people
- Shoprite Classic LPGA Tournament in Absecon, New Jersey, with audience attendance of over 52,000 people The official event website had over 64,000 site views
- The Minnesota State Fair, with an audience attendance of over 650,000 people The fair, overall, had 275 million print impressions, 39 6 million local media impressions and 5 1 million national media impressions
- The Arizona State Fair, with an audience attendance of over 420,000 people and the Komen On the Go logo appearing in 255,000 daily programs The fair's website had over 2 7 million page views
- The New Mexico State Fair, with an audience attendance of over 370,000 people

College and university campus newspapers ran stories on the Komen On the Go stops at their schools 41 colleges and universities around the country were visited by Komen On the Go in 2010

Visitor

hits to the KOMEN web site exceeded 4 2 million during 2010



LIFE Center Programs (LPGA Pros In the Fight to Eradicate breast cancer)

- As part of the LIFE Center, the Hereditary Oncology Prevention and Education (HOPE) Program provides genetic counseling and risk assessment for individuals concerned about their risk to develop cancer. Cancer genetic counseling helps young women recognize the role family history plays in cancer risk, and understand when genetic testing is appropriate. Young women who attend the LIFE Center are counseled about available medical options to manage their risk and are provided with a management plan tailored to their unique level of risk. Given the increased demand for genetic counseling, genetic testing, and risk assessment (greater than 10% increase in patient volume since 2007), the LIFE Center team has recently expanded to include four full-time, board-certified genetic counselors. These genetic counselors work closely with multidisciplinary team members from medical oncology, surgical oncology, gynecologic oncology, psychology, and social work. The expansion of the size of the LIFE Center medical staff allows for a greater number of New Jerseyans to access critical medical information regarding their cancer risks and medical options.
- The LIFE Center is currently providing genetic counseling services at our five satellite LIFE Centers located in affiliated hospitals throughout New Jersey. These hospitals include Morristown Memorial Hospital, Overlook Hospital, CentraState Medical Center, CINJ at Robert Wood Johnson Hamilton, and Bayshore Community Hospital. By opening additional LIFE Centers throughout New Jersey, the LIFE Center is able to provide young women across the state with access to comprehensive breast cancer related information and treatment close to home. 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.
- Funding from the LIFE Center supports prominent researchers in the field of breast cancer genetics as they study hereditary factors that may cause early onset breast cancer. These researchers are examining how genetic variations between individuals influence a woman's personal breast cancer risk or a woman's response to specific treatments such as radiation and chemotherapy. A better understanding of the unique genetic characteristics of breast cancer will lead to discoveries that have implications for both treatment and prevention of breast cancer in young women. Through the efforts of the researchers at The Center Institute of New Jersey, over 1300 women have been enrolled in this research database (with the expectation to reach 3,000 over the next 4 years). Research results to date suggest specific gene variants are able to identify young women at risk for hormone receptor-positive breast cancer. Recent evidence also suggests a particular variant may play a role in age of onset of hormone receptor-negative breast cancer, and researchers are actively pursuing the mechanism of this finding. LIFE Funds allow us to continue to study genetic variability and its influence on breast cancer risk and medical management, which will ultimately lead to improved treatments and breast cancer survival. Other current sources of funding include the

New Jersey Commission on Cancer Research, Breast Cancer Research Foundation, and the Department of Defense

- The researchers at the LIFE Center are collaborating with other researchers at CINJ to complete an execution of a whole genome association screen with DNA collected from the extended family (grandparents, aunts, uncles, mother, father, offspring that have developed cancer and unaffected siblings) of individuals with breast cancer. The patient population of the LIFE Center is unique in that many women are diagnosed with breast cancer at younger than average age, and many of these individuals also have a family history of early onset breast cancer and are ideal candidates for this type of study. Researchers intend to scan families who have tested negative for a known hereditary cancer predisposition, and identify new genetic markers associated with specific types of breast cancer or age of breast cancer onset. Drs. K. Hirschfeld, D. Toppmeyer and A. Levine have organized and are leading this project to discover new cancer causing mutations in the New Jersey population at CINJ. Currently this study is acquiring the necessary equipment, personnel and computer capabilities to carry out this and other pilot projects that should then permit a full grant application to the NCI.
- The LIFE Center is supporting research to evaluate the long-term impact of telephone communication of clinical genetic test results for hereditary breast and ovarian cancer on emotional, cognitive and behavioral outcomes. One of the goals of this study is to evaluate outcomes among groups at high risk for psychological sequelae (i.e. mutation carriers) and misunderstanding of test results (those who receive indeterminate results). In addition, this study attempts to evaluate patients who decline genetic testing and self-select in-person disclosure to better inform the clinical application of the communication intervention. Preliminary results of this ongoing study suggest many consumers of BRCA1/2 testing might be interested in telephone disclosure. Ongoing enrollment at two additional sites will allow multivariate analysis of biopsychosocial factors associated with consumer interest in telephone disclosure. Longitudinal study of the impact of telephone disclosure on comprehension, risk perception, communication and risk-reducing behaviors, and their biopsychosocial mediators are critical to developing policy and procedures that optimize adaptive responses to telephone disclosure, and may ultimately alter standard of care for disclosure of genetic test results. Participation in this and other research studies examining the impact of clinical genetic test results on individuals who undergo genetic testing provide clinicians with the opportunity to improve patient care for young women by minimizing psychological distress associated with genetic testing. This study is funded in part by Keystone Award, and is performed in collaboration with Fox Chase Cancer Center and the University of Chicago.
- LIFE Funds support the development of BioCONNECT (Biology of Cancer, Online Education Connecting Teens), an innovative curriculum for biology and science courses, is designed to improve science skills and increase awareness of breast cancer among high school students. Through age-appropriate activities, students develop problem solving and decision making skills, apply their knowledge of biology, expand their understanding of genetics and explore relationships between science and technology. Using breast cancer as the context, students also learn how cancer develops, identify risk factors for cancer and investigate ways to reduce cancer risk. BioCONNECT teaching techniques include an interactive online forum, problem-based learning, small group activities, role-plays, hands-on experiments and case studies. The curriculum contributes to both the improvement of science literacy and the increase of breast cancer awareness among youth, which by emphasizing healthy behaviors during adolescence long-term health benefits may be attained throughout adulthood. The curriculum comprises nine lessons covering such topics as cell biology and genetics to diagnostic tools and cancer risk reduction strategies. Based on a real-life case study, the curriculum centers around Steve and Nikki, who are grappling with understanding their mother's new diagnosis of breast cancer. The curriculum addresses national science education

standards BioCONNECT was pilot-tested by 34 New Jersey teachers in districts representing the state's broad cultural and socio-economic diversity. Over 1,400 students participated in the curriculum pilot-test. The student pilot-test sample was 53% female, predominantly in 9th or 10th grade (81%) and was ethnically diverse. Preliminary results of the student pre/post-test shows a significant improvement in knowledge about biology and genetics (in relation to breast cancer), as well as breast cancer and breast health. On average, students improved their knowledge by 20% from the pre-test to post-test, a significant effect. Results also suggest that students' attitudes toward science and breast cancer were more positive at the post-test. In particular, more students believed there were things they could do to reduce their risk for cancer and that exercising regularly would reduce cancer risk. LIFE Funds will allow the expansion of this curriculum into schools throughout New Jersey and other carefully selected state's thereby educating a larger number of high school students about cancer risks, screening, and prevention. Our 2009 BioCONNECT trained 75 teachers in our new South Carolina program and 25 more teachers in New Jersey, this training reached an estimated 1,700 students. The Program will also provide more extensive teacher training sessions of 5-days of training versus 1-day sessions. We will create a student "Summer Fellowship" for all BioCONNECT "Graduates" the fellowship will provide guidance to these students interested in exploring science careers in cancer prevention, treatment and research.