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

CIMED No. 1545-0047

Inte	mai Revo	mus Service	► The organization may have to use a copy of this return to	Sausiy State	opo B . oqua uu	
Ā	For th	e 2011 calend	tar year, or tax year beginning as	nd ending		
В	Chack I?	C Name o	f organization		D Employer Identific	ation number
	Addre		GIBSON FOUNDATION			2225
	Name on any	Doing B	lusiness As		<del></del>	332563
	in ities	Numbe	r and street (or P.O. box if mall is not delivered to street address)	Room/suite	E Telephone number	
	Torre		PLUS PARK BLVD.		615-	871-4500 <u> </u>
Ē	Amer	dod City or t	lown, state or country, and ZIP + 4		G Gross receipts \$	872,850.
Ī	Aopti tion pond	MASE	WILLE, TN 37217		H(a) is this a group re	
_	pend	F Name a	and address of principal officer: HENRY JUSZKIEWICZ		` for affiliates?	OM X EBY
			AS C ABOVE		H(b) Are all affiliates incl	udad? Yes No
-	Taylay	empt status:		1) or 527	If "No," attach a	list. (see instructions)
- <del>-</del>	Wohel	to - WOW.	GIBSON.COM/EN-US/LIFESTYLE/GIBSO	NFOUNDA	H(o) Group exemption	number -
			X Corporation Trust Association Cther ▶	L Year	of formation; 2002 M	State of legal domicile; DE
		Summary				
$\otimes$	$\frac{1}{1}$	Detelle desert	be the organization's mission or most significant activities: THE	MTSSIC	N OF THE GI	BSON
2012	} '		TION IS TO HELP MAKE THE WORLD A	BETTER	PLACE FOR C	HILDREN.
		Charles blacks	if the organization discontinued its operations or dis	cosed of mon	n then 25% of its net as	sets.
14	2					7
	3		sting members of the governing body (Part VI, line 1a)		····	5
7	517		dependent voting members of the governing body (Part VI, fine 1)			Ö
	6		of Individuals employed in calendar year 2011 (Part V, line 2a)			0
	6		of volunteers (estimate if necessary)		1_ 1	_ 0.
لِي لِي			d business revenue from Part VIII, column (C), line 12		[ ]	
<u> </u>	<u> </u>	Net unrelated	i business taxable income from Form 990-T, line 34	<del></del>		0.
OCAINNED UEC				<u> </u>	Prior Year	Current Year
Š ,	8   2	Contributions	s and grants (Part VIII, line 1h)		1,226,558.	870,958.
ପ 🍍	9	_	rice revenue (Part VIII, line 2g)		0.	0.
	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		2,714.	1,892.
•	11	Other revenu	e (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)	<b>_</b>	0.	0.
_	12	Total revenue	- add fines 8 through 11 (must equal Part VIII, column (A), line 12	<u>,,,,,,,,,</u>	1,229,272.	872,850.
	13	Grants and si	imilar amounts paid (Part IX, column (A), lines 1-3)		1,966,566.	1,352,806.
	14	Benefits paid	to or for members (Part IX, column (A) fine 4) 14.4	lL	. 0.	0.
•	15	Salaries, other	er compensation, employee benefits (Part IX, column-(A), lines 5-1	b) L	0.	0.
	16a	Professional	fundraising fees (Part IX, column (A), line 11e)		0.	0.
3		Total fundrals		083.		
Ġ	17	Other expens	ias (Part IX. commo (A) lintas 112-11d. 111-24e) (V)		63,087.	76,042.
	18	Total expens	es. Add lines 13-17 (must equal Part IX; column (A); line 25)		2,029,653.	1,428,848.
	19	Revenue less	expenses. Subtract line 18 from line 12 - 1		-800,381.	-555,998.
8				B	eginning of Current Year	End of Year
988 988	<b>副</b> 20	Total assats i	Part X. line 16)	F	1,373,067.	883,194.
\$	到 21		s (Part X, line 26)	·····	292,860.	358,985.
Net As	5 22		fund balances. Subtract line 21 from line 20		1,080,207.	524,209.
		Signatur			2700072073	<u> JAWI BUJI</u>
			I declare that I have examined this return, including accompanying sched	lules and states	neete and to the hest of m	is falled bee exheluent
			a. Declaration of preparer (other than officer) is based on ell-information o			A WIGHISTRE ON COUNTY WIS
40	6, 60116	1		Milicit hisbare		17 . 17 c
•		Skrnatur	re of officer		Date //-	にアール
	gn	1.	BERRYMAN, VICE PRESIDENT .		-	
nı	31.6		print name and title			<del></del>
_		Print/Type pre		<del></del>	Date / Ches	PTIN
Pa	14	JILL HU		\ I		<b></b> ';
				<u>~</u>	Complete State	
	aparer	Firm's name		P.C.	/ Firm's EIN	62-1199757
U	e Only	rum's accres	P.O. BOX 1869			C1E\200 4CAA
9.4		DC discuss 450	BRENTWOOD, TN 37024-1869		Phone no. (	615)377-4600
-			is return with the preparer shown above? (see instructions)			X Yes No
133	1001 01-	D≻12 LHAI	For Paperwork Reduction Act Notice, see the separate instru	ctions.		Form 990 (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

4e

Total program service expenses ▶

Form 990 (2011)

1,372,148.

Form 990 (2011) THE GIBSON FOUNDATION
Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Γ	Yes	No
	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
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		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	_		v
9	•	8_		<u>X</u>
3	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10	1,82.4	
	as applicable.		mirita e	
а	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
С	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		<u> </u>
a	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			v
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	-	$\frac{x}{x}$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
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	х	
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
	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,		·	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.7
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	<u> </u>	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		$\overline{}$	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	$\neg$		
	complete Schedule G, Part III	19	1	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Carra !	990 (	1011

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Form 990 (2011) THE GIBSON FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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			77
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	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	051		Х
26	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		:	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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):	1792		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	diamentament.	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
С	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
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	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			₹7
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	24	:	х
252	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	33a		
D	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1000		_ <u></u> _
- <del>-</del>	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u></u>		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	
		Form	990 (	2011)

### Form 990 (2011) Part V Sta THE GIBSON FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

	Check if Conteduce Contains a response to any question in this rait v			<u></u>
		( S.	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	XX (6)		. 3
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  U	y".	k. 1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u> </u>	<b>V</b>	1-1-1
_	(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  0	£454 A54		ini '
Þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1 1 mg/2	. E. 288
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	~~~~ ×á	Ž	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_^_
	,,	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	. 14.75	
D	If "Yes," enter the name of the foreign country:	3 14 "		
<b>5</b> 0	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	12 .	`	X
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		<del>  ^</del> `
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 5C		
•	any contributions that were not tax deductible?	6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		Ħ
_	were not tax deductible?	6b		l
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			_
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	·		٠ ‹ -ســـ
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	395 307 346	880,780,05, 2
9	Sponsoring organizations maintaining donor advised funds.			5: Ziki
a	Did the organization make any taxable distributions under section 4966?	9a		
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<del> </del>
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  10a			
a h	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	-		1 '
11	Section 501(c)(12) organizations. Enter:	,		
	Gross income from members or shareholders	* .		:
	Gross income from other sources (Do not net amounts due or paid to other sources against	, >		١.
	amounts due or received from them.)	۶. ° ۲. °	*	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	~	•
	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.	4	,	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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		*	) į
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		3	\$5.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		F	$\alpha \alpha \alpha \alpha$	00441

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

X 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 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 51 b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 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? X 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoons TNSection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: NINA MILLER - 615-871-4500

309 PLUS PARK BLVD., NASHVILLE,

37217

TN

### Part VIII 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 (A)	(B)			(0	<b>)</b>			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more t				one	Reportable	Reportable	Estimated
	hours per week	box, unless person is both an officer and a director/trustee)				ıs bot	h an	compensation from	compensation from related	amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SENATOR JOHN BREAUX		l		l						_
BOARD MEMBER	0.30	X	<u> </u>			<u> </u>		0.	0.	0.
(2) SENATOR ORRIN HATCH		l							_	_
BOARD MEMBER	0.30	X	<u> </u>		_		_	0.	0.	0
(3) KEN LEVITAN									_	•
BOARD MEMBER	0.30	X	_	L.,		ļ	<u> </u>	0.	0.	0
(4) KAREN GIBERSON	0.30	x						٥.	0.	_
BOARD MEMBER (5) HENRY JUSZKIEWICZ	0.30	^	<u> </u>	_	-	-	$\vdash$	0.	0.	0
PRESIDENT	1.00	ŀ		x				0.	0.	0
(6) DAVE BERRYMAN	1.00			_		┢		· · · · · · · · · · · · · · · · · · ·	0.	0
VICE PRESIDENT	1.00			x				0.	0.	0 .
(7) BRUCE MITCHELL	1.00	┢				-				
SECRETARY	1.00			х				0.	0.	0.
(8) NINA MILLER						T				
EXECUTIVE DIRECTOR	40.00	_		Х				0.	0.	0
									.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Part VII Section A. Officers, Directors, Tr		mplo	oyee			High	est	T			
(A) Name and title	(B) Average			ر Pos	C) sitior	1		(D) Reportable	(E)		(F)
name and title	hours per		not c	heck	more	than is bot			Reportable compensation		Estimated amount of
	week					or/trus			from related	- 1	other
	(describe	ector						the	organızatıon		compensation
	hours for related	Individual trustee or director	a			ated		organization	(W-2/1099-MIS	3C)	from the
	organizations	rustee	trust		e e	ubeu	ŀ	(W-2/1099-MISC)			organization and related
	ın Schedule	dualt	Institutional trustee		age of	stcor	 	1			organizations
	O)	lu div	Instit	Officer	Key emptayee	Highest compensated employee	Former				· ·
	<del> </del>	$\vdash$	-		-	├	_				
							_	-		$\longrightarrow$	
										$\longrightarrow$	
						$\vdash$				$\longrightarrow$	
								, <u></u>			
1b Sub-total		<u> </u>				_	L	0.	-	0.	0.
c Total from continuation sheets to Part V	II. Section A							0.		0.	0.
d Total (add lines 1b and 1c)	,					•		0.		0.	0.
2 Total number of individuals (including but i	not limited to th	ose	liste	d al	bove	e) wt	no r	eceived more than \$100	,000 of reportable	le	
compensation from the organization											0
2 Did the assessment of his assessment of the second										F	Yes No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s		ustee	e, ke	y en	npic	yee,	or	highest compensated e	mployee on	,	3 X
4 For any individual listed on line 1a, is the s		le co	mne	anes	ation	n anc	l ot	her compensation from	the organization		. 🗀
and related organizations greater than \$15									ine organization	٤	4 X
5 Did any person listed on line 1a receive or	•		-						dual for services		
rendered to the organization? If "Yes," con											5 X
Section B. Independent Contractors											
1 Complete this table for your five highest co										ipensa	ation from
the organization Report compensation for (A)	the calendar y	eare	enaii	ig v	VILTI	OI W	I	(B)	year.		(C)
Name and business	address	NC	NE	<u> </u>				Description of s	ervices	Cc	ompensation
							ľ				
								· · · · · ·			
						***		<u> </u>			
											<del></del>
							_				
2 Total number of independent contractors (	including but n	ot lır	nited	d to	tho	se lis	tec	d above) who received m	ore than		<del></del>
\$100,000 of compensation from the organ	zation >		_		(	)					
										F	Form <b>990</b> (2011)

Pa	rt VII	I⊵  _Statement of Reve	nue				<del></del>	
	· · ·				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ce Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f 870 315	0,958. 5,411. ▶ ness Code	870,958.			
Program Service Revenue		Total. Add lines 2a-2f	enue	<b>•</b>				
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties		▶	1,892.			1,892.
			(i) Real (ii) F	Personal				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities (ii)	) Other				
Other Revenue	8 a b	Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund	of 1c). See a b		3			
	9 a b	Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam	ctivities. See					
	10 a b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	returns a b s of inventory	<b>•</b>	100 Act Jahr 2007 12 VV			
	11 a b c	Miscellaneous Revenu		ness Code		The state of the s		
13200 01-23	12	Total. Add lines 11a-11d Total revenue. See instructions.		<b>&gt;</b>	872,850.	0.	0.	1,892. Form <b>990</b> (2011)

## Form 990 (2011) THE GIBSON FO 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).

<u> </u>	Charlest Cabada la Casada a a sana				· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	1,207,662.	1,207,662.	144 4	
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	51,750.	51,750.		
3	Grants and other assistance to governments,	•	•		16/20
•	organizations, and individuals outside the				les bet
	· ·	93,394.	93,394.		
	United States. See Part IV, lines 15 and 16	23,334.	55,554.		Sala and a language
4	Benefits paid to or for members		-		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				<del></del>
a	Management				
b	Legal				
_	Accounting				
ں م	J				
ď	Lobbying  Professional fundraising convices. See Port IV. Inc. 17.				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,083.			2,083.
g	Other	2,003.			2,003
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered		*		<b>对意义的</b>
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	* ;			
	amount, list line 24e expenses on Schedule 0.)			, ,	,
а	CONTRACT LABOR	49,750.			49,750
b	SUPPLIES	19,342.	19,342.		
c	MEMBERSHIP DUES	3,995.		3,995.	
d	BANK FEES	872.		872.	
	All other expenses		······································		
25	Total functional expenses. Add lines 1 through 24e	1,428,848.	1,372,148.	4,867.	51,833
26	Joint costs. Complete this line only if the organization	, ===,===	, ,	_,,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here (check here) If following SOP 98-2 (ASC 958-720)				
	0.01-23-12		L		Form <b>990</b> (2011)

Form 990 (2011)
Part X Balance Sheet

Pa	rt X	Balance Sheet			_		
				(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing		1,373,067.	1	883,194.	
	2	Savings and temporary cash investments		'	2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, dir	ectors, trustees, kev		<b>*</b>		
	ŀ	employees, and highest compensated employee			7		
		of Schedule L		and an older state specifical angular and the state of the College and	5	i alialita_a diserve y su a \ \maximiliare-	
	6	Receivables from other disqualified persons (as	defined under section	,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		4958(f)(1)), persons described in section 4958(c)					
			employers and sponsoring organizations of section 501(c)(9) voluntary				
		employees' beneficiary organizations (see instru-		a manufar words nucleus as the suite of the	6	A di Mades	
ets	7	Notes and loans receivable, net	<b>,</b>		7		
Assets	8	Inventories for sale or use	• •		8	<del>                                     </del>	
•	9	Prepaid expenses and deferred charges			9		
		Land, buildings, and equipment: cost or other				,	
		basis. Complete Part VI of Schedule D	10a		·		
	Ь	Less: accumulated depreciation	10b		10c	. <u> </u>	
	11	Investments - publicly traded securties			11		
	12	Investments - other securities. See Part IV, line 1	1		12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11			15	<del> </del>	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	1,373,067.	16	883,194.	
	17	Accounts payable and accrued expenses		292,860.	17	358,985.	
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
ç	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21		
Liabilıties	22	Payables to current and former officers, director	s, trustees, key employees,	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1,5%	* * * * * * * * * * * * * * * * * * * *	
abi	ĺ	highest compensated employees, and disqualified		\$ \$ \$			
_		of Schedule L			22		
	23	Secured mortgages and notes payable to unrela	ted third parties	***************************************	23		
	24	Unsecured notes and loans payable to unrelated	third parties		24		
	25	Other liabilities (including federal income tax, pay	ables to related third				
	ļ	parties, and other liabilities not included on lines	17-24). Complete Part X of				
		Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		292,860.	26	358,985.	
		Organizations that follow SFAS 117, check he	re X and complete				
es		lines 27 through 29, and lines 33 and 34.			_		
JIC.	27	Unrestricted net assets		-1,010.	27	-172,060.	
3al	28	Temporanly restricted net assets		1,081,217.	28	696,269.	
둳	29	Permanently restricted net assets			29		
Ξ		Organizations that do not follow SFAS 117, ch	neck here 🕨 📖 and	\ <del>`</del>		* * * * * * * * * * * * * * * * * * * *	
ò		complete lines 30 through 34.		and the restaurn control and the appendictly to the control that the		* *	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31		
et/	32	Retained earnings, endowment, accumulated in	come, or other funds		32		
Z	33	Total net assets or fund balances		1,080,207.	33	524,209.	
	34	Total liabilities and net assets/fund balances		1,373,067.	34	883,194.	
						Form <b>990</b> (2011)	

	1990 (2011) THE GIBSON FOUNDATION	_ 20-	0832563	Page	e 12
<u>R</u> a	rt XI Reconciliation of Net Assets				
	Check 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		, 85	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,428		
3	Revenue less expenses. Subtract line 2 from line 1	3	-555		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,080	,20	7.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
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	524	,20	9.
Ŗа	t XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII			L	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	· O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audıt,	2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	'	1	
	separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis		and the second		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	ıt		
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	ıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	L	
			Form 9	<b>90</b> (20	011)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

OMB No 1545-0047

				BSON FO							20	0-0832563
Pa	rt I	Reason	for Public Cha	rity Status	(All organia	zations mu	ist comple	te this par	t ) See ins	tructions.		
The	organ	ization is not	a private foundatio	n because it is	s: (For lines	1 through	11, check	only one b	oox.)			
1		A church, co	onvention of church	es, or associa	ition of chur	rches desc	nbed in se	ection 170	(b)(1)(A)(i	<b>)</b> .		
2			scribed in section									
3	$\Box$		a cooperative hos					170/6)/1)	(AViii)			
4	一		•	-	•					VEVAVAV:	ii) Entort	he hospital's name,
7				1 Operated in	conjunction	with a rios	spirai desc	IIDea III se	Cuon 170	יואאאיי אטיי	ii). Enter t	ne nospitars name,
_		city, and sta										
5	لــــا		tion operated for th		college or u	niversity o	wned or o	perated by	a govern	mental un	it describe	ed in
	·	section 170	<b>X(b)(1)(A)(iv).</b> (Comp	olete Part II.)								
6		A federal, sta	ate, or local govern	ment or gover	nmental uni	it describe	d ın <b>sectio</b>	n 170(b)(	1)(A)(v).			
7	X	An organizat	tion that normally re	eceives a subs	stantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	public described in
			(b)(1)(A)(vi). (Comp									
8		A community	y trust described in	section 170(	b)(1)(A)(vi).	(Complete	Part II.)					
9								rom contr	ibutions n	nembershi	n fees ar	nd gross receipts from
												from gross investment
					-	-		•				after June 30, 1975.
			509(a)(2). (Comple		ile (less sec	1101131116	ix) iioiii bu	1311103303 (	acquireu L	y trie orga	ii iizalioi i a	aitei June 30, 1975.
10	Г			,		- <b></b>		<b>.</b>	<b>500</b> / . W	••		
-	片		ion organized and									_
11												purposes of one or
			y supported organi						2) See <b>se</b> e	ction 509(	a)(3). Che	eck the box that
			e type of supportin	<del>-</del>	and compl	_	•					1
		a Type		J Type II			e III - Func				d	Type III - Other
е	ш	By checking	this box, I certify the	nat the organi	zation is not	controllec	d directly o	r indirectly	/ by one o	r more dıs	qualified j	persons other than
		foundation n	nanagers and other	than one or r	nore publicl	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509(a)(2).
f		If the organiz	zation received a w	ritten determir	nation from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e Ifi		
		supporting of	rganization, check	this box								. $\square$
g		Since Augus	t 17, 2006, has the	organization	accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?	
		(i) A perso	n who directly or in	directly contr	ols, either al	lone or too	ether with	persons o	described	ın (ıı) and (	ui) below.	Yes No
			eming body of the			•	•			(,	,,,	11g(i)
		_	member of a pers		•	)						11g(ii)
			controlled entity of				62				•	<del></del>
h				•	.,	` '						[11g(iii)]
"		Fiovide tile i	following informatio	n about the st	upported of	ganization	(8).					
	•••			7007	ype of	(:) In the c		(-) D.d		l (vi) le	tho I	
(i)		of supported	(ii) EIN		zation		organization sted in your		u notify the ion in col.	(vi) ls  organizatio	on in col. 🖡	(vii) Amount of
	orga	nization			on lines 1-9		document?		support?	(i) organız U.S	ed in the	support
				above or II						<b></b>		
				(366 11131)	ructions))	Yes	No	Yes	No	Yes	No	
				+		1			<del></del>			
						1						
						•			<u></u>	<del> </del>	<del> </del>	
			"	****								
				<b>_</b>		<u></u>	ļ		ļ			
			1									
				<del> </del>	405% 46		1.5			<u> </u>	1	
ota	ı <u>ı'</u>			\$°			\$ 2 × 3		,	3		

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

Schedule A (Form 990 or 990-EZ) 2011

# Schedule A (Form 990 or 990 EZ) 2011 THE GIBSON FOUNDATION 20-0832563 Page 2 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.)

Sec	ction A. Public Support			·	<del></del>		
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	,,	. ,		(-/.=	(0/20//	(i) rotal
	membership fees received. (Do not						
	include any "unusual grants.")	5,805,995.	3,995,823.	3,625,580.	1,226,558.	872,850.	15,526,806.
2	Tax revenues levied for the organ			·			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	i					
	the organization without charge						
4	Total. Add lines 1 through 3	5,805,995.	3,995,823.	3,625,580.	1,226,558.	872,850.	15,526,806.
	The portion of total contributions		. NGMÉ	å		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	by each person (other than a						
	governmental unit or publicly	,15		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		" <b>\%</b>	
	supported organization) included	1		~~ **	قىيە يەڭ ئۆ خىرە	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	on line 1 that exceeds 2% of the					-	
	amount shown on line 11,						
	column (f)	w ";		- 34	, À.	*	10,961,674.
6	Public support. Subtract line 5 from line 4		77 32.45				4,565,132.
	ction B. Total Support	A	78.5 4.00 4.00	9,00,7	900 900 F 1 have 5	4 307.000 - 2001.00 - 2	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	5,805,995.	3,995,823.	3,625,580.	1,226,558.	872,850.	15,526,806.
	Gross income from interest.			· · · · · · · · · · · · · · · · · · ·	, ,		
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	13,815.	13,180.	7,875.	2,714.	1,892.	39,476.
9	Net income from unrelated business			. ,		_,	
-	activities, whether or not the						
	business is regularly carned on	İ					
10	Other income. Do not include gain						
-	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		• ,	ž , ,	* \$		15,566,282.
	Gross receipts from related activities,	etc. (see instructio	nns)			12	
	First five years. If the Form 990 is for			d fourth or fifth ta	l IX vear as a section		
	organization, check this box and stop			s, 1001til, 01 lilii to	or your do a soono	1 00 1(0)(0)	▶□
Sec	tion C. Computation of Publi		centage	<u> </u>			
14	Public support percentage for 2011 (li	ne 6, column (f) div	vided by line 11, c	olumn (f))		14	29.33 %
15	Public support percentage from 2010	Schedule A, Part I	II, line 14			15	32.61 %
16a	33 1/3% support test - 2011. If the o	rganization did not	check the box or	line 13, and line	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies a					,	
b	33 1/3% support test - 2010. If the o		•		line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qualit					,	ightharpoons
17a	10% -facts-and-circumstances test	, ,	•		13, 16a, or 16b. a	and line 14 is 10%	or more,
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						<b>▶</b> 🛣
b	10% -facts-and-circumstances test				_	7a, and line 15 is 1	•
	more, and if the organization meets th						
	organization meets the "facts-and-circ		•		•		
18	Private foundation. If the organization						
				., ,		dula A (Form 000	

# Schedule A (Form 990 or 990 EZ) 2011 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
gualify under the tests listed helow, please complete Part II.)	

Se	ction A. Public Support	low, please com	piete Part II )		<del></del>	<del></del>	
_	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	(4) 2007	15, 2000	(0, 2003	(4) 2010	(e) 2011	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,					<del>                                     </del>	<del></del>
-	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the					! !	
3	organization's tax-exempt purpose Gross receipts from activities that					-	<del></del>
3	are not an unrelated trade or bus-		:				
	iness under section 513						
4	<del> </del>				<del></del>	-	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf				<del></del>	<u> </u>	<del></del>
5	The value of services or facilities			]			
	furnished by a governmental unit to					į	
_	the organization without charge						
	Total. Add lines 1 through 5	-	<u> </u>			<del> </del>	
1	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received					<del> </del>	
•	from other than disqualified persons that		•				
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	<del></del>			·····	<u> </u>	
	Add lines 7a and 7b	2. 夏季	(A M.)	1. * AC 850 · ) .	28	X 200	
8 82	Public support (Subtract line 7c from line 6) ction B. Total Support	, *, *,	<b>₿</b> ` <b>₽</b> `~		<u> </u>		· · · · · · · · · · · · · · · · · · ·
	endar year (or fiscal year beginning in)	(-) 0007	(5) 0000	(-) 0000	(-1) 0040	(-) 0044	
	Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	a Gross income from interest,	-				<del> </del>	<del></del>
100	dividends, payments received on						
	secunties loans, rents, royalties						
	and income from similar sources		<del></del>			<del></del>	<del></del>
•	Unrelated business taxable income (less section 511 taxes) from businesses		ł				
	acquired after June 30, 1975		•				
	<del>_</del>						<del> </del>
	Add lines 10a and 10b  Net income from unrelated business						
• •	activities not included in line 10b.						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain					ļ	<del></del>
12	or loss from the sale of capital						
40	assets (Explain in Part IV.)		<u> </u>			1	
	Total support (Add lines 9, 10c, 11, and 12)	<del> </del>		<u> </u>		<u> </u>	
14	First five years. If the Form 990 is for the	he organization's	s first, second, thir	d, fourth, or fifth tax	k year as a sectio	n 501(c)(3) organiza	ition,
20	check this box and stop here	Support Do	roomtogo		<del>-</del>		
	· · _ ·	·		.1. (0)		1.5	
	Public support percentage for 2011 (lin	,	•	column (f))		15	%
	Public support percentage from 2010 Section D. Computation of Invest					16	<u>%</u>
				- 10 h (0)		[4 <del>2</del> ]	
	Investment income percentage for 201			ie 13, column (t))		17	<u>%</u>
	Investment income percentage from 20	· ·	•	en line 4.4 line :	15	18	<u>%</u>
136	33 1/3% support tests - 2011. If the o						is not
	more than 33 1/3%, check this box and	=	•		• •		
						TO TOOK 44 1/40/2 9	(15)
ŀ	33 1/3% support tests - 2010. If the o	-		•		· ·	. [ ]
	line 18 is not more than 33 1/3%, check Private foundation. If the organization	k this box and st	<b>top here.</b> The orga	nızatıon qualifies as	s a publicly suppo	orted organization	<b>&gt;</b>

Schedule A (Form 990 or 990 EZ) 2011 THE GIBSON FOUNDATION	20-0832563 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, and Part III, line 12. Also complete this part for any additional information. (See instructions).	line 10; Part II, line 17a or 17b;
	·
PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST	<u>[:</u>
THE GIBSON FOUNDATION HAS IN THE PAST MET THE PUBLIC SUPPO	ORT TEST, BUT IN
THE LAST FEW YEARS THE AMOUNT OF CONTRIBUTIONS RECEIVED FR	ROM THE PUBLIC
HAS DECREASED DUE TO THE WEAK ECONOMY AND THE FACT THAT TH	HE FOUNDATION HAS
DECREASED ITS SPECIAL FUNDRAISING ACTIVIES. THE FOUNDATION	ON HAS PLANS TO
INCREASE FUNDRAISING ACTITITIES TO THE PUBLIC IN 2012 AND	FUTURE YEARS.
· · · · · · · · · · · · · · · · · · ·	<del></del>

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection-

Name of the organization

THE GIBSON FOUNDATION

**Employer** identification number 20-0832563

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 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		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	sed only
	for chantable purposes and not for the benefit of the donor of	<b>5 5</b>	•
	impermissible private benefit?	,	Yes No
Pa	till Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Par	
1	Purpose(s) of conservation easements held by the organizat	- · · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an histo	rically important land area
	Protection of natural habitat	Preservation of a certific	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	
	year▶	,	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements duri	ing the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during th	ne year ► \$
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	e organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er 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 (AS	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	nibition, education, or research in furtherand	e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		> \$ > \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial o	ain, provide
	the following amounts required to be reported under SFAS 1		• •
' а	Revenues included in Form 990, Part VIII, line 1	, , <u>,</u>	▶ \$
	Assets included in Form 990, Part X		► \$ ► \$
	•		· · ·

Sche	edule D (Form 990) 2011 THE GIB	SON FOUNDA	TION				2	80-08	3256	3 Page <b>2</b>
Pa	rt III Organizations Maintaining C	Collections of A	rt, Histo	rical Tr	easures,	or Othe	r Simila	r Asse	ts (cont	nued)
3	Using the organization's acquisition, access									
	(check all that apply).									
а	Public exhibition	c	ו ⊑ נס	an or exc	hange progi	ams				
b	Scholarly research	e	e 🗆 Ot	her						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how the	y further t	he organizat	ion's exer	npt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m								Yes	No
Pa	rt IV Escrow and Custodial Arran		ete if the o	rganizatio	n answered	"Yes" to	Form 990,	Part IV,	ine 9, or	<u> </u>
	reported an amount on Form 990, Pa	rt X, line 21						<u>-</u>		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for co	ontribution	ns or other a	ssets not	ıncluded		_	
	on Form 990, Part X?								Yes	∟ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing tal	ble:						
									Amoun	<u> </u>
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	└─ No
	If "Yes," explain the arrangement in Part XIV									
Pai	rt V Endowment Funds. Complete	f the organization ar	nswered "Y	'es" to Fo	rm 990, Parl	IV, line 1	0.			
		(a) Current year	(b) Pric	or year	(c) Two yea	rs back (	d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance								83 ° 33,	<b>*</b>
b	Contributions									A 3 ( ) ( )
С	Net investment earnings, gains, and losses									1 2 3
d	Grants or scholarships								ž,-3	*
е	Other expenditures for facilities		•							
	and programs									14 .
f	Administrative expenses									** <b>* * * * * * * * * *</b>
g	End of year balance								ą	3.2.4.4.
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g,	column (a	a)) held as:					
а	Board designated or quasi-endowment	····	_%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	<u></u> %								
	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	are held a	nd administ	ered for th	ne organiza	ation	-	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(iı)	
b	If "Yes" to 3a(II), are the related organizations								3b	
4	Describe in Part XIV the intended uses of the									_
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990	D, Part X, III	ne 10.						
	Description of property	(a) Cost or o		(b) Cost			cumulated	1	(d) Book	k value
		basis (investr	ment)	basis	(other)		reciation			
1a	Land					. 387 <sup>3</sup>	MŠ.			
b	Buildings						<del></del> · · · · · · · · · · · · · · · · · ·			
C	Leasehold improvements									
d	Equipment									···
	Other		l							
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990 Part	X column	(B) line 1	0(01)					Λ

Schedule D (Form 990) 2011

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7	dule D (Form 990) 2011 THE GIBSON FOUNDATION			20-0832563	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial Sta		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		850.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		,848.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	-555	,998.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Pnor period adjustments		7	<u>.                                    </u>	
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		,998.
Par	tixIII Reconciliation of Revenue per Audited Financial Stateme	nts With Reve	nue per		
1	Total revenue, gains, and other support per audited financial statements			1 872	,850.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	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.)	2d		□.''	
е	Add lines 2a through 2d		_	2e	0.
3	Subtract line 2e from line 1			з 872	,850.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		<b></b>	
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				,850.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	enses p		,
1	Total expenses and losses per audited financial statements	•			,848.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				7
-а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		-	
~	Other losses	2c	<del></del>	-	
٦	Other (Describe in Part XIV.)	2d	•		
d	Add lines 2a through 2d	20			0.
_	Subtract line 2e from line 1			2e 1 1 1 2 9	,848.
3				3 1,428	,040.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-k. l	
	Other (Describe in Part XIV.)	4b			0.
_	Add lines 4a and 4b			4c   1 4 3 0	
Dai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  TXIV Supplemental Information			5   1,428	,848.
Ь					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	•	•	•	e 4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp RT X, LINE 2: THE FOUNDATION IS EXEMPT FROM				
PAL	.1 A, BINE 2: THE FOUNDATION 15 EXEMPT FROM	M FEDERAL	INCOM	TE TAXES	
TINT	ER THE PROVISIONS OF INTERNAL REVENUE CODE	P CPCMTON	E01/0	מזאג (כ/ני	
OIVE	THE PROVIDIONS OF INTERNAL REVENUE CODE	E SECTION	301(0	,)(3), AND,	
ACC	CORDINGLY, NO PROVISION FOR INCOME TAXES IS	S INCLUDED	י זאד ו	ине втианста	т.
	The state of the s	<u> </u>		III IIIIIII	
STA	TEMENTS.				
		<del>"</del>			
-					
THE	FOUNDATION RECOGNIZES A TAX POSITION AS A	A BENEFIT	ONLY	IF IT IS "M	ORE
TTU	TIV MUNN NOM! MUNM MUR MNY DOCUMENT MOTOR	DE CHOMPT	MIDD T		
TI	ELY THAN NOT" THAT THE TAX POSITION WOULD	DE SUSTAI	ивр Т	IN A TAX	
EXA	MINATION, WITH A TAX ELIMINATION BEING PRI	ESUMED TO	OCCUR	R. THE AMOUN	$\mathbf{T}$
				Schedule D (Form	990) 2011

### SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** 

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

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

THE GIBSON FOUN	DATION				20-083256	3
		ctivities Ou	tside the United States. Compl	ete if the organ		
to Form 990, Par	t IV, line 14b.	_		-		
			ds to substantiate the amount of its gr the selection criteria used to award the			Yes X No
United States.			procedures for monitoring the use of it		ther assistance outs	side the
3 Activities per Region. (Ti	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If actives is a progression describe	rity listed in (d) gram service, specific type se(s) in region	(f) Total expenditures for and investments in region
UNITED KINGDOM	0	0	GRANTMAKING	HEALTH AND WELFARE/SUP ARTS	PORT FOR THE	75,720.
BRAZIL	0	0	GRANTMAKING	HEALTH AND WELFARE/SUP ARTS	PORT FOR THE	5,401.
BRAZIL	0	0	GRANTMAKING	HEALTH AND WELFARE/SUP ARTS	PORT FOR THE	6,813.
AUSTRALIA	0	0	GRANTMAKING	HEALTH AND WELFARE/SUP ARTS	PORT FOR THE	5,460.
						3,223
3 a Sub-total	0	0			- 1/4	93,394.
b Total from continuation sheets to Part I	0	0	,			0.
c Totals (add lines 3a			1	l	< §	

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

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Schedule F (Form 990) 2011

93,394.

THE GIBSON FOUNDATION

Schedule F (Form 990) 2011

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

Page 2

20-0832563

recipient who received more than \$5,000. Check this box if no one recipient received more than	
100 Check this box if	space is needed.
erved more than \$5,0	Part II can be duplicated if additional space is needed.
recipient who rec	Part II can be dur

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORTING MUSIC				•	
			EDUCATION AND THE					
			ARTS, HEALTH AND					
		UNITED KINGDOM	WELFARE AND	75,720.CHECK	снвск	0.		
			SUPPORTING MUSIC					DEALER PRICE
			EDUCATION AND THE				7 GUITARS AND	PROVIDED BY
-			ARTS, HEALTH AND				MISCELLANEOUS	GIBSON GUITAR
		BRAZIL	WELFARE AND	0.		5,401.	HARDWARE	CORP.
			SUPPORTING MUSIC					DEALER PRICE
			EDUCATION AND THE			<del></del>		PROVIDED BY
			ARTS, HEALTH AND					GIBSON GUITAR
, and the second		BRAZIL	WELFARE AND	0		6,813.	15 GUITARS	CORP.
			SUPPORTING MUSIC					DEALER PRICE
			EDUCATION AND THE					PROVIDED BY
-			ARTS, HEALTH AND					GIBSON GUITAR
*		AUSTALIA	WELFARE AND	0		5,460.	7 GUITARS	CORP.
-								
.,								
,	. *							
	a.							
2 Enter total number of	recipient organizatio	ns listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	foreign country,	recognized as tax-ex	empt by		
the IRS, or for which t	he grantee or counse	el has provided a sectio	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter			<b>A</b>		I

SEE PART V FOR COLUMN (D) DESCRIPTIONS 27 3 Enter total number of other organizations or entities

Schedule F (Form 990) 2011

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Schedule F (Form 990) 2011 THE GIBSON FOUNDATION

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed.

Page 3

20-0832563

1	l	1	I	I	1	ı	1	ı	1	ı _
(h) Method of valuation (book, FMV, appraisal, other)										Schedule F (Form 990) 2011
(g) Description of non-cash assistance										Schedu
(f) Amount of non-cash assistance										
(e) Manner of cash disbursement										
(d) Amount of cash grant										-
Number of recipients										
(b) Region										
(a) Type of grant or assistance (b) Region (c)										

Sched	ule F (Form 990) 2011 THE GIBSON FOUNDATION	20-0832563	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2011

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

Part

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

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

OMB No 1545-0047	2011	Open to Public Inspection

2 [

Employer Identification number 20-0832563 X Yes 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 THE GIBSON FOUNDATION General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	e United States. C	omplete if the orga	anization answered "	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000 Check this box	\$5,000 Check thi	is box if no one recipier	nt received more th	an \$5,000. Part II	can be duplicated if	if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	ded Ped
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, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORTING MUSIC
AMERICANA MUSIC ASSOCIATION							EDUCATION AND THE ARTS,
PO BOX 128077							HEALTH AND WELFARE AND
NASHVILLE, TN 37212	62-1807877	501(C)(3)	7,500.	0.			ENVIRONMENTAL ISSUES
ARNOLD PALMER MEDICAL CENTER					DEALER PRICE		SUPPORTING MUSIC
FOUNDATION - 3160 SOUTHGATE					PROVIDED BY		EDUCATION AND THE ARTS,
COMMERCE BLVD, SUITE 50 - ORLANDO,					GIBSON GUITAR		HEALTH AND WELFARE AND
FL 32806-8549	59-2244943	501(C)(3)	5,000.	12,586.	CORP.	4 GUITARS	ENVIRONMENTAL ISSUES
							SUPPORTING MUSIC
BLUES FOUNDATION						_	EDUCATION AND THE ARTS,
49 UNION AVENUE							HEALTH AND WELFARE AND
MEMPHIS, TN 38103	62-1083757	501(C)(3)	10,000.	0.			ENVIRONMENTAL ISSUES
COUNTRY MUSIC HALL OF FAME					DEALER PRICE		SUPPORTING MUSIC
(COUNTRY MUSIC FOUNDATION) - 222					PROVIDED BY		EDUCATION AND THE ARTS,
5TH AVENUE SOUTH - NASHVILLE, TN					GIBSON GUITAR	11 GUITARS, MISC	11 GUITARS, MISC HEALTH AND WELFARE AND
37203	62-0753887	501(C)(3)	80,000.	0.	0.CORP.	ACCESSORIES	ENVIRONMENTAL ISSUES
							SUPPORTING MUSIC
FIRST BOOK	_						EDUCATION AND THE ARTS,
1319 F ST NW STE 1000							HEALTH AND WELFARE AND
WASHINGTON, DC 20004	52-1779606	501(C)(3)	7,500.	0.			ENVIRONMENTAL ISSUES
							SUPPORTING MUSIC
GRAMMY FOUNDATION			-				EDUCATION AND THE ARTS,
3402 PICO BLVD			•				HEALTH AND WELFARE AND
SANTA MONICA, CA 90405	95-3199223	501(C)(3)	10,000.	0.			ENVIRONMENTAL ISSUES
2 Enter total number of section 501(cl/3) and government organizations listed in the line 1 table	nd government or	roanizations listed in th	e line 1 table				29

Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

MAKE-A-WISH FOUNDATION OF MIDDLE TENNESSEE - 8119 ISABELLA LANE SUITE 105A - BRENTWOOD, TN 37027 62-1833327 501(C)(3)  MR HOLLAND'S OPUS FOUNDATION 4370 TUJUNGA AVE, SUITE 330 STUDIO CITY, CA 91604 95-4604927 501(C)(3)  MUSICARES 3030 OLYMPIC BLVD SANTA MONICA, CA 90412 95-4470909 501(C)(3)  MY MEMPHIS CHARITABLE FOUNDATION 200 WAGNER PL PH 2 MEMPHIS, TN 38103 62-1576628 501(C)(3)  MASHVILLE PUBLIC EDUCATION FOUNDATION - 2400 FAIRFAX AVE - NASHVILLE, TN 37212 48-1266314 501(C)(3)  NASHVILLE SONGWRITERS ASSOC. INTERNATIONAL - 1222 16TH AVE, S. FL, 3 - NASHVILLE, TN 37212 62-1004587 501(C)(6)		5,000. 9,696.CORP 5,000. 0. 9,696.CORP 27,500. 40,477.CORP 7,500. 0.	DEALER PRICE PROVIDED BY GIBSON GUITAR CORP.  BEALER PRICE PROVIDED BY GIBSON GUITAR CORP.	4 GUITARS AND CASES 11 GUITARS	SUPPORTING MUSIC  EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL ISSUES SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL ISSUES SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL ISSUES SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL ISSUES SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL ISSUES
DEUS FOUNDATION  AVE, SUITE 330  CA 91604  BEVD  CA 90412  SO 95-4470909  CA 90412  BLVD  CA 90412  BLVD  CA 90412  SO 95-4470909  CA 90412  SO 95-4470909  CA 90412  SO 95-4470909  CA 90412  SO 95-4604927  SO 95-470909  SO 95-4604927  SO 96-4604927  SO 96-46047		40,477.	GORP.  DEALER PRICE PROVIDED BY GIBSON GUITAR CORP.	CASES CASES 11 GUITARS	ENVIRONMENTAL ISSUES SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL ISSUES SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL ISSUES SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL ISSUES SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL ISSUES
OPUS FOUNDATION  AVE, SUITE 330  CA 91604  BLVD  CA 90412  95-4470909  CA 90412  95-4470909  95-4470909  CA 90412  95-4470909  95-4604927  95-46067  95-4607  95-4607  95-4607  95-4607  95-4607  95-4607  95-4607  95-4607  95-4607  95-4607  95-4607  95-4607  95-4607  95-4607  95-4607		40,477.	DEALER PRICE PROVIDED BY GIBSON GUITAR CORP.	11 GUITARS	SUPPORTING MUSIC  EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL ISSUES SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL ISSUES SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND WELFARE AND HEALTH AND WELFARE AND FOUNTRONMENTAL ISSUES
AVE, SUITE 330  CA 91604  BLVD  CA 90412  95-4470909  CA 90412  95-4470909  95-4470909  95-4470909  95-4470909  95-4504927  95-46047  95-46047  95-46047  95-46047  95-46047  95-46047  95-46047  95-46047  95-46047  95-46047  95-46047  95-46067  95-4607  95-4607  95-4607  95-4607  95-4607  95-4607  95-4607  95-4607		40,477.	DEALER PRICE PROVIDED BY GIBSON GUITAR CORP.	11 GUITARS	HEALTH AND WELFARE AND ENVIRONMENTAL ISSUES SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL ISSUES SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND WELFARE AND FAVIRONMENTAL ISSUES
BLVD CA 90412  95-4470909  ARITABLE FOUNDATION PH 2 8103  LIC EDUCATION 2400 FAIRFAX AVE - 37212  GWRITERS ASSOC, - 1222 16TH AVE, S, ILLE, TN 37212  62-1004587		40,477.	DEALER PRICE PROVIDED BY GIBSON GUITAR CORP.	11 GUITARS	SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL ISSUES SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL ISSUES
BLVD CA 90412  PRITABLE FOUNDATION PH 2 8103 62-1576628 LIC EDUCATION 2400 FAIRFAX AVE - 37212 GWRITERS ASSOC 1222 16TH AVE. S. ILLE, TN 37212 62-1004587		40,477.	PROVIDED BY GIBSON GUITAR CORP.	11 GUITARS	EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL ISSUES SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL, ISSUES
BLVD CA 90412 95-4470909 ARITABLE FOUNDATION PH 2 8103 62-1576628 LIC EDUCATION 2400 FAIRFAX AVE - 37212 GWRITERS ASSOC 1222 16TH AVE. S. ILLE, TN 37212 62-1004587		40,477.	GORP.	11 GUITARS	HEALTH AND WELFARE AND ENVIRONMENTAL ISSUES SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL ISSUES
CA 90412 95-4470909  ARITABLE FOUNDATION PH 2 8103 62-1576628  LIC EDUCATION 2400 FAIRFAX AVE - 37212 48-1266314  GWRITERS ASSOC, - 1222 16TH AVE, S, - 1222 16TH AVE, S. ILLE, TN 37212 62-1004587			CORP.	11 GUITARS	ENVIRONMENTAL ISSUES SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL, ISSUES
MEMPHIS CHARITABLE FOUNDATION WAGNER PL PH 2 PHIS, TN 38103 62-1576628 HVILLE PUBLIC EDUCATION NDATION - 2400 FAIRFAX AVE - HVILLE, TN 37212 HVILLE SONGWRITERS ASSOC, ERNATIONAL - 1222 16TH AVE, S, 3 - NASHVILLE, TN 37212 62-1004587				,	SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENMAI, ISSUES
MEMPHIS CHARITABLE FOUNDATION WAGNER PL PH 2  PHIS, TN 38103  62-1576628  HVILLE PUBLIC EDUCATION  NDATION - 2400 FAIRFAX AVE -  HVILLE, TN 37212  HVILLE SONGWRITERS ASSOC.  ERNATIONAL - 1222 16TH AVE. S.  3 - NASHVILLE, TN 37212  62-1004587					EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL, ISSUES
HYILLE PUBLIC EDUCATION  HYILLE, TN 37212  HYILLE, TN 37212  HYILLE SONGWRITERS ASSOC.  ERNATIONAL - 1222 16TH AVE. S.  3 - NASHVILLE, TN 37212  62-1004587					ENVIRONMENTAL, TSSIES
HVILLE PUBLIC EDUCATION  NDATION - 2400 FAIRFAX AVE -  HVILLE, TN 37212  HVILLE SONGWRITERS ASSOC.  BENATIONAL - 1222 16TH AVE. S.  3 - NASHVILLE, TN 37212  62-1004587					The state of the s
HVILLE PUBLIC EDUCATION  NDATION - 2400 FAIRFAX AVE - 48-1266314  HVILLE, TN 37212 48-1266314  HVILLE SONGWRITERS ASSOC.  STATIONAL - 1222 16TH AVE. S.  3 - NASHVILLE, TN 37212 62-1004587					SUPPORTING MUSIC
HVILLE, TN 37212 48-1266314  HVILLE SONGWRITERS ASSOC.  BENATIONAL - 1222 16TH AVE. S.  3 - NASHVILLE, TN 37212 62-1004587		_		-	EDUCATION AND THE ARTS,
HVILLE, TN 37212  48-1266314  HVILLE SONGWRITERS ASSOC.  BENATIONAL - 1222 16TH AVE. S.  3 - NASHVILLE, TN 37212  62-1004587					HEALTH AND WELFARE AND
HVILLE SONGWRITERS ASSOC.  ERNATIONAL - 1222 16TH AVE. S.  3 - NASHVILLE, TN 37212  62-1004587	)	6,000.			ENVIRONMENTAL ISSUES
HVILLE SONGWRITERS ASSOC.  ERNATIONAL - 1222 16TH AVE. S.  3 - NASHVILLE, TN 37212 62-1004587					SUPPORTING MUSIC
ERNATIONAL - 1222 16TH AVE. S. 3 - NASHVILLE, TN 37212 62-1004587					EDUCATION AND THE ARTS,
3 - NASHVILLE, TN 37212 62-1004587					HEALTH AND WELFARE AND
	9 (9)	,500.			ENVIRONMENTAL ISSUES
					SUPPORTING MUSIC
NATURAL RESOURCES DEFENSE COUNCIL					EDUCATION AND THE ARTS,
40 WEST 20TH ST					HEALTH AND WELFARE AND
NEW YORK, NY 10011 13-2654926 501(C)(3)	)(3) 25	,000.			ENVIRONMENTAL ISSUES
			DEALER PRICE		SUPPORTING MUSIC
NORDOFF-ROBBINS MUSIC THERAPY			PROVIDED BY		EDUCATION AND THE ARTS,
FOUNDATION INC - 1540 BROADWAY			GIBSON GUITAR		HEALTH AND WELFARE AND
STE 1510 - NEW YORK, NY 10036 13-3490267 501(C)(3)	,	44,000.	CORP.	6 GUITARS	ENVIRONMENTAL ISSUES
			DEALER PRICE		SUPPORTING MUSIC
NOTES FOR NOTES INCORPORATED			PROVIDED BY	_	EDUCATION AND THE ARTS,
			GIBSON GUITAR		HEALTH AND WELFARE AND
SANTA BARBARA, CA 93190 20-4875556 501(C)(3)	)(3)	0. 7,624.	CORP.	33 GUITARS	ENVIRONMENTAL ISSUES

Page 1

Fart II Continuation of Grants and Other Assistance to Governments and Organizations in the Onted States (Schedule   (Form 990), Part II.)	Assistance to G	vernments and Orga	nizations in the Ur	nted States (Sche	saule I (Form 99U), Pa	(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
							SUPPORTING MUSIC
POLARIS PROJECT							EDUCATION AND THE ARTS,
PO BOX 53315							HEALTH AND WELFARE AND
WASHINGTON, DC 20009	03-0391561	501(C)(3)	10,000.	0.			ENVIRONMENTAL ISSUES
					DEALER PRICE		SUPPORTING MUSIC
RAINFOREST ALLIANCE					PROVIDED BY		EDUCATION AND THE ARTS,
665 BROADWAY, SUITE 500					SIBSON GUITAR	12 GUITARS, MISC	MISC HEALTH AND WELFARE AND
NEW YORK, NY 10012	13-3377893	501(C)(3)	151,000.	13,957.CORP	CORP.	ACCESSORIES	ENVIRONMENTAL ISSUES
							SUPPORTING MUSIC
ROCK & ROLL HALL OF FAME AND							EDUCATION AND THE ARTS,
MUSEUM - 1100 ROCK & ROLL BLVD -							HEALTH AND WELFARE AND
CLEVELAND, OH 44114	34-1520995	501(C)(3)	62,000.	0.			ENVIRONMENTAL ISSUES
							SUPPORTING MUSIC
SECOND HARVEST FOOD BANK							EDUCATION AND THE ARTS,
331 GREAT CIRCLE ROAD				<del></del>			HEALTH AND WELFARE AND
NASHVILLE, TN 37228	62-1049447	501(C)(3)	5,000.	0.			ENVIRONMENTAL ISSUES
					DEALER PRICE		SUPPORTING MUSIC
SONGWRITERS HALL OF FAME			-		PROVIDED BY		EDUCATION AND THE ARTS,
675 THIRD AVE					SIBSON GUITAR		HEALTH AND WELFARE AND
NEW YORK, NY 10012	23-7051690	501(C)(3)	0.	15,661.	CORP.	4 GUITARS	ENVIRONMENTAL ISSUES
					DEALER PRICE		SUPPORTING MUSIC
ST PATRICK LEARNING CENTER	•	***			PROVIDED BY		EDUCATION AND THE ARTS,
277 SOUTH FOURTH STREET					SIBSON GUITAR		HEALTH AND WELFARE AND
MEMPHIS, TN 38126	62-1238909	501(C)(3)	15,000.	0.	O.CORP.		ENVIRONMENTAL ISSUES
					DEALER PRICE		SUPPORTING MUSIC
THE VINNY					PROVIDED BY		EDUCATION AND THE ARTS,
400 FRANKLIN ROAD				•	SIBSON GUITAR	1 GUITARS, MISC	HEALTH AND WELFARE AND
FRANKLIN, TN 37069	58-1893478	501(C)(3)	.0	13,334.	CORP.	ACCESSORIES	ENVIRONMENTAL ISSUES
					DEALER PRICE		SUPPORTING MUSIC
TJ MARTELL FOUNDATION					PROVIDED BY		EDUCATION AND THE ARTS,
550 MADISON AVE 550/15					SIBSON GUITAR	30 GUITARS, MISC	MISC HEALTH AND WELFARE AND
NEW YORK, NY 10012	51-0180178	501(C)(3)	28,600.	22,371.	CORP.	ACCESSORIES	ENVIRONMENTAL ISSUES
							SUPPORTING MUSIC
TULANE UNIVERSITY							EDUCATION AND THE ARTS,
6823 ST. CHARLES AVENUE							HEALTH AND WELFARE AND
NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	332,000.	0.			ENVIRONMENTAL ISSUES
							Cohodule I /Earm Of

Schedule I (Form 990)

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Schedule   (Form 990) THE GIBSOI	GIBSON FOUNDATION	NOI			!		20-0832563 Page 1
Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the Un	ited States (Sche	dule I (Form 990), Pa	(=)	
(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
U S FUND FOR UNICEF							SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND METERADE AND
NEW YORK, NY 10038	13-1760110	501(C)(3)	20,000.	0.			ENVIRONMENTAL ISSUES
							SUPPORTING MUSIC
WORLD FOOD PROGRAM USA 1819 L STREET, NWSUITE 900							EDUCATION AND THE ARTS, HEALTH AND WELFARE AND
20036	13-3843435	501(C)(3)	10,000.	0.			ENVIRONMENTAL ISSUES
OPERATION FINALLY HOME 818 19TH AVENUE SOUTH							PROVIDES HOMES TO WOUNDED AND DISABLED VETERANS AND
NASHVILLE, TN 37203	20-8964096	501(C)(3)	5,000.	0.			THE WIDOWS OF THE FALLEN
T.W, ARTS, LTD							
137 TICKFORD STREET - BUCKINGHAMSHIRE UNITED KINGD							
UNITED KINGDOM MK16 9BA		FOREIGN CHARITY	75,720.	0			SUPPORT FOR THE ARTS
CIACIC					DEALER PRICE		HELP YOUTH IN
RUS COTA TRES, CASA 03					PROVIDED BY		IMPOVERISHED AREAS
RIO DE JANEIRO, BRAZIL, BRAZIL			·		SIBSON GUITAR		HELP YOUTH IN
21,010-330		FOREIGN CHARITY	0.	5,401.	CORP.	GUITARS	IMPOVERISHED AREAS
QUEENSLAND FLOOD					DEALER PRICE		
					PROVIDED BY		
BRISBANE QLD, AUSTRALIA, AUSTRALIA 4001		FORETGN CHARITY	O	5 460	GIBSON GUITAR	GUITARS	SUPPORT FOR FLOOD VICTIMS
					DEALER PRICE		
ROLLING STONE INSTITUTE BRASIL					PROVIDED BY		
R. FERREIRA DE ARAUJO					SIBSON GUITAR		SUPPORT MUSIC AND THE
ANDAR, BRAZIL, BRAZIL 05428000		FOREIGN CHARITY	0.	6,813.	CORP,	GUITARS	ARTS FOR STUDENTS
					DEALER PRICE		PROVIDES AFFORDABLE,
W.O. SMITH MUSIC SCHOOL					PROVIDED BY		QUALITY MUSIC INSTRUCTION
1125 8TH AVENUE SOUTH					SIBSON GUITAR		TO CHILDREN IN LOW-INCOME
NASHVILLE, TN 37203	58-1560499	501(C)(3)	0.	39,180.	CORP.	GUITARS	FAMILIES
					DEALER PRICE		
					PROVIDED BY		
5005 LBJ FREEMAY, SUITE 250	75-1835298	501(0)(3)	C	GIBSON 7 018 CORD	GIBSON GUITAR	GHTTARS	SUPPORT FOR BREAST CANCER RESEARCH
יייייייייייייייייייייייייייייייייייייי	007001-01	101010	•		cone.	CVITOS	
							Schedule I (Form 990)

Schedule I (Form 990) (2011) THE GIBSON FOUNDATION

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

Page 2

20-0832563

r of (c) Amount of (d) Amount of non-cash assistance s cash grant cash assistance (book, FMV, appraisal, other)	2 51,750. 0.			Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information  LE I, PART I, LINE 2: SEMI-ANNUAL OR ANNUAL REPORTS ARE REQUIRED OF	
(b) Number of recipients				de the information (	
(a) Type of grant or assistance	FUNDS FOR SUPPORTING MUSIC EDUCATION AND THE ARTS, HEALTH AND WELFARE AND ENVIRONMENTAL ISSUES			Part IV Supplemental Information. Complete this part to provide SCHEDULE I, PART I, LINE 2: SEMI-A	ORGANIZATIONS RECEIVING GRANTS.

132102 01-27-12

### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Transactions With Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

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

Name of the organization						•		Employe			umber
THE	GIBSO	N FOU	NDATIO	NC				<u> 20-08</u>	3256	3	
					n 501(c)(4) organizatio						
	nization ansv	vered "Yes	on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Par	V, line 40	b.		
1 (a) Name of disc	oualified pers	son			(b) Description	of transa	ction			(c) Con	ected?
			<del></del>		(L) L COOMPHON					Yes	No
									<del></del>		
								·			<u> </u>
										<del>  </del>	
1.00											
2 Enter the amount of tax impo	sed on the o	rganizatio	n manager	s or disqualifi	ed persons during the	vear un	der			<u></u>	
section 4958		. 3			er percent daming and	, , , , , , , , , , , , , , , , , , , ,		<b>▶</b> \$			
3 Enter the amount of tax, if an	y, on line 2, a	above, rein	nbursed by	y the organiza	ation			<b>&gt;</b> \$			
				•				•			
Part II Loans to and/or	From Int	erested	Persons	S.				-			
	nization ansv	vered "Yes	on Form	990, Part IV,	line 26, or Form 990-E	Z, Part V	, line 3				
(a) Name of interested person and purpose (b) Loan to or from the organization? (c) Original principal (d) Balance due (e) In default? (f) Approved by board or amount						(g) W					
person and purpose			- ai	amount default? committ  Yes No Yes		ittee?	agreer	nent?			
	То	From				No	Yes	No	Yes	No	
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Total				▶ \$		,			*		:30°
Part III Grants or Assist	tance Ben	efiting I	ntereste	ed Person	s.			•			
Complete if the organ		ered "Yes									
(a) Name of interested p	erson		(b) Relati	onship betwe the or	een interested person ganization	and			iount an assistan	d type of ice	F
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

Schedule L (Form 990 or 990 EZ) 2011 THE GIBSON FOUNDATION
Part IV Business Transactions Involving Interested Persons.

(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of		ring of						
	person and the organization	transaction	transaction	organiz reven	ues?						
HENRY JUSZKIEWICZ	HENRY SERVES AS CEO	735.411.	GIBSON GUIT	Yes	No X						
DAVE BERRYMAN	DAVE IS PRESIDENT O		GIBSON GUIT		X						
				ļ							
Part V Supplemental Information			I								
Complete this part to provide additional	al information for responses to question	s on Schedule L (see	instructions).								
CCU I DADM IV DUCINDOC M	DANGAGMIONG THUCKIT	NO THEFT	ED DEDGOMG.								
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:								
(A) NAME OF PERSON: HENRY	JUSZKIEWICZ										
(D) DELIGIOUS DESCRIPTION T											
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	ION:								
HENRY SERVES AS CEO OF GIB	SON GUITAR CORP, A	MAJOR DONOR	OF THE FOU	NDAT	ION						
HENRY SERVES AS CEO OF GIBSON GUITAR CORP, A MAJOR DONOR OF THE FOUNDATION											
(C) AMOUNT OF TRANSACTION \$ 735,411.											
(D) DESCRIPTION OF TRANSAC	TION: GIBSON GUITAR	CORP DONAT	ED \$420.000	CAS	н						
					<del></del>						
AND \$315,411 NON-CASH ITEM	S TO THE FOUNDATION	•									
(E) SHARING OF ORGANIZATIO	N REVENUES? = NO										
(2) Dimitities of Ottomic Difference	THE TENDED! - NO	/ /			<u>-</u>						
(A) NAME OF PERSON: DAVE B	<b>FDDVM</b> AN										
(A) NAME OF FERSON: DAVE B	EKKIMAN	· ***									
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	ION:								
DAVE TO DESCRIPTION OF CIRCO	NI CIITMAD CODD A MA	TOD DOMOD O	E MILE EOLDED	3 m T O	 NT						
DAVE IS PRESIDENT OF GIBSO	N GUITAR CORP, A MA	JOR DONOR O	F THE FOUND	ATTO	N						
(C) AMOUNT OF TRANSACTION	\$ 735,411.										
(D) DEGCRIDATON OF ADAMGS	MION GIRGON GUITMAN	CORD DOMAG	TD 4420 000	G1.0							
(D) DESCRIPTION OF TRANSAC	TION: GIBSON GUITAR	CORP DONAT	ED \$420,000	CAS	<u>H</u>						
AND \$315,411 NON-CASH ITEM	S TO THE FOUNDATION	•									
·->											
(E) SHARING OF ORGANIZATIO	N REVENUES? = NO		· · · · · · · · · · · · · · · · · · ·								
	<del>-</del>										
		· · · · · · · · · · · · · · · · · · ·									

### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

**Noncash Contributions** 

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

THE GIBSON FOUNDATION

Employer identification number

20-0832563

Pai	TI Types of Property				·····			
		(a) Check if	(b) Number of	(c) Noncash contribution	(d)			
		applicable	contributions or	amounts reported on	Method of de noncash contribu	-	ınts	
		арриосоло	items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art	<u> </u>						
2	Art - Historical treasures							
3	Art · Fractional interests				<u> </u>			
4	Books and publications		187					
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Secunties - 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				<u></u>			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		4.60	245 444				
25	Other (MUSICAL INSTR)	X	469	315,411.	MINIMUM ADV	ERTIS	ED	<u> P</u>
26	Other ()			· · · · · · · · · · · · · · · · · · ·	ļ			
27	Other ()							
28	Other (	L	L					
29	Number of Forms 8283 received by the organi		-					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29	<del></del>	1.2		
						Ye	S	No
30a	During the year, did the organization receive b	-				***	,	·> .
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exe	mpt purposes for			
	the entire holding period?					30a	-	X
	If "Yes," describe the arrangement in Part II						- -	X
31	Does the organization have a gift acceptance					31	+	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncasi	1			v
	contributions?					32a	+	X
	If "Yes," describe in Part II.	nahunce (e) (			<b>.</b>			-
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is c	пескеа,			1
	describe in Part II.							

Schedule M (Form 990) (2011)

#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

GUITAR CORP.

THE GIBSON FOUNDATION

Employer identification number 20-0832563

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WHICH IS ACCOMPLISHED THROUGH ITS OWN INITIATIVES (MUSIC RISING AND
GUITARTOWN) AS WELL AS THROUGH ITS SUPPORT OF OTHER NONPROFIT
ORGANIZATIONS THAT ADVANCE HEALTH & WELFARE, MUSIC & ARTS, EDUCATION
AND ENVIRONMENTAL CAUSES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WELFARE, MUSIC & ARTS, EDUCATION AND ENVIRONMENTAL CAUSES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ZACH'S MEMORIAL FUND: THIS IS A MEMORIAL FUND SET UP IN HONOR OF HENRY
JUSZKIEWICZ'S SON ZACHARY WHO PASSED AWAY DURING 2008. THE FUND IS TO
HELP THOSE LESS FORTUNATE IN THE ENDEAVORS IN WHICH ZACHACRY HAD A KEEN
INTEREST.
SOUNDWAVES IS A UNIQUE ARTS PROGRAM THAT WAS DEVELOPED BY UK ARTIST TIM
WAKEFIELD. IT BLENDS ART, MUSIC AND TECHNOLOGY IN CAPTURING HEARTBEAT
OF ICONIC SONGS. THE ONE-OF-A-KIND ART WORK, ONCE COMPLETED AND
TRANSFERRED TO CANVAS, IS SIGNED BY TIM AND THE MUSICIAN(S) THAT WROTE
OR PERFORMED THE SONG AND THEN AUCTIONED OFF TO BENEFIT A VARIETY OF
CHARITIES.
FORM 990, PART VI, SECTION A, LINE 2: HENRY JUSZKIEWICZ IS CEO OF GIBSON

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S EXECUTIVE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  $^{1322\,11}_{01\text{-}23\text{-}12}$ 

Schedule O (Form 990 or 990-EZ) (2011)

DAVE BARRYMAN IS PRESIDENT OF GIBSON GUITAR CORP.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization THE GIBSON FOUNDATION	Employer identification number 20-0832563
DIRECTOR WILL REVIEW THE FORM 990 BEFORE FILING.	
FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAK	ES ITS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STA	TEMENTS AVAILABLE
TO THE PUBLIC UPON REQUEST.	
	A147