



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



Return of Organization Exempt From Income Tax

2010

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning

, 2010, and ending

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

THE CANARY FUND
 DBA CANARY FOUNDATION
 1501 S. CALIFORNIA AVENUE #2500
 PALO ALTO, CA 94304

D Employer Identification Number

65-1230251

E Telephone number

650-646-3200

G Gross receipts \$ 7,607,649.

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527H(a) Is this a group return for affiliates? Yes NoH(b) Are all affiliates included? Yes No

If 'No,' attach a list (see instructions)

J Website: ► WWW.CANARYFOUNDATION.ORG

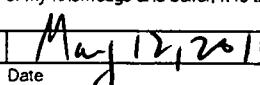
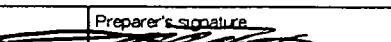
H(c) Group exemption number ►

K Form of organization Corporation Trust Association Other ► L Year of Formation 2004 M State of legal domicile CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>CANARY FOUNDATION IS THE WORLD'S FIRST NON-PROFIT ORGANIZATION DEDICATED SOLELY TO THE FUNDING, DISCOVERY AND DEVELOPMENT OF TESTS FOR EARLY CANCER DETECTION.</u>		
	2	Check this box ► <input type="checkbox"/> 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	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	9
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total 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	0.
	8	Contributions and grants (Part VIII, line 1a)	1,773,399.	6,808,290.
	9	Program service revenue (Part VIII, line 2a)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	916.	-2,027.
Revenue	11	Other revenue (Part VIII, column (A), lines 5, 6d, 7e, 8d, 9d, 10d, and 11e)	592,769.	532,274.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,367,084.	7,338,537.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,738,297.	11,588,910.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	763,779.	776,141.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 448,263.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	755,850.	56,957.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,257,926.	12,422,008.
	19	Revenue less expenses Subtract line 18 from line 12	-890,842.	-5,083,471.
Expenses	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	11,926,280.	5,774,403.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,841,144.	12,498,259.
			6,085,136.	-6,723,856.
Net Assets or Fund Balances	Part II	Signature Block		

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

Sign Here	► 	Signature of officer	► 	Date	
	► DON LISTWIN	Type or print name and title		PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DOUGLAS W. REGALIA		APR 25 2011		P00186389
	Firm's name	► REGALIA & ASSOCIATES, CPAS	Firm's EIN ► 68-0260103		
	Firm's address	► 103 TOWN & COUNTRY DR., STE. K DANVILLE, CA 94526			
			Phone no	(925) 314-0390	

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

 Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10

Form 990 (2010)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission

SEE SCHEDULE O

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

If 'Yes,' describe these new services on Schedule O

 Yes No3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If 'Yes,' describe these changes on Schedule O

 Yes No4 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 reported4a (Code) (Expenses \$ 11,709,576. including grants of \$ 11,198,748.) (Revenue \$)

A COMPLETE DISCUSSION OF ALL OF THE CANARY FOUNDATION'S PROGRAM ACTIVITIES IS PROVIDED BELOW AND CONTINUES ON SCHEDULE O. TOTAL EXPENDITURES RELATED TO PROGRAM ACTIVITIES AMOUNTED TO \$11,709,576.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

CANARY SCIENTIFIC PROGRAMS

THE GOAL OF THE CANARY SCIENTIFIC PROGRAMS IS TO DEVELOP BLOOD TESTS AND IMAGING TESTS THAT TOGETHER CAN BE USED TO DETECT LETHAL CANCERS AT A CURABLE STAGE AND THEREBY SAVE MORE LIVES. CANARY FOUNDATION IS FOCUSED ON FOUR CANCER TYPES, EACH OF WHICH PRESENTS A SIGNIFICANT OPPORTUNITY TO SAVE LIVES AND PREVENT UNNECESSARY TREATMENTS THROUGH EARLY DETECTION OF OTHERWISE LETHAL DISEASE: CANCER OF THE OVARY, LUNG, PROSTATE, AND PANCREAS. CANARY SUPPORTS EARLY DETECTION RESEARCH PROGRAMS IN EACH OF THESE CANCER AREAS AS WELL AS A BASELINE PROGRAM AND COLLABORATIONS PROGRAM.

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

CANARY OVARIAN CANCER PROGRAM

CANARY ENVISIONS A WORLD OF SIMPLE TESTS THAT IDENTIFY AND ISOLATE CANCER AT ITS EARLIEST STAGES, WHEN THEY ARE STILL CURABLE. TO ACCOMPLISH THIS, WE ARE DEVELOPING A TWO-STEP SCREENING PROCESS - A BLOOD OR OTHER FLUID TEST FOR CANCER BIOMARKERS FOLLOWED BY MOLECULAR IMAGING. THE OVARIAN PROGRAM HAS A COMPLEX AND DIVERSIFIED RESEARCH PORTFOLIO TO ACHIEVE BOTH STEPS OF THIS SCREENING PROCESS, AND OUR TEAM IS BEGINNING TO TRANSLATE THAT RESEARCH INTO CLINICAL APPLICATION.

4d Other program services. (Describe in Schedule O)

SEE SCHEDULE O

(Expenses \$

including grants of \$

) (Revenue \$)

4e Total program service expenses ►

11,709,576.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 X	
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 X	
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 X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a X	
b 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	11b X	
c 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	11c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 X	
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 X	
20a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20 X	
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25	24a	X
24b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c	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	
24d	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	X
25b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	X
26	26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	X
27	27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	X
28	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? If 'Yes,' complete Schedule L, Part IV	28a	X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	X
29	29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30	30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31	31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32	32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
33	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? If 'Yes,' complete Schedule R, Part I	33	X
34	34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35	35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	X
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	X
37	37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	X
38	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	X

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	9
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. (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	
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	
b If 'Yes,' enter the name of the foreign country ► <u>CANADA</u>		
See instructions for 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	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	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	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X
7 Organizations that may receive deductible contributions under section 170(c).	7a	X
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?	7b	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7c	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7e	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9 Sponsoring organizations maintaining donor advised funds.	9b	
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter	11a	
a Gross income from members or shareholders	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	6	
1b Enter the number of voting members included in line 1a, above, who are independent	6	
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	X
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	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	X
a The governing body?	8b	X
b Each committee with authority to act on behalf of the governing body?	9	X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		

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	X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O	12a	X
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12b	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	13	X
13 Does the organization have a written whistleblower policy?	14	X
14 Does the organization have a written document retention and destruction policy?	15a	X
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?	15b	X
a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	16a	X
b Other officers of key employees of the organization SEE SCHEDULE O	16b	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
► ANNE MCCABE P.O. BOX 54146 SAN JOSE CA 95154 650-646-3200

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee'.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) DON LISTWIN FOUNDER & CHAIR	8	X		X			0.	0.	0.
(2) ROB LYNCH DIRECTOR	4	X					0.	0.	0.
(3) THOMAS G. LABRECQUE, JR DIRECTOR	4	X					0.	0.	0.
(4) MICHAEL ASHBY DIRECTOR	4	X					0.	0.	0.
(5) MICHAEL BALL DIRECTOR	4	X					0.	0.	0.
(6) KEVIN KENNEDY DIRECTOR	4	X					0.	0.	0.
(7) THERESE QUINLAN SR DEVELOPMNT DIR	40				X		139,500.	0.	0.
(8) HEIDI AUMAN SCIENTIFIC PROGRAM	40				X		88,757.	0.	0.
(9) PATRICIA MCGOWAN DIRECTOR NW	0					X	119,977.	0.	0.
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(c) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former director	Key employee	Highest compensated employee	Officer			
(18)								
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								
(26)								
(27)								
(28)								
(29)								
1b Sub-total						► 348,234.	0.	0.
c Total from continuation sheets to Part VII, Section A.						► 0.	0.	0.
d Total (add lines 1b and 1c)						► 348,234.	0.	0.

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 ► 2

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(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 ► 0

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				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,808,290.			
	g Noncash contributions included in lns 1a-1f		\$ 691,400.			
	h Total. Add lines 1a-1f	► 6,808,290.				
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)	►	484.		484.	
	4 Income from investment of tax-exempt bond proceeds	►				
	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	2,511.					
c Gain or (loss)	-2,511.					
d Net gain or (loss)	►	-2,511.	-2,511.			
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)						
See Part IV, line 18.	a 798,875.					
b Less direct expenses	b 266,601.					
c Net income or (loss) from fundraising events	► 532,274.	532,274.				
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities	►					
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
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	►	7,338,537.	529,763.	0.	484.	
12 Total revenue. See instructions	►					

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)

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 US See Part IV, line 21	11,588,910.	11,588,910.		
2 Grants and other assistance to individuals in the US See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	776,141.	339,974.	68,395.	367,772.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	37,208.		37,208.	
c Accounting	30,818.		30,818.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	32,440.		2,040.	30,400.
12 Advertising and promotion	4,969.			4,969.
13 Office expenses	16,413.	1,591.	9,525.	5,297.
14 Information technology	15,526.	6,152.	9,374.	
15 Royalties				
16 Occupancy	50,960.	11,791.	39,169.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	100,961.	100,663.	298.	
20 Interest	2,141.		2,141.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,274.		8,274.	
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a TRAVEL, HOTELS, MEALS	63,822.	44,594.	19,228.	
b PRINTING AND PUBLICATIONS	22,181.	6,059.		16,122.
c WEBSITE, INTERNET, RELATIONS	17,498.		4,598.	12,900.
d BANK AND CREDIT CARD CHARGES	14,553.		14,553.	
e POSTAGE AND SHIPPING	7,467.		7,467.	
f All other expenses	-368,274.	-390,158.	11,081.	10,803.
25 Total functional expenses. Add lines 1 through 24f	12,422,008.	11,709,576.	264,169.	448,263.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	238,017.	1	648,478.
	2 Savings and temporary cash investments	1,733,111.	2	496,533.
	3 Pledges and grants receivable, net	9,911,350.	3	4,559,825.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	34,144.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	52,351.		
	b Less accumulated depreciation	16,928.	10c	35,423.
	11 Investments – publicly traded securities		11	
	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)	11,926,280.	16	5,774,403.
LIABILITIES	17 Accounts payable and accrued expenses	42,647.	17	144,218.
	18 Grants payable	5,292,796.	18	12,354,041.
	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	505,701.	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	5,841,144.	26	12,498,259.
	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	-3,784,863.	27	-11,272,181.
	28 Temporarily restricted net assets	9,869,999.	28	4,548,325.
	29 Permanently restricted net assets		29	
NET ASSETS OR FUND BALANCES	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.	6,085,136.	33	-6,723,856.
	34 Total liabilities and net assets/fund balances	11,926,280.	34	5,774,403.

BAA

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

- 1 Total revenue (must equal Part VIII, column (A), line 12) 1 7,338,537.
- 2 Total expenses (must equal Part IX, column (A), line 25) 2 12,422,008.
- 3 Revenue less expenses. Subtract line 2 from line 1 3 -5,083,471.
- 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 6,085,136.
- 5 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O 5 -7,725,521.
- 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 -6,723,856.

1	7,338,537.
2	12,422,008.
3	-5,083,471.
4	6,085,136.
5	-7,725,521.
6	-6,723,856.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990. Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- 2b Were the organization's financial statements audited by an independent accountant?
- 2c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 2d If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 2e If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate 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?
- 3b 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

	Yes	No
2a	X	
2b	X	
2c	X	
3a		X
3b		

BAA

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

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

2010

**Open to Public
Inspection**

Name of the organization **THE CANARY FUND
DBA CANARY FOUNDATION** Employer identification number **65-1230251**

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 described in **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 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 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?

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

	(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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')	3,561,153.	17092727.	1,367,736.	2,355,475.	6,808,290.	31,185,381.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	3,561,153.	17092727.	1,367,736.	2,355,475.	6,808,290.	31,185,381.
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)						0.
6 Public support. Subtract line 5 from line 4						31,185,381.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,561,153.	17092727.	1,367,736.	2,355,475.	6,808,290.	31,185,381.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,361.	44,986.	27,367.	916.	484.	97,114.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	414.				-2,511.	-2,097.
11 Total support. Add lines 7 through 10						31,280,398.
12 Gross receipts from related activities, etc (see instructions)					12	0.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.7 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	0.0 %
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2010. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test – 2009. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

BAA

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33-1/3% support tests – 2010. 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 ► <input type="checkbox"/>		
b 33-1/3% support tests – 2009. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2010

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

THE CANARY FUND
DBA CANARY FOUNDATION

OMB No 1545-0047

2010Open to Public
Inspection

Employer identification number

65-1230251

Supplemental Financial Statements

► Complete if the organization answered 'Yes' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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 education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 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 (ASC 958), 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.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1
 ► \$ _____

b Assets included in Form 990, Part X
 ► \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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 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.

	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 Net investment earnings, gains, and 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

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

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

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

Part VI 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		17,386.		17,386.
e Other		34,965.	16,928.	18,037.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				35,423.

BAA

Schedule D (Form 990) 2010

Part VII Investments—Other Securities. See Form 990, Part X, line 12. N/A

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

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ►		

Part IX Other Assets. (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, column(B), line 15) ►	

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ►	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) SEE PART XIV

Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	7,338,537.
2 Total expenses (Form 990, Part IX, column (A), line 25)	12,422,008.
3 Excess or (deficit) for the year Subtract line 2 from line 1	-5,083,471.
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV) SEE PART XIV	-7,725,521.
9 Total adjustments (net) Add lines 4 through 8	-7,725,521.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-12,808,992.

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	480,525.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV) SEE PART XIV	2d	-6,858,012.
e Add lines 2a through 2d	2e	-6,858,012.
3 Subtract line 2e from line 1	3	7,338,537.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	7,338,537.

Part XIII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	12,688,609.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV) SEE PART XIV	2d	266,601.
e Add lines 2a through 2d	2e	266,601.
3 Subtract line 2e from line 1	3	12,422,008.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	12,422,008.

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, line 2, 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

PART X-FIN 48 FOOTNOTE**INCOME TAXES**

FINANCIAL STATEMENT PRESENTATION FOLLOWS THE RECOMMENDATIONS OF ASC 740, INCOME

TAXES. UNDER ASC 740, THE FUND IS REQUIRED TO REPORT INFORMATION REGARDING ITS

EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY THE FUND AND REQUIRES A TWO-STEP PROCESS

THAT SEPARATES RECOGNITION FROM MEASUREMENT. THE FIRST STEP IS DETERMINING WHETHER

A TAX POSITION HAS MET THE RECOGNITION THRESHOLD; THE SECOND STEP IS MEASURING A TAX

POSITION THAT MEETS THE RECOGNITION THRESHOLD. MANAGEMENT BELIEVES THAT THE FUND

PART X - FIN 48 FOOTNOTE (CONTINUED)

HAS ADEQUATELY ADDRESSED ALL TAX POSITIONS AND THAT THERE ARE NO UNRECORDED TAX LIABILITIES.

THE FUND HAS RECEIVED NOTIFICATION FROM THE INTERNAL REVENUE SERVICE AND THE STATE OF CALIFORNIA THAT IT QUALIFIES FOR TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 27301D OF THE CALIFORNIA REVENUE AND TAXATION CODE. THE EXEMPTIONS ARE SUBJECT TO PERIODIC REVIEW BY THE FEDERAL AND STATE TAXING AUTHORITIES AND MANAGEMENT BELIEVES THAT THE FUND CONTINUES TO SATISFY ALL FEDERAL AND STATE STATUTES IN ORDER TO QUALIFY FOR CONTINUED TAX EXEMPTION STATUS.

Supplemental Information Regarding Fundraising or Gaming Activities

2010

**Open to Public
Inspection**

Name of the organization THE CANARY FUND
DBA CANARY FOUNDATION

Employer identification number
65-1230251

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
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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 services?

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

(i) Name and address 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 column (i)	(vi) Amount paid to (or retained by) organization
Yes	No				
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 FUNDRAISING EV (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	798,875.			798,875.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	798,875.			798,875.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,702.			9,702.
	7 Food and beverages	13,123.			13,123.
	8 Entertainment				
	9 Other direct expenses	243,776.			243,776.
	10 Direct expense summary Add lines 4- through 9 in column (d)				► 266,601.
	11 Net income summary Combine line 3, column (d), and line 10				► 532,274.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	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				►

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?

Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

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? Yes No

13 Indicate the percentage of gaming activity operated in.

13a	%
13b	%

a The organization's facility
 b An outside facility

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 contact with a third party from whom the organization receives gaming revenue? Yes No
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 of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

Director/officer Employee 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? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047
2010

Open to Public
Inspection

Name of the organization

THE CANARY FUND

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?

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

SEE PART IV

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.

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
① SEATTLE INST BIOMEDICAL 1660 S. COLUMBIAN WAY -- SEATTLE, WA 98108	91-1452438	501C3	27,252.	0.			CANCER RESEARCH
② STANFORD UNIV FDTN 300 PASTEUR DRIVE -- STANFORD, CA 97305		501C3	11,127,832.	0.			CANCER RESEARCH
③ UCSF FOUNDATION 500 PARNASSUS L MUD -- SAN FRANCISCO, CA 94143	94-2829914	501C3	81,752.	0.			CANCER RESEARCH
④ UNIVERSITY OF TEXAS 800 WEST CAMPBELL ROAD -- RICHARDSON, TX 75080	23-7232618		81,752.	0.			CANCER RESEARCH
⑤ UNIVERSITY OF WASHINGTON 1959 NE PACIFIC							PANCREAS CANCER BIOMARKERS
⑥ SEATTLE, WA 98195	94-3079432		270,322.	0.			AWARD
⑦							
⑧							

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

3 Enter total number of other organizations

5
0

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

TEE3901L 10/29/10

Schedule I (Form 990) 2010

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.

Part III can be duplicated if additional space is needed

(e) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE CANARY FUND REQUIRES ONGOING FEEDBACK IN THE FORM OR ORAL AND WRITTEN REPORTS IN ORDER TO MONITOR THE PROGRESS OF EACH GRANT FUNDED FOR APPROVAL.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

THE CANARY FUND

Employer identification number

65-1230251

Part I Questions Regarding Compensation

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

First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
 Payments for business use of personal residence
 Health or social club dues or initiation fees
 Personal services (e.g., maid, chauffeur, chef)

Yes **No**

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

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

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

Compensation committee
 Independent compensation consultant
 Form 990 of other organizations

Written employment contract
 Compensation survey or study
 Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment from the organization or a related organization?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

a The organization?

b Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III

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

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 Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

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

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

Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported 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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
PATRICIA MCGOW	0	119,977	0	0	0	119,977	0
1	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0

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

BAA

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organization answered 'Yes'
on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization **THE CANARY FUND
DBA CANARY FOUNDATION**

Employer identification number
65-1230251

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	691,400.	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
b If 'Yes,' describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
b If 'Yes,' describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2010

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization	THE CANARY FUND DBA CANARY FOUNDATION	Employer identification number	65-1230251
--------------------------	--	--------------------------------	------------

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

CANARY FOUNDATION IS A PUBLIC CHARITY EXEMPT FROM U.S. FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IN THE UNITED STATES. CANARY FOUNDATION OF CANADA IS A PUBLIC FOUNDATION REGISTERED WITH THE CANADA REVENUE AGENCY; BUSINESS NUMBER 82906 8550 RRO001.

THE CANARY FOUNDATION HAS ASSEMBLED TEAMS OF CANCER RESEARCHERS RECOGNIZED BY THEIR PEERS AS LEADERS IN THEIR DISCIPLINES FROM ACROSS MULTIPLE INSTITUTIONS AND DISCIPLINES TO ATTACK THE PROBLEM OF EARLY DETECTION IN A NEW, COLLABORATIVE, ACTION-ORIENTED MANNER WITH THE FOREMOST OBJECTIVE OF TRANSLATING RESEARCH INTO CLINICAL APPLICATIONS. CANARY DIFFERENTIATORS INCLUDE:

- * DEDICATION TO EARLY DETECTION
- * LEADERS IN COLLABORATIVE SCIENCE
- * FOCUSED AND MANAGED RESEARCH
- * BEST-IN-CLASS TALENT
- * 100% OF DONATIONS GOES TO RESEARCH

ONE OF THE FIRST DECISIONS THE SCIENCE TEAM MADE WAS TO CHOOSE OVARIAN CANCER AS A PROTOTYPE FOR CREATING AN EARLY DETECTION BLOOD TEST TO DETECT TRACE AMOUNTS OF PROTEINS CALLED BIOMARKERS PRODUCED BY CANCER. OVARIAN CANCER WAS CHOSEN AS IT IS GENERALLY CONSIDERED ASYMPTOMATIC UNTIL LATE STAGE AND HAS RELATIVELY LOW OCCURRENCE. KNOWLEDGE, TECHNIQUES, AND DATA GATHERED FROM THE OVARIAN CANCER PROGRAM ARE BEING LEVERAGED TO EXPAND INTO OTHER TYPES OF CANCERS (PANCREATIC, PROSTATE AND LUNG).

Name of the organization

THE CANARY FUND
DBA CANARY FOUNDATION

Employer identification number

65-1230251

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

IN ADDITION TO BLOOD TESTS, THE SCIENCE TEAM IS WORKING ON ADVANCING IMAGING TECHNIQUES AND AGENTS FOR GENERAL BODY SCANNING TECHNOLOGY USING PET, ULTRASOUND AND OTHER IMAGING MODALITIES FOR PINPOINTING THE EXACT CANCER LOCATION IN ORDER TO ERADICATE IT WHILE IT IS STILL SMALL AND BEFORE IT HAS SPREAD.

CANARY HOPES THAT BY DELIVERING ON THE FIRST EFFECTIVE TEST FOR EARLY DETECTION OF CANCER IT WILL SPUR A DRAMATIC INCREASE OF FUNDS INTO THE EARLY DETECTION FIELD FROM THE NATIONAL CANCER INSTITUTE AND THE VENTURE CAPITAL COMMUNITY SO THAT PRODUCTS BASED ON THIS RESEARCH WILL ARRIVE FASTER AND SAVE MILLIONS OF LIVES PER YEAR.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

CANARY LUNG CANCER PROGRAM

THE OBJECTIVE OF THE CANARY LUNG CANCER PROGRAM IS TO DEVELOP TESTS TO SPECIFICALLY DETECT EARLY STAGES OF LUNG CANCERS DESTINED TO BE LETHAL. THE YEAR 2008 WAS BOTH FORMATIVE AND PRODUCTIVE FOR THE CANARY LUNG CANCER PROGRAM. WE ASSEMBLED OUR TEAM OF EXPERT SCIENTISTS AND CLINICIANS, RAPIDLY SOLIDIFIED THE KEY PROGRAM COMPONENTS, DISTRIBUTED OUR FIRST RESEARCH AWARDS, AND INITIATED PROJECTS AIMED TOWARD DEVELOPING EFFECTIVE AND COST-EFFECTIVE BLOOD BIOMARKER AND MOLECULAR IMAGING TESTS.

LATER IN 2008, WE LAUNCHED ADDITIONAL RESEARCH PROJECTS FOCUSING ON LUNG CANCER OCCURRING IN NON-SMOKERS AND FORMED A MAJOR NEW PARTNERSHIP WITH THE NATIONAL CANCER INSTITUTE, PUTTING US ON TRACK FOR ANOTHER GROUNDBREAKING YEAR IN 2009.

THE CANARY LUNG CANCER PROGRAM SUPPORTS THE DEVELOPMENT AND MAINTENANCE OF CRITICAL BIOSPECIMEN RESOURCES, BLOOD BIOMARKER DISCOVERY AND VALIDATION, MOLECULAR IMAGING PROJECTS FOR EARLY DETECTION OF LETHAL LUNG CANCER, AND EPIDEMIOLOGY AND MODELING FOR EFFECTIVE LUNG CANCER SCREENING.

Name of the organization
THE CANARY FUND
DBA CANARY FOUNDATION

Employer identification number
65-1230251

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**CANARY PROSTATE CANCER PROGRAM**

=====

THE VISION OF THE CANARY PROSTATE CANCER PROGRAM IS TO ACCURATELY IDENTIFY AND ISOLATE OTHERWISE LETHAL PROSTATE CANCER AT AN EARLY STAGE, WHEN THE LIKELIHOOD OF CURE IS GREATEST. DURING 2008, THE CANARY PROSTATE TEAM HAS BEEN LARGELY FOCUSED ON BUILDING THE RESOURCES NEEDED TO ENABLE DISCOVERY AND VALIDATION OF BIOMARKERS OF LETHAL PROSTATE CANCER, AND HAS BEEN EXTREMELY SUCCESSFUL IN THAT REGARD. THE TWO RESOURCES THAT THE TEAM FOCUSED ON ARE INITIATION OF THE PROSTATE ACTIVE SURVEILLANCE STUDY (PASS) CLINICAL TRIAL AND CREATION OF A TISSUE MICROARRAY RESOURCE. IN ADDITION, THE TEAM INITIATED THE PROCESS OF TESTING OUR FIRST SET OF CANDIDATE BLOOD BIOMARKERS AND BEGAN WORK ON SEVERAL STRATEGIES FOR MOLECULAR IMAGING OF PROSTATE CANCER.

CANARY PANCREATIC CANCER PROGRAM

=====

CANARY'S PANCREATIC CANCER PROGRAM SUPPORTS PROJECTS AIMED AT THE GOAL OF EARLY DETECTION OF PANCREATIC CANCER THROUGH A COMBINATION OF BLOOD-BASED BIOMARKER TESTS AND MOLECULAR IMAGING. OUR PROGRAM HAS GAINED GREAT MOMENTUM IN 2008 THROUGH FOCUSING ON OUR BIOMARKER DISCOVERY AND VALIDATION PROJECTS AS WELL AS BUILDING OF CRITICAL BIOSPECIMEN RESOURCES. IN ADDITION, WE INITIATED A NEW PROJECT IN MOLECULAR IMAGING AND FORMED A PARTNERSHIP WITH THE LUSTGARTEN FOUNDATION FOR PANCREATIC RESEARCH TO DEVELOP BLOOD-BASED ASSAYS FOR CANDIDATE PANCREATIC CANCER BIOMARKERS.

CANARY BASELINE PROGRAM

=====

CANARY'S BASELINE PROGRAM WAS DESIGNED TO STUDY THE MOLECULAR CHARACTERISTICS OF THE

Name of the organization	THE CANARY FUND DBA CANARY FOUNDATION	Employer identification number
		65-1230251

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

HEALTHY HUMAN BODY. THIS KNOWLEDGE IS KEY TO SELECTING BIOMARKERS FOR EARLY DETECTION. A BIOMARKER OCCURRING AT HIGH LEVELS IN HEALTHY INDIVIDUALS OR VARYING GREATLY BETWEEN THEM MAY NOT BE VERY GOOD AT DISTINGUISHING CANCER FROM HEALTHY. ON THE OTHER HAND, A BIOMARKER AT LOW LEVELS OR VARYING LITTLE IN HEALTHY PEOPLE WILL LIKELY DO A BETTER JOB. CANARY'S BASELINE PROGRAM HAS THREE MAJOR FOCI TO HELP IDENTIFY BIOMARKERS WITH THE DESIRED LOW BACKGROUND NOISE: TISSUE SAMPLE COLLECTION, CONSTRUCTION OF A WHOLE-BODY GENE EXPRESSION MAP, AND QUANTIFICATION OF PROTEIN CONCENTRATION AND VARIANCE IN BLOOD. ALL THREE SYSTEMATICALLY EXPLORE SPECIMENS FROM HEALTHY INDIVIDUALS.

CANARY COLLABORATIONS PROGRAM

=====

CANARY FOUNDATION BELIEVES THAT A COLLABORATIVE, COORDINATED APPROACH IS NECESSARY TO ACHIEVE OUR GOALS. OUR MULTI-DISCIPLINARY, MULTI-INSTITUTIONAL EARLY DETECTION PROGRAM PROVIDES A GREAT EXAMPLE OF THIS PHILOSOPHY IN ACTION. WE CREATED OUR COLLABORATION PROGRAM TO FOSTER THIS COLLABORATIVE APPROACH AMONG THE BROADER COMMUNITY OF CANCER RESEARCHERS. WE PROVIDE SCIENTIFIC PROGRAM MANAGEMENT TO MAKE SURE THAT ALL FUNDED RESEARCH ACTIVITIES AMONG THE SCIENTISTS AND CLINICIANS AT THE VARIOUS PARTNER INSTITUTIONS ARE ON TRACK AND THAT ANY OBSTACLES ARE RAPIDLY ADDRESSED AND OVERCOME.

THE SPECIFIC COLLABORATION PROGRAMS THAT WE SUPPORT INCLUDE: NATIONAL AND INTERNATIONAL WORKSHOPS AND SYMPOSIUMS, JOINT PROJECTS WITH GOVERNMENT AND FOUNDATIONS, A POSTDOCTORAL SCIENTIST TRAINING PROGRAM, AN ONLINE SCIENTIFIC JOURNAL, AND A SOFTWARE STANDARDIZATION INITIATIVE.

Name of the organization	THE CANARY FUND DBA CANARY FOUNDATION	Employer identification number	65-1230251
--------------------------	--	--------------------------------	------------

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

CANARY CENTER AT STANFORD FOR CANCER EARLY DETECTION

ON SEPTEMBER 13, 2008, TOGETHER WITH DR. BEV MITCHELL, DIRECTOR OF STANFORD'S CANCER CENTER, AND DR. SANJIV (SAM) GAMBHIR, DIRECTOR OF STANFORD'S MOLECULAR IMAGING PROGRAMS (MIPS), CANARY FOUNDATION ANNOUNCED THE CREATION OF THE CANARY CENTER AT STANFORD. THE CANARY CENTER AT STANFORD WILL BE THE ONLY FACILITY IN THE WORLD WITH DEDICATED FULL-TIME FACULTY FOCUSED ON THE EARLY DETECTION OF CANCER AND WILL INTEGRATE BOTH BLOOD AND IMAGING-BASED DIAGNOSTIC RESEARCH. THIS FIRST CLASS INTEGRATED FACILITY WILL ATTRACT AND DEVELOP THE BEST MINDS IN THE WORLD TO THE PROBLEM OF CANCER EARLY DETECTION. OPERATIONS WILL COMMENCE IN THE SPRING OF 2009.

THE CANARY CENTER AT STANFORD HAS SECURED A MAJOR PORTION OF A 60,000-SQUARE-FOOT FACILITY SPONSORED BY THE SCHOOL OF MEDICINE AND THE DEPARTMENT OF RADIOLOGY. THE CENTER WILL HOUSE MULTIPLE FACULTY DEVOTED TO EARLY DETECTION OF CANCER AND OVER 100 RESEARCH AFFILIATES. DR. SANJIV (SAM) GAMBHIR WILL LEAD THE CENTER AS SCIENTIFIC DIRECTOR. THE CENTER WILL BE SUPPORTED BY RESEARCH "CORES" THAT PROVIDE SCIENTIFIC CAPABILITIES TO THE RESEARCH TEAMS. THE FOUR INITIAL CORES WILL BE CHEMISTRY, PROTEOMICS, BIOINFORMATICS, AND CLINICAL TRIALS.

THE CANARY CENTER AT STANFORD BRINGS TOGETHER MULTIPLE STAKEHOLDERS, INCLUDING THE SCHOOL OF MEDICINE, THE RADIOLOGY DEPARTMENT, THE CANCER CENTER, AND CANARY FOUNDATION. CANARY FOUNDATION HAS DEDICATED \$25 MILLION FOR START-UP COSTS, INCLUDING EQUIPMENT, MODEST RENOVATIONS TO THE EXISTING RESEARCH FACILITY, STAFFING, AND FACULTY RECRUITMENT. THE DEPARTMENT OF RADIOLOGY HAS COMMITTED TO FOUR NEW FACULTY MEMBERS IN MOLECULAR IMAGING, AS WELL AS \$4 MILLION TO SUPPORT FACULTY RECRUITMENT. THE SCHOOL OF MEDICINE HAS ALSO COMMITTED TO FOUR NEW FACULTY MEMBERS

Name of the organization
THE CANARY FUND
DBA CANARY FOUNDATION

Employer identification number
65-1230251

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

FOR THE CENTER AND HAS COMMITTED TO SUPPORTING FACILITY RENOVATIONS AND LEASE COSTS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT, A MEMBER OF THE BOARD OF DIRECTORS, AND THE EXECUTIVE DIRECTOR. THIS GROUP OF INDIVIDUALS THEN DISCUSSES THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW (WITH MODIFICATIONS WHERE NECESSARY), THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT SIGNS AND MAILED THE RETURN TO THE DEPARTMENT OF THE TREASURY.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. THE EXECUTIVE DIRECTOR AND ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF ALL HIGH-LEVEL PERSONNEL ANNUALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S POLICIES AND PROCEDURES.

Name of the organization

THE CANARY FUND
DBA CANARY FOUNDATION

Employer identification number

65-1230251

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

COMPENSATION OF OTHER HIGH-LEVEL PERSONNEL AND KEY EMPLOYEES IS REVIEWED AT LEAST

ANNUALLY BY MEMBERS OF MANAGEMENT. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM

INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF

SALARIES AND ALL RELATED BENEFITS. ALL DECISIONS ARE THEN DOCUMENTED IN PERSONNEL

FILES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGAL

FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BY

TAX AUTHORITIES AND THE GENERAL PUBLIC. TAX RETURNS ARE POSTED ANNUALLY TO

WWW.GUIDESTAR.ORG (WHERE IT IS AVAILABLE FOR VIEWING AS AN ELECTRONIC COPY) AND ARE

ALSO AVAILABLE AT THE ORGANIZATION'S OFFICE IN PALO ALTO, CALIFORNIA (FOR A PHYSICAL

INSPECTION).

2010**SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5****CLIENT 28011****THE CANARY FUND
DBA CANARY FOUNDATION****65-1230251**

4/25/11

02 27PM

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
--------------------------	-------------	-------------	-------------	-------------	-------------

GAIN (LOSS) ON DISPOSITION OF PP&E					
------------------------------------	--	--	--	--	--

-2,511.

TOTAL	\$ -2,511.	\$ 0.	\$ 0.	\$ 0.	\$ 414.
-------	------------	-------	-------	-------	---------

2010**SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4****CLIENT 28011****THE CANARY FUND
DBA CANARY FOUNDATION****65-1230251**

4/25/11

02.27PM

**SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CHANGE IN VALUE OF LONG-TERM PLEDGES RECEIVABLE	\$ 375,387.
OTHER	-600,908.
WRITE OFF OF UNCOLLECTIBLE TEMP RESTRICTED RECEIVABLE	-7,500,000.
TOTAL	<u>\$ -7,725,521.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

CHANGE IN VALUE OF LONG-TERM PLEDGES REC	\$ 375,387.
SPECIAL EVENTS EXPENSES	266,601.
WRITE OFF OF UNCOLLECTIBLE GRANT RCVBLE	-7,500,000.
TOTAL	<u>\$ -6,858,012.</u>

**SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

SPECIAL EVENTS EXPENSES	\$ 266,601.
TOTAL	<u>\$ 266,601.</u>

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 6

CLIENT 28011

THE CANARY FUND
DBA CANARY FOUNDATION

65-1230251

4/25/11

02 27PM

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN VALUE OF LONG-TERM PLEDGES RECEIVABLE	\$ 375,387.
OTHER	-600,908.
WRITE OFF OF UNCOLLECTIBLE TEMP RESTRICTED RECEIVABLE	-7,500,000.
TOTAL	<u>\$ -7,725,521.</u>

2010

FEDERAL WORKSHEETS

PAGE 1

CLIENT 28011

THE CANARY FUND
DBA CANARY FOUNDATION

65-1230251

4/25/11

02:27PM

FORM 990, PART IX, LINE 24F
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CANCELLATION OF PRIOR YR GRANT	-390,162.	-390,162.		
DONATIONS AND GIFTS	5,849.			5,849.
DUES AND SUBSCRIPTIONS	3,578.		3,578.	
MISCELLANEOUS	7,320.	4.	2,362.	4,954.
REPAIRS AND MAINTENANCE	1,182.		1,182.	
TAXES, LICENSES AND PERMITS	3,959.		3,959.	
TOTAL	<u>\$ -368,274.</u>	<u>\$ -390,158.</u>	<u>\$ 11,081.</u>	<u>\$ 10,803.</u>

2010

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT 28011

THE CANARY FUND
DBA CANARY FOUNDATION

65-1230251

4/25/11

02.27PM

FORM 990, LINE 14 AND LINE 15

100% OF THE CANARY FUND'S 2010 MANAGEMENT & GENERAL AND FUNDRAISING EXPENSES WERE UNDERWRITTEN BY DONATIONS FROM THE LISTWIN FAMILY FOUNDATION AND THE LISTWIN TRUST, ALLOWING 100% OF OTHER CONTRIBUTIONS TO BE USED ENTIRELY TO FUND DONATIONS WHICH WERE MADE TO EARLY DETECTION RESEARCH PROGRAMS AND ACTIVITIES.

PROPERTY AND EQUIPMENT

A SUMMARY OF PROPERTY AND EQUIPMENT IS AS FOLLOWS AT DECEMBER 31, 2010:

FURNITURE	\$ 34,965
EQUIPMENT	17,386
LESS ACCUMULATED DEPRECIATION	(16,928)
TOTAL PROPERTY AND EQUIPMENT (NET)	\$ 35,423

TOTAL DEPRECIATION EXPENSE FOR THE YEAR ENDED DECEMBER 31, 2010 AMOUNTED TO \$8,274.