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Form

990Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No 1545-0047

2011**Open to Public
Inspection****A For the 2011 calendar year, or tax year beginning , and ending****B** Check if applicable

- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**GVN FOUNDATION**

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

P.O. BOX 602

Room/suite

City or town, state or country, and ZIP + 4

BELLEFONTAINE**OH 43311****D** Employer identification number**20-3087760****E** Telephone number**800-963-1198****G** Gross receipts \$ **264,190****F** Name and address of principal officer**ELIZA RAYMOND****P.O. BOX 602****BELLEFONTAINE****OH 43311****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

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

I Tax-exempt status☒ 501(c)(3)☐ 501(c) ()

(insert no)

☐ 4947(a)(1) or☐ 527**J** Website ▶**WWW.GVNFOUNDATION.ORG****H(c)** Group exemption number ▶**K** Form of organization☒ Corporation☐ Trust☐ Association☐ Other ▶**L** Year of formation **2005****M** State of legal domicile **OH****Part I Summary****1** Briefly describe the organization's mission or most significant activities.

TO SUPPORT THE CHARITABLE AND EDUCATIONAL WORK OF LOCAL COMMUNITY ORGANIZATIONS IN VARIOUS COUNTRIES THROUGH THE DISTRIBUTION OF FINANCIAL, IN-KIND, AND MATERIAL DONATIONS.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)**4** Number of independent voting members of the governing body (Part VI, line 1b)**5** Total number of individuals employed in calendar year 2011 (Part V, line 2a)**6** Total number of volunteers (estimate if necessary)**7a** Total unrelated business revenue from Part VIII, column (C), line 12**b** Net unrelated business taxable income from Form 990-T, line 34**8** Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶**17** Other expenses (Part IX, column (A), lines 11d, 11f-24e)**18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses Subtract line 18 from line 12**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

482,475**264,188****0****0****5****2****-97,750****-30,734****384,730****233,456****174,643****152,542****0****0****36,828****53,257****0****0****11,771****149,240****65,559****360,711****271,358****24,019****-37,902**

Beginning of Current Year

End of Year

99,867**64,422****0****2,457****99,867****61,965****Part II Signature Block**

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

Sign Here

Signature of officer

TINA HOUCHIN

Type or print name and title

TREASURER

Date

6-28-12**Paid****Preparer Use Only**

Print/Type preparer's name

MARK GILMORE

Preparer's signature

Date

06/19/12Check ☐ if

self-employed

PTIN

P01214175

Firm's name ▶

BAUERLE AND COMPANY, P.C.

Firm's EIN ▶

84-0817888

Firm's address ▶

7887 E BELLEVIEW AVE STE 700

Phone no

303-759-0089

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2011)

67 23

Part III Statement of Program Service Accomplishments

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

☒

1 Briefly describe the organization's mission

TO SUPPORT THE CHARITABLE AND EDUCATIONAL WORK OF LOCAL COMMUNITY ORGANIZATIONS IN VARIOUS COUNTRIES THROUGH THE DISTRIBUTION OF FINANCIAL, IN-KIND, AND MATERIAL DONATIONS.

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **39,633** including grants of \$ **39,633**) (Revenue \$)

VOLUNTEER VIETNAM:

IN 2011, A TOTAL OF \$39,633.04 WAS GRANTED TO VOLUNTEER VIETNAM, MADE UP OF THE FOLLOWING GRANTS:

> AN INTERNATIONAL FUNDRAISER GRANT WAS USED TO PROVIDE FOOD SUPPLIES FOR TAM KY BABY ORPHANAGE. \$967.10

> A GENERAL PROJECT GRANT WAS USED TO PROVIDE FUNDING FOR THE ONGOING EDUCATIONAL, NUTRITIONAL AND MEDICAL NEEDS AT PROJECTS IN DA NANG AND TUY HOA. \$6,200.22

> SEVERAL SPONSORSHIP GRANTS WERE USED TO SUPPORT CHILDREN'S EDUCATIONAL AND NUTRITIONAL NEEDS AT PROJECTS IN DA NANG, TUY HOA AND TAM KY. \$1,034.81

> A CYCLING CHALLENGE GRANT WAS USED TO PROVIDE FUNDING FOR THE ONGOING

4b (Code:) (Expenses \$ **26,565** including grants of \$ **26,565**) (Revenue \$)

THE REAL UGANDA, UGANDA:

IN 2011, A TOTAL OF \$26,565.18 WAS GRANTED TO THE REAL UGANDA, MADE UP OF THE FOLLOWING GRANTS:

> AN ESTC GRANT WAS USED TO FUND THE CONSTRUCTION OF A GOAT FARM AT JOHNSON NKOSI MEMORIAL SCHOOL. THIS PROJECT HAS ENABLED THE SCHOOL TO PROVIDE MILK FOR THE CHILDREN AND SELL GOATS FOR MEAT. \$3,859.62

> SEVERAL SPONSORSHIP GRANTS AND A GENERAL PROJECT GRANT WERE PROVIDED THROUGHOUT THE YEAR TO SUPPORT THE ONGOING RUNNING COSTS AT HOPE FOR AFRICA CHILDREN'S VILLAGE. \$1,009.02

> AN ESTC GRANT OF \$5,000 WAS USED TO SUPPORT A MICROFINANCE AND COW PROJECT AT YOFAFO. \$5,000.00

4c (Code:) (Expenses \$ **25,168** including grants of \$ **25,168**) (Revenue \$)

PERUVIAN HEARTS, PERU:

IN 2011, A TOTAL OF \$25,167.85 WAS GRANTED TO PERUVIAN HEARTS, MADE UP OF THE FOLLOWING GRANTS:

> SEVERAL INTERNATIONAL FUNDRAISER GRANTS WERE USED TO SUPPORT THE EDUCATIONAL AND NUTRITIONAL NEEDS OF A GROUP OF CHILDREN AT WARA COMMUNITY CENTER. \$993.31

> TWO SPONSORSHIP GRANTS WERE USED TO HELP FUND THE ONGOING RUNNING COSTS AT THE MERCEDES DE JESUS ORPHANAGE. \$194.34

> A MACHU PICCHU HIKE GRANT WAS USED TO PURCHASE PAINT AND SUPPLIES TO REPAINT THE DINING ROOM AND PAINT A MURAL AT THE MERCEDES DE JESUS ORPHANAGE. \$671.75

4d Other program services (Describe in Schedule O)

(Expenses \$ **129,022** including grants of \$ **61,176**) (Revenue \$)

4e Total program service expenses **220,388**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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		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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	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 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
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	X	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.	5	
b Enter the number of voting members included in line 1a, above, who are independent	4	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 <input checked="" type="checkbox"/>	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
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?	7a	<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a <input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	8b <input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<input checked="" type="checkbox"/>

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
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?	11a <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b <input checked="" type="checkbox"/>	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c <input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy?	13 <input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy?	14 <input checked="" type="checkbox"/>	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a <input checked="" type="checkbox"/>	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b <input checked="" type="checkbox"/>	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<input checked="" type="checkbox"/>
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?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **GVN FOUNDATION**
PO BOX 602

BELLEFONTAINE

OH 43311

800-963-1198

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) COURTNEY MONTAGUE DIRECTOR	4.00	X						15,588	0	0
(2) COLIN SALISBURY BOARD CHAIR	4.00	X		X				0	0	0
(3) BARBARA COURTNEY SECRETARY	1.00	X		X				0	0	0
(4) TINA HOUCHIN TREASURER	4.00	X		X				0	0	0
(5) ELIZA RAYMOND EXECUTIVE DIRECTOR	40.00	X		X				0	0	33,548
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								15,588		33,548
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								15,588		33,548

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	190,052			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	74,136			
	g Noncash contributions included in lines 1a-1f	\$				
	h Total. Add lines 1a-1f		264,188			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2	2	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real (ii) Personal				
b Less rental exps						
c Rental inc or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less cost or other basis & sales exps						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ 190,052 of contributions reported on line 1c) See Part IV, line 18		a				
b Less direct expenses		b	30,734			
c Net income or (loss) from fundraising events			-30,734			
9a Gross income from gaming activities See Part IV, line 19		a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		233,456	2	0	0	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	152,542	152,542		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	49,136	21,450	16,181	11,505
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	2,790	1,186	1,604	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	1,331	399	666	266
11 Fees for services (non-employees)				
a Management				
b Legal	10		10	
c Accounting	3,703		3,703	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	20		20	
12 Advertising and promotion				
13 Office expenses	1,024		1,024	
14 Information technology				
15 Royalties				
16 Occupancy	7,992		7,992	
17 Travel	1,773		1,773	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	386		386	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	237		237	
23 Insurance	3,363		3,363	
24 Other expenses. Itemize expenses not covered 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 O.)				
a PERUVIAN HEARTS GRANTS	25,168	25,168		
b OTHER PS EXPENSES	14,462	14,462		
c GRASSROOTS UNITED	4,022	4,022		
d BANK FEES	1,737		1,737	
e All other expenses	1,662	1,159	503	
25 Total functional expenses. Add lines 1 through 24e	271,358	220,388	39,199	11,771
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	99,511	1	64,303
	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, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 1,662		
	b Less: accumulated depreciation	10b 1,543	356	10c 119
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		99,867	16	64,422
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	2,457
	26 Total liabilities. Add lines 17 through 25		0	26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	99,867	27	61,965
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	99,867	33	61,965
34 Total liabilities and net assets/fund balances	99,867	34	64,422	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	233,456
2	Total expenses (must equal Part IX, column (A), line 25)	2	271,358
3	Revenue less expenses. Subtract line 2 from line 1	3	-37,902
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	99,867
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	61,965

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

	Yes	No
1 Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

GVN FOUNDATION

Employer identification number

20-3087760**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	228,494	236,871	371,534	482,475	264,188	1,583,562
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	228,494	236,871	371,534	482,475	264,188	1,583,562
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,583,562

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	228,494	236,871	371,534	482,475	264,188	1,583,562
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,415	2,955	230	5	2	4,607
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						1,588,169
12 Gross receipts from related activities, etc. (see instructions)					12	2

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.71 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.30 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input checked="" type="checkbox"/>
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a** 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐
- b** 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐
- 20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV

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

039010 GVN FOUNDATION
20-3087760
FYE: 12/31/2011

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
CASH CONTRIBUTIONS	\$ 64,136
CASH CONTRIBUTION	10,000
CASH CONTRIBUTION	103,611
INTERNATIONAL FUNDRAISERS	86,441
CASH CONTRIBUTION	<u>86,441</u>
TOTAL	<u>\$ 264,188</u>

**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

2011Open to Public
Inspection

Name of the organization

Employer identification number

GVN FOUNDATION**20-3087760****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other

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

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

☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %
 The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,662	1,543	119
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				119

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

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO GLOBAL VOLUNTEER NETWORK	2,457
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,457

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

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

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

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

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

Part XIV Supplemental Information

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

Part XIV Supplemental Information (continued)

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

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

GVN FOUNDATION

Employer identification number

20-3087760**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(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 activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
ASIA AND THE SOUTH PACIFIC					
(1)	1	3	ADMIN & FUNDRAISING		14,462
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1	3			14,462
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	3			14,462

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

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 recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ **Part II can be duplicated if additional space is needed.**

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)
(1)			EAST ASIA AND THE PACIFIC	REHABILITATION	39,633	WIRE TRANSFER			
(2)			SUB-SAHARAN AFRICA	REHABILITATION	26,565	WIRE TRANSFER			
(3)			SUB-SAHARAN AFRICA	REHABILITATION	22,334	WIRE TRANSFER			
(4)			SOUTH ASIA	REHABILITATION	12,673	WIRE TRANSFER			
(5)			EAST ASIA AND THE PACIFIC	REHABILITATION	10,723	WIRE TRANSFER			
(6)			SUB-SAHARAN AFRICA	REHABILITATION	9,446	WIRE TRANSFER			
(7)			SOUTH AMERICA	REHABILITATION	6,893	WIRE TRANSFER			
(8)			SUB-SAHARAN AFRICA	REHABILITATION	6,579	WIRE TRANSFER			
(9)			SUB-SAHARAN AFRICA	REHABILITATION	6,265	WIRE TRANSFER			
(10)			EAST ASIA AND THE PACIFIC	REHABILITATION	6,015	WIRE TRANSFER			
(11)			SUB-SAHARAN AFRICA	REHABILITATION	5,416	WIRE TRANSFER			
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **▲**

3 Enter total number of other organizations or entities **▲**

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 ☒ 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 ☒ 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 ☒ 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 ☒ 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 ☒ 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 ☒ No

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
ASIA AND THE SOUTH PACIFIC	\$ 14,462	\$ 0

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding**
Fundraising or Gaming ActivitiesComplete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.

OMB No 1545-0047

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Inspection

Name of the organization

GVN FOUNDATION

Employer identification number

20-3087760**Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?☐ Yes ☐ No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>EAT SO THEY CAN</u> (event type)	<u>INTERNATIONAL F</u> (event type)	<u>NONE</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	103,611	86,441		190,052
	2 Less: Charitable contributions	103,611	86,441		190,052
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,813	15,921		30,734
	10 Direct expense summary: Add lines 4 through 9 in column (d)				30,734
11 Net income summary: Combine line 3, column (d), and line 10				-30,734	

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

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

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?

9a ☐ Yes ☐ No

b If "No," explain

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

10a ☐ Yes ☐ No

b If "Yes," explain

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer
☐ Employee
☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

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

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

OMB No 1545-0047

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Inspection

Name of the organization

GVN FOUNDATION

Employer identification number

20-3087760**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total				▶ \$ _____						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?	
				Yes	No
(1) GLOBAL VOLUNTEER NETWORK	OFFICER	47,450	CONTRIBUTIONS FROM		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE L, PART V - ADDITIONAL INFORMATION

THE BOARD CHAIR IS AN OFFICER OF GLOBAL VOLUNTEER NETWORK, A NEW ZEALAND REGISTERED NON-PROFIT ORGANIZATION. GLOBAL VOLUNTEER NETWORK DONATES \$50 VIA WIRE TRANSFER TO GVN FOUNDATION FOR MOST VOLUNTEERS THAT PARTICIPATE IN A GLOBAL VOLUNTEER NETWORK PROGRAM. THE DONATIONS GO TOWARD THE FUNDING OF GVN FOUNDATION'S OPERATIONAL EXPENSES.

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

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

GVN FOUNDATION

Employer identification number

20-3087760

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

EDUCATIONAL, NUTRITIONAL AND MEDICAL NEEDS AT PROJECTS IN DA NANG, TUY HOA AND TAM KY. IN ADDITION, A TV AND DVD PLAYER WERE PURCHASED FOR TUY HOA LITTLE SCHOOL AND SPECIAL MEALS WERE ORGANIZED AT DA NANG SOCIAL SUPPORT CENTER AND TAM KY HOME OF AFFECTION. \$11,895.85

> A GENERAL PROJECT GRANT WAS USED TO PROVIDE RELIEF TO THE VICTIMS OF THE FLOODING AND TO SUPPORT CHILDREN AT TUY HOA HOME OF AFFECTION, DA NANG SOCIAL SUPPORT AND DA NANG RED CROSS. \$2,343.03

> AN ESTC GRANT WAS USED TO PROVIDE FUNDING FOR THE ONGOING EDUCATIONAL, NUTRITIONAL AND MEDICAL NEEDS AT PROJECTS IN DA NANG, TUY HOA AND TAM KY. \$8,085.05

> A GRANT FROM THE YOUNG AT HEART TOUR WAS USED TO HELP RENOVATE THE LIBRARY AND PURCHASE BOOKS AT TAM THANH VILLAGE. IN ADDITION, FOOD WAS PROVIDED TO SEVERAL PROJECTS. \$1,600.00

> A GRANT FROM THE YOUTH TOUR WAS USED TO FUND SEVERAL PROJECTS, INCLUDING THE PURCHASE OF TEXTBOOKS AND SCHOOL SUPPLIES FOR TAM THANH VILLAGE AND TAM KY BABY ORPHANAGE. IN ADDITION, SPECIAL EVENTS WERE ORGANIZED FOR THE CHILDREN AT TAM THANH VILLAGE AND TAM KY BABY ORPHANAGE. \$ 2,600.00

> AN INTERNATIONAL FUNDRAISER GRANT WAS COMBINED WITH A BIKE TRIP GRANT TO COMPLETE THE BATHROOM AT THE RED CROSS ORPHANAGE. \$1,200.00

> AN INTERNATIONAL FUNDRAISER GRANT WAS USED TO HELP FUND TIN'S SURGERY TO REMOVE THE TUMOR IN HIS THROAT. TIN IS A 13-YEAR OLD ORPHANED BOY. \$2,955.91

> A GENERAL PROJECT GRANT WAS USED TO HELP BUILD A NEW WHEELCHAIR FOR TAM AT DA NANG SOCIAL SUPPORT CENTER, TO PURCHASE PHYSIO (PHYSICAL THERAPY)

Name of the organization

GVN FOUNDATION

Employer identification number

20-3087760

EQUIPMENT FOR THE BABIES AT DA NANG BABY ORPHANAGE AND TO PURCHASE SWIMSUITS AND PHYSIO SUPPLIES FOR THE CHILDREN AT DA NANG SOCIAL SUPPORT CENTER. \$751.07

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

> A GENERAL PROJECT GRANT WAS USED TO FUND THE NALUSSE LUNCH PROGRAM, FINISH BUILDING THE FOUR CLASSROOM BLOCKS AND HOUSE AT PACE SCHOOL, AND PAY TUITION FEES FOR A STUDENT. \$2,866.89

> A GENERAL PROJECT GRANT WAS USED TO FUND THE RENOVATION OF TWO NATURAL SPRINGS AND CREATE TWO SHALLOW WELLS. THESE WELLS NOW PROVIDE SAFE AND RELIABLE DRINKING WATER TO THOUSANDS OF UGANDANS. \$9,000.00

> AN INTERNATIONAL FUNDRAISER GRANT WAS USED TO CONTRIBUTE TOWARDS THE COSTS OF THE NALUSSE LUNCH PROGRAM. \$114.77

> AN ESTC GRANT WAS USED TO COMPLETE THE GOAT PROJECT AT JOHNSON NKOSI MEMORIAL SCHOOL, AND TO START A PIGGERY AT PACE PRIMARY SCHOOL. \$4,714.88

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

> AN ESTC GRANT WAS USED TO FUND THE FIRST YEAR OF THE PERUVIAN PROMISE PROGRAM. THE GRANT WAS USED TO FUND SCHOLARSHIPS, SCHOOL UNIFORMS, TEXTBOOKS, SCHOOL SUPPLIES AND EXPERIENTIAL RETREATS FOR 16 GIRLS. IN ADDITION THIS ESTC GRANT WAS USED TO FUND A BREAKFAST PROGRAM AT LAMAY SCHOOL FOR 360 STUDENTS FOR ONE YEAR. \$14,359.50

> THE FIRST INSTALMENT OF THE FUNDS RAISED FROM THE MACHU PICCHU 2011 HIKE WAS USED TO SUPPORT THE PERUVIAN PROMISE EDUCATIONAL SCHOLARSHIP FUND. \$5,000.00

> AN INTERNATIONAL FUNDRAISER GRANT AND A GENERAL PROJECT GRANT WERE COMBINED TO FUND NEW ARMOIRES, A PROJECTOR AND SOME CONSTRUCTION WORK AT

Name of the organization

GVN FOUNDATION

Employer identification number

20-3087760

THE HOGAR MERCEDES DE JESUS ORPHANAGE. \$3,948.95

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

VICDA, KENYA:

IN 2011, A TOTAL OF \$22,334.16 WAS GRANTED TO VICDA IN KENYA, MADE UP OF THE FOLLOWING GRANTS:

> TWO SPONSORSHIP GRANTS AND A GENERAL PROJECT GRANT WERE USED TO SUPPORT THE ONGOING COSTS AT HAPPY LIFE CHILDREN'S HOME. \$344.52

> TWO SPONSORSHIP GRANTS WERE USED TO SUPPORT THE ONGOING COSTS AT SHELTER CHILDREN'S HOME. \$420.30

> AN INTERNATIONAL FUNDRAISER GRANT WAS USED TO REPLACE THE WATER TANK AND PIPES AT NANGOLIE CHILDREN'S HOME. \$250.44

> AN INTERNATIONAL FUNDRAISER AND A GENERAL PROJECT GRANT WERE USED TO PURCHASE UNIFORMS FOR 19 CHILDREN AT RONGAI CAMP FOR INTERNALLY DISPLACED PEOPLE. \$474.97

> AN ESTC GRANT WAS USED TO PURCHASE STATIONERY FOR KABETE REHABILITATION SCHOOL. \$271.40

> AN ESTC GRANT WAS USED TO PURCHASE DESKS AND TABLES FOR CHILDREN AT SHELTER CHILDREN'S HOME. IN ADDITION, NUTRITIONAL SUPPORT, TUITION AND A NEW UNIFORM WAS PROVIDED TO A BOY NAMED KELLY. \$1,142.91

> AN ESTC GRANT WAS USED TO PURCHASE FOOD SUPPLIES AND BED SHEETS FOR CHERYL'S CHILDREN'S HOME. IN ADDITION, A CONTRIBUTION WAS MADE TOWARDS THE MEDICAL COSTS OF THE ORPHANAGE'S DIRECTOR, SAMUEL. \$1,100.00

> AN ESTC GRANT WAS USED TO PURCHASE A FRIDGE, BED SHEETS AND HYGIENE SUPPLIES FOR NAIROBI CHILDREN'S HOME. \$1,860.00

> AN ESTC GRANT WAS USED TO PURCHASE MILK FORMULA AND PAY FOR MEDICAL CARE FOR THE BABIES AT HAPPY LIFE CHILDREN'S HOME. \$1,892.37

Name of the organization

GVN FOUNDATION

Employer identification number

20-3087760

- > AN ESTC GRANT WAS USED TO PURCHASE FOOD SUPPLIES, HYGIENE SUPPLIES AND CHICKENS FOR SHELTER CHILDREN'S HOME. \$1,477.25
- > AN ESTC GRANT WAS USED TO PURCHASE FOOD AND HYGIENE SUPPLIES FOR MAMA TUNZA'S CHILDREN'S HOME. \$1,100.00
- > AN ESTC GRANT WAS USED TO FUND SCHOOL FEES FOR 20 HIGH SCHOOL STUDENTS AND PURCHASE UNIFORMS FOR 80 PRIMARY SCHOOL STUDENTS FROM IDP CAMPS. IN ADDITION, FOOD SUPPLIES WERE PURCHASED FOR CAROLYNE'S CHILDREN'S HOME AND NANGOLIE'S CHILDREN'S HOME, AND A FARMING PROJECT WAS SUPPORTED AT THIKA RESCUE. \$5,000.00
- > AN ESTC GRANT WAS USED TO BUILD SIX HOUSES AND TO RUN A PORRIDGE PROGRAM AT PIPELINE IDP CAMP. \$7000.00

VSN, NEPAL:

IN 2011, A TOTAL OF \$12,672.55 WAS GRANTED TO VSN, MADE UP OF THE FOLLOWING GRANTS:

- > THREE EVEREST GRANT WERE MADE TO VSN THROUGHOUT THE YEAR TO COVER THE RUNNING COSTS FOR BRIGHTER FUTURE CHILDREN'S HOME FOR THE FIRST, THIRD AND FOURTH QUARTERS. THE SECOND QUARTER WAS COVERED BY ORPHANS OF NEPAL TRUST. \$11,830.44
- > A GENERAL PROJECT GRANT WAS USED TO FUND A PING-PONG TABLE FOR BRIGHTER FUTURE CHILDREN'S HOME AND TO CONTRIBUTE TOWARDS SHINING STARS CHILDREN'S HOME'S RUNNING COSTS. \$531.32
- > A SPONSORSHIP GRANT WAS USED TO ASSIST WITH THE RUNNING COSTS OF SHINING STARS CHILDREN'S HOME. \$310.79

GVN PODS:

IN 2011, A TOTAL OF \$10,722.65 WAS GRANTED TO GVN TO ASSIST WITH THE

Name of the organization

GVN FOUNDATION

Employer identification number

20-3087760

FUNDING OF A FEASIBILITY STUDY FOR THE FIRST GVN VILLAGE POD IN UGANDA. THE STUDY WAS A SUCCESS AND THE MUKONO CITY DISTRICT COUNCIL HAS APPROVED THE MASTER PLAN FOR THE POD.

FVA, RWANDA

IN 2011, A TOTAL OF \$9,445.74 WAS GRANTED TO FVA, RWANDA, MADE UP OF THE FOLLOWING GRANTS:

> AN ESTC GRANT WAS COMBINED WITH A GENERAL PROJECT GRANT TO FUND A LUNCH FEEDING PROGRAM FOR VULNERABLE CHILDREN. \$3,667.27

> AN ESTC GRANT WAS USED TO SUPPORT A CHICKEN PROJECT AT MPORE PEFA ORPHANAGE IN RWANDA. THE FUNDS WERE USED TO PURCHASE 25 NEW CHICKENS AND CHICKEN FEED, AND TO EXPAND THE CHICKEN HOUSE. \$4,884.40

> A GENERAL PROJECT GRANT WAS USED TO PAINT GAHUNGA PRIMARY SCHOOL AND PURCHASE TEN DESKS. \$894.07

HUCHUY YACHAQ, PERU:

IN 2011, A TOTAL OF \$6,892.98 WAS GRANTED TO HUCHUY YACHAQ, PERU, MADE UP OF THE FOLLOWING GRANTS:

> AN ESTC GRANT WAS USED TO FUND THE START-UP COSTS FOR A JEWELRY WORKSHOP TO EMPOWER WOMEN FROM THE COMMUNITY AND GIVE THEM A NEW SOURCE OF INCOME FOR THEIR FAMILIES. \$5,000.00

> AN ESTC GRANT WAS USED TO FUND THE SALARY OF A JEWELRY WORKSHOP TEACHER FOR THEIR WOMEN'S EMPOWERMENT PROJECT. \$1,892.98

KYP SOUTH AFRICA:

IN 2011, A TOTAL OF \$6,579.16 WAS GRANTED TO KYP. THESE FUNDS CONSISTED OF AN ESTC GRANT USED TO FUND EDUCATIONAL SCHOLARSHIPS FOR FOUR STUDENTS TO

Name of the organization

GVN FOUNDATION

Employer identification number

20-3087760

ENABLE THEM TO ATTEND COLLEGE**CETU, UGANDA:**

IN 2011, A TOTAL OF \$6,265.41 WAS GRANTED TO CETU, MADE UP OF THE FOLLOWING GRANTS:

> TWO SPONSORSHIP GRANTS WERE PROVIDED TO ASSIST WITH THE ONGOING RUNNING COSTS AT SPRINGS OF HOPE HIGH SCHOOL. \$1,265.41

> AN ESTC GRANT WAS USED TO HELP PAY THE TEACHER'S SALARIES AT SPRINGS OF HOPE HIGH SCHOOL. \$5,000.00

MMHCHA, ETHIOPIA:

IN 2011, A TOTAL OF \$5,415.62 WAS GRANTED TO MMHCHA, MADE UP OF THE FOLLOWING GRANTS:

> AN ESTC GRANT WAS USED TO IDENTIFY AND SCREEN 18 CHILDREN TO JOIN MMHCHA'S REHABILITATION CENTER; TO PROVIDE EDUCATIONAL SUPPORT TO 71 REUNIFIED STREET CHILDREN; TO PROVIDE BUSINESS TRAINING AND START UP CAPITAL FOR 30 UNDERPRIVILEGED FAMILIES; AND TO ORGANIZE THREE REUNION EVENTS FOR THE CHILDREN. \$5,000.00

> A GENERAL PROJECT GRANT WAS USED TO PURCHASE BLANKETS, SHEETS, HOUSEHOLD MATERIALS AND SOAP TO IMPROVE THE LIVES OF 15 FAMILIES. \$415.62

GROSSROOTS UNITED, HAITI:

IN 2011, A TOTAL OF \$4,021.83 WAS GRANTED TO HAITI, MADE UP OF THE FOLLOWING GRANTS:

> AN INTERNATIONAL FUNDRAISER GRANT WAS USED TO FUND TEACHER SALARIES AND FOOD SUPPLIES AT DR ROBERT'S ORPHANAGE. \$1,972.04

> AN ESTC GRANT WAS COMBINED WITH AN EXPLORE22 GRANT TO SUPPLY LOCAL

Name of the organization

GVN FOUNDATION

Employer identification number

20-3087760

SCHOOLS AND SCHOOL CHILDREN WITH SCHOOL BAGS, SCHOOL SUPPLIES, CHALK, BLACKBOARDS AND BENCHES. \$2,049.79

ANTARDRISTI, NEPAL:

IN 2011, A TOTAL OF \$3,821.75 WAS GRANTED TO ANTARDRISTI, MADE UP OF THE FOLLOWING GRANTS:

> AN ESTC GRANT WAS COMBINED WITH A GENERAL PROJECT GRANT TO HELP PAY FOR THE RENT AND RUNNING COSTS OF THE RESIDENTIAL CENTRES RUN BY ANTARDRISTI. \$2,244.84

> AN EVEREST GRANT WAS USED TO FUND OUTREACH, EDUCATION, FOOD AND RENT FOR THE ANTARDRISTI CENTRE. \$1,081.28

> A SPONSORSHIP GRANT AND A GENERAL PROJECT GRANT WERE USED TO CONTRIBUTE TOWARDS THE RENT COSTS AT THE ANTARDRISTI CENTRE. \$495.63

ABERDARE RANGES SCHOOL, KENYA:

IN 2011, A TOTAL OF \$3,273.92 WAS GRANTED TO ABERDARE RANGES SCHOOL. THESE FUNDS CONSISTED OF AN ESTC GRANT USED TO PURCHASE THREE WATER TANKS TO COLLECT RAIN WATER.

MAXIMO NIVEL COSTA RICA:

IN 2011, A TOTAL OF \$2,476.57 WAS GRANTED TO MAXIMO NIVEL. THESE FUNDS CONSISTED OF AN ESTC GRANT USED SUPPORT A SOUP KITCHEN IN LA CARPIO SHANTY TOWN IN SAN JOSE, COSTA RICA AND TO SUPPORT CASA SAN LAZARO.

SHIMSHOM DOWLEY CHILDREN WELFARE AND CHARITABLE FOUNDATION, INDIA:

IN 2011, A TOTAL OF \$1,700.00 WAS GRANTED TO SHIMSHOM DOWLEY CHILDREN'S HOME. THESE FUNDS CONSISTED OF AN ESTC GRANT USED TO FUND THE PURCHASE OF A

Name of the organization

GVN FOUNDATION

Employer identification number

20-3087760

COW AND SIX TOILETS FOR THEIR ORPHANAGE.

AFRICAID, TANZANIA:

IN 2011, A TOTAL OF \$1,159.20 WAS GRANTED TO AFRICAID. THESE FUNDS CONSISTED OF AN ESTC GRANT USED TO SUPPORT A LUNCH PROGRAM AT LOSINONI SCHOOL. THIS GRANT HAS PROVIDED LUNCH FOR 750 STUDENTS FOR OVER NINE WEEKS.

SADRI BIBLE FELLOWSHIP AND EDUCATION TRUST, INDIA:

IN 2011, A TOTAL OF \$1,059.64 WAS GRANTED TO SADRI BIBLE FELLOWSHIP. THESE FUNDS CONSISTED OF AN ESTC GRANT FOR FOOD AND CLOTHING FOR CHILDREN AT THEIR ORPHANAGE.

CERV, PHILIPPINES:

IN 2011, A TOTAL OF \$1,054.00 WAS GRANTED TO CERV IN THE PHILIPPINES. THIS GRANT CONSISTED OF AN ESTC GRANT COMBINED WITH AN INTERNATIONAL FUNDRAISER GRANT TO PURCHASE PAINT, CABINETS AND READING TABLES FOR A NEW COMMUNITY LIBRARY.

LA HESPERIA, ECUADOR:

IN 2011, A TOTAL OF \$496.50 WAS GRANTED TO LA HESPERIA IN ECUADOR. THESE FUNDS CONSISTED OF A GENERAL PROJECT GRANT USED TO ASSIST THEIR SCHOOL WITH REPAIRS, MAINTENANCE AND SUPPLIES.

JATUN SACHA, ECUADOR:

IN 2011, A TOTAL OF \$373.34 WAS GRANTED TO JATUN SACHA IN ECUADOR. THESE FUNDS CONSISTED OF AN ESTC GRANT USED TO REPLACE THE ROOF OF ONE OF THE HOUSES IN BILSA (GUARDABOSQUES).

Name of the organization

GVN FOUNDATION

Employer identification number

20-3087760

MISCELLANEOUS GRANTS:

IN 2011, A TOTAL OF \$6,014.91 WAS GRANTED TO ORGANIZATIONS IN NEW ZEALAND, BELARUS AND THAILAND, MADE UP OF THE FOLLOWING GRANTS:

> AN EMERGENCY RELIEF GRANT WAS USED TO FUND 600 CARE PACKAGES FOR THOSE MOST BADLY AFFECTED BY THE EARTHQUAKE IN ARANUI, CHRISTCHURCH, NEW ZEALAND.

\$3,589.46

> AN ESTC GRANT WAS USED TO FUND TRAINING FOR THE INGO PONIMANIE (BELARUS) CHILD HELP LINE AND TO FUND THE PRODUCTION OF GUIDELINES ON REPORTING CHILD ABUSE. \$425.45

> AN ESTC GRANT WAS USED TO FUND VOCATIONAL TRAINING FOR VULNERABLE WOMEN AT PROJECT SUNSHINE IN THAILAND. CLASSES WERE PROVIDED IN SEWING, HAIRDRESSING AND CARD-MAKING TO HELP EMPOWER AND ENABLE THE GIRLS AT THIS PROJECT. \$2,000.00

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

GLOBAL VOLUNTEER NETWORK

GLOBAL VOLUNTEER NETWORK

DIRECTOR

DIRECTOR

BOARD OF DIRECTORS

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE 990 IS REVIEWED IN DETAIL BY BOARD OF DIRECTORS FOR APPROVAL BEFORE
BEING FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

A COPY OF THE CONFLICT OF INTEREST STATEMENT IS PROVIDED TO ALL BOARD
MEMBERS ON AN ANNUAL BASIS. EACH BOARD MEMBER WILL ANNUALLY SIGN A

Name of the organization

GVN FOUNDATION

Employer identification number

20-3087760

CONFIRMATION THAT THEY HAVE READ THE POLICY AND LIST ANY KNOWN CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE SALARIES AND BENEFITS OF ALL EMPLOYEES OF THE ORGANIZATION ARE
DETERMINED BASED ON, AMONG OTHER THINGS, THE QUALIFICATIONS NECESSARY TO
PERFORM A PARTICULAR JOB AND THE LEVEL OF RESPONSIBILITIES. THE SALARIES
AND BENEFITS ARE THEN BENCHMARKED AGAINST SIMILAR NON-PROFIT ORGANIZATIONS
WITHIN THE SAME GEOGRAPHIC LOCATION, SIZE AND FOCUS. ALL SALARIES AND
BENEFITS ARE REVIEWED AND APPROVED BY THE ORGANIZATION'S BOARD OF
DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
SALARIES AND BENEFITS FOR OFFICERS, KEY EMPLOYEES AND ALL OTHER STAFF
MEMBERS ARE THE SAME AS FOR THE EXECUTIVE DIRECTOR AND TOP MANAGEMENT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION WILL MAKE AVAILABLE COPIES OF GOVNERNING DOCUMENTS,
POLICIES, AND FINANCIAL STATEMENTS UPON REQUEST.

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2011Attachment
Sequence No **179**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

GVN FOUNDATION

Identifying number

20-3087760

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	237

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

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	237
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2011)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

039010 GVN FOUNDATION

20-3087760

FYE: 12/31/2011

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:										
1	Office Equipment	7/15/05	1,662				1,662	7 MO S/L	1,306	237
	Total Other Depreciation		<u>1,662</u>				<u>1,662</u>		<u>1,306</u>	<u>237</u>
	Total ACRS and Other Depreciation		<u>1,662</u>				<u>1,662</u>		<u>1,306</u>	<u>237</u>
	Grand Totals		1,662				1,662		1,306	237
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>1,662</u>				<u>1,662</u>		<u>1,306</u>	<u>237</u>

039010 GVN FOUNDATION

20-3087760

FYE: 12/31/2011

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ <u>2</u>					
TOTAL	\$ <u><u>2</u></u>					

039010 GVN FOUNDATION

20-3087760

FYE: 12/31/2011

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
AFRICAID GRANTS	\$ 1,159	\$ 1,159	\$	\$
DUES & SUBSCRIPTIONS	503		503	
TOTAL	\$ 1,662	\$ 1,159	\$ 503	\$ 0

039010 GVN FOUNDATION

20-3087760

FYE: 12/31/2011

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$ <u>15,221</u>	\$ <u></u>
TOTAL	\$ <u>15,221</u>	\$ <u>0</u>

039010 GVN FOUNDATION
20-3087760
FYE: 12/31/2011

Federal Statements

Schedule A, Part II, Line 12

Description	Amount
INTEREST INCOME	\$ 2
INTERNATIONAL FUNDRAISERS	
TOTAL	\$ 2



Prescribed by:

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Expedite this Form. (Select One)

Mail Form to one of the Following:

☐ Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
☒ No PO Box 670
Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION
(For Domestic Profit or Nonprofit)
Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) <input type="checkbox"/> Articles of Incorporation Profit (113-ARF) ORC 1701	(2) <input checked="" type="checkbox"/> Articles of Incorporation Nonprofit (114-ARN) ORC 1702	(3) <input type="checkbox"/> Articles of Incorporation Professional (170-ARP) Profession ORC 1785
--	--	---

Complete the general information in this section for the box checked above.

FIRST: Name of Corporation GVN Foundation, Inc.

SECOND: Location Bellefontaine Logan
(City) (County)

Effective Date (Optional) _____ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.
(mm/dd/yyyy)

☐ Check here if additional provisions are attached

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

THIRD: Purpose for which corporation is formed

To support the charitable and educational work of local community organizations in various countries through the distribution of financial, in-kind, and material donations.

Complete the information in this section if box (1) or (3) is checked.

FOURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any)

(No. of Shares)	(Type)	(Par Value)

(Refer to instructions if needed)

Completing the information in this section is optional

FIFTH: The following are the names and addresses of the individuals who are to serve as initial Directors.

Eliza Raymond - Executive Director

(Name)

4314 Holiday Lane

(Street)

NOTE: P.O. Box Addresses are NOT acceptable

Bellefontaine

(City)

Ohio

(State)

43311

(Zip Code)

Colin Salisbury - Founder

(Name)

4314 Holiday Lane

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Bellefontaine

(City)

Ohio

(State)

43311

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

REQUIRED

Must be authenticated:
(signed) by an authorized
representative

(See Instructions)

ERaymond

Authorized Representative

Eliza Raymond

(print name)

28 Nov 2011

Date

Colin Salisbury

Authorized Representative

COLIN SALISBURY

(print name)

28 Nov 2011

Date

Authorized Representative

(print name)

Date

Complete the information in this section if box (1) (2) or (3) is checked.

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of GVN Foundation, Inc.
hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by
statute to be served upon the corporation may be served. The complete address of the agent is

Eliza Raymond

(Name)

4314 Holiday Lane

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Bellefontaine

, Ohio

43311

(City)

(Zip Code)

Must be authenticated by an
authorized representative

E Raymond

Authorized Representative

28 Nov 2011

Date

CA Sargent

Authorized Representative

28 Nov 2011

Date

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The Undersigned,

Eliza Raymond,

, named herein as the

Statutory agent for,

GVN Foundation, Inc.

, hereby acknowledges and accepts the appointment of statutory agent for said entity

Signature

E Raymond
(Statutory Agent)