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### Form **990**

#### **Return of Organization Exempt From Income Tax**

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

OMB No 1545 0047

Open to Public

SCANNED JIM 1 4 2012

Depa	ntment on all Reve	of the Treasury enue Service	▶ .	The organizatio	n may have to us	se a copy of this	s return to sa	tisfy state repo	orting require	ments		Inspection		
A	For th	e 2011 calen	dar year, or ta	x year begi	nning		, 201	1, and end	ing			,		
В	Check if	f applicable	С			_	-			D Emplo	yer Identi	ification Number		
	Ad	dress change	Two Blade	es Found	dation					56-	2455	310		
	Na	me change	1630 Chi	80 Chicago Avenue, Suite 1907  E Telephone number										
	Ind	tial return	Evanston,	anston, ÎL 60201								-1277		
	Te	rminated												
	HAIT	nended return								G Gross	receipts	\$ 2,544,336.		
	$\vdash$	plication pending	F Name and ad	dress of princip	al officer				H(a) Is this	(a) Is this a group return for affiliates? Yes X No				
	ш,		Same As (	C Above					1 ''	ll affiliates in		Yes No		
1	Tax-e	exempt status	X 501(c)(3)	501(c) (	) <b>⊲</b> (ir	nsert no.)	4947(a)(1)	or 527	If 'No.	,' attach a list	(see ins	tructions)		
Ţ		osite: > N/	<del></del>	- 00.(0) (	7 (::			<u></u>	H(c) Groun	exemption r	umber 🏲	•		
K		of organization	X Corporation	Trust	Association	Other ►		L Year of Form				egal domicite DE		
	rt I	Summar		11030	/ dadelation	Other		E (car of con	istion 200	, <u>, , , , , , , , , , , , , , , , , , </u>	State Of F	egai donneile Da		
				ation's miss	sion or most s	significant a	ctivities	Scienti	fic Re	esearci	n and	Education		
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Ę												· <del></del>		
Activities & Governance	2	Check this bo	ox ► if the	e organizati	on discontinu	ed its opera	tions or di	sposed of n	nore than :	25% of its	net as	sets		
<u>م</u>			oting members	•		-	•				3	4		
69			dependent vot								4	3		
¥			of individuals			ear 2011 (Pa	art V, line	2a)			5	2		
₹			of volunteers				- 10				6 7a	0		
•			ed business re I business taxa								7 b	0. 0.		
_		14et uniciated	Dusiness tax	able income	: 11011111 01111 3	750-1, IIIIC 3-	-		<del>- 1                                   </del>	Prior Year		Current Year		
	8	Contributions	tributions and grants (Part VIII, line 1h)								140.	2,543,584.		
9			rice revenue (f									2/010/001		
Revenue		_	come (Part V			. and 7d)				1.	106.	752.		
æ														
_			e – add lines 8					, line 12)		2,428,	246.	2,544,336.		
	13	Grants and s	ımılar amount	s-paid-(Part	-IX,-column_(	<u>A</u> ), lines 1-3	)			1,265,	700.	57,200.		
	14	Benefits paid	to or for men	nbers (Part	IX, column (A	\), line 4)								
	15	Salaries, other	er compensati	on, employe	e benefits (R	art IX, colur	nn (A), lın	es 5-10)		·		467,907.		
Expenses			fundraising fe		. *-*	1						·		
ĕ	h	Total fundrais	sing expenses	(Part IX or	Numb (D) In	e 25) ►						-		
ă			ses (Part IX, c			. —			_	506,	000	1,117,056.		
	ľ		es Add-lines -	c .	- 11		\\ line 2E\			1,771,				
			es Addinies- s expenses Si	-			1), IIII <del>e</del> 23)	,	-	656,		1,642,163. 902,173.		
- 1	13	Trevenue less	expenses of	abtract fine	10 HOM MILE	14			Pograpa	ing of Curre		End of Year		
2 2	20	Total assets	(Part X, line 1	6)						1,099,		940,600.		
Net Assets or Fund Belences			s (Part X, line	•						1,528,		467,384.		
25			fund balance	•	lina 21 fram l	uno 20				-428,		473,216.		
	rt II	Signatur		3 Jubilaci	ine 21 noni	1116 20				420,	<i></i>	4/3,210.		
									4- 45- 54-4					
com	plete D	eclaration of prop	arer (other than off	icer) is based o	n all information of	of which prepare	r has any kno	wledge	to the best of	iny kilowieu(	je and be 1	lief, it is true, correct, and		
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Sig	ın	Signatu	fe of officer			<u> </u>			D	ate	11-			
He		Dia	na M. Hor	vath										
			print name and tit		(2)	-								
_		Print/Type p	reparer's name		Proharer's/sygr	nature / 111	HAI	Date	-	Check	ıf	PTIN		
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		s dount	Evans		60201					Phone no	(84			
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BAA For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2011)

	n 990 (2011) Two Blades Foundation	56-2455310	Page 2
Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	anony accounts and angumentation and an account and an account and account account and account and account and account account account and account acc		
	Scientific, Research and Education		
2	Did the organization undertake any significant program services during the year which were not listed or	on the prior	
	Form 990 or 990-EZ?	Yes [	X 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 se	ervices?	X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	vices, as measured by ex	penses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a others, the total expenses, and revenue, if any, for each program service reported	mount of grants and allo-	cations to
4:	a (Code) (Expenses \$ 1,547,125. including grants of \$) (	Revenue \$	)
	Paid patent costs in support of research and licensing. Pursued		er for
	development of disease resistant tomato product. Met with poten		
	foundations to discuss co-funding opportunities. Awarded research	h grants.	
41	b (Code Including grants of \$) (Expenses \$) (	Revenue \$	)
		<u> </u>	
	c (Code: ) (Expenses \$ including grants of \$ ) (	Povonuo \$	
4	t (Code:) (Expenses 5 including grants or 5) (	rtevenue \$	
4	d Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	1
4	e Total program service expenses ► 1,547,125.		

56-2455310 Two Blades Foundation Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes.' complete Х Schedule A 2 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 Х 3 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Х 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 Did not be a such funds or accounts? 6 Х Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III Х 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV 9 Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 Х If the organization's answer to any of the following guestions 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 11 a Х D. Part VI **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 11 b Х 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 Х 11 c 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 11 d X e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X 11 e Х 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 Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х 14a Х 14a Did the organization maintain an office, employees, or agents outside of the United States? **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 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G. Part III 19 Х 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20 Х

20 b

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

			Yes	No
			163	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	_	Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No.'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
i	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	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	35b		<u>x</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		х
		Earn	. 000	(2011

56-2455310 Form 990 (2011) Two Blades Foundation Page 5 Part V | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 0 1Ь **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-2 ments, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b **b** If 'Yes' has it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule Q 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5h c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a Х services provided to the payor? **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х Form 8282 7с d If 'Yes.' indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х **7**f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9Ь b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10 a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from members or shareholders **b** Gross income from other sources (Do not net amounts due or paid to other sources 11<sub>b</sub> against amounts due or received from them ). 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041? 12a 12b b 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. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13 c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Form 990 (2011) Two Blades Foundation 56-2455310 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 b Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. Х 8a a The governing body? **b** Each committee with authority to act on behalf of the governing body? 86 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? 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 Х 11 a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c 13 Did the organization have a written whistleblower policy? 13 14 X 14 Did the organization have a written document retention and destruction policy? 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? X a The organization's CEO, Executive Director, or top management official 15a **b** Other officers of key employees of the organization 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16<sub>b</sub> Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Own website Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization Diana M. Horvath 1630 Chicago Avenue, Suite 1907 Evanston IL 60201-6024 847-425-1277

Form <b>990</b> (	(2011)	Two	Blades	Foundation

56-2455310

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compe								ficer, director, or trus	tee
(B) Average hours	1 6	it che is per and a	Pos ck mo son is direc	ition ore the s both ctor/tr	ian one n an offi rustee)	box, cer	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other compensation
(describe hours for related organiza tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
40							174,400.	0.	0.
5							0	0	0.
									0.
									0.
40							233,355.	0.	<u> </u>
	(B) Average hours per week (describe hours for related organiza tions in Schedule O)	Average hours per week (describe hours for related organiza tions in Schedule O)  40  40	(B) Average hours per week (describe hours for related organiza tions in Schedule O)  40  5	Average hours per week (describe hours for related organizations in Schedule O)  40  40	(C) Position (do not check more th unless person is both (describe hours for related organiza tions in Schedule O)  40  5	(C) Position (do not check more than one unless person is both an off and a director/trustee) fours per week (describe hours for related organiza tions in Schedule O)  (do not check more than one unless person is both an off and a director/trustee)  (do not check more than one unless person is both an off and a director/trustee)  (do not check more than one unless person is both an off and institutional trustee  (do not check more than one unless person is both an off and institutional trustee  (do not check more than one unless person is both an off and institutional trustee  (do not check more than one unless person is both an off and a director/trustee)  (do not check more than one unless person is both an off and a director/trustee)  (do not check more than one unless person is both an off and a director/trustee)  (do not check more than one unless person is both an off and a director/trustee)  (do not check more than one unless person is both an off and a director/trustee)  (do not check more than one unless person is both an off and a director/trustee)  (do not check more than one unless person is both an off and a director/trustee)  (do not check more than one unless person is both an off and a director/trustee)  (do not check more than one unless person is both an off and a director/trustee)  (do not check more than one unless person is both an off and a director/trustee)  (do not check more than one unless person is both an off and a director/trustee)  (do not check more than off and a director/trustee)  (do not check more than off and a director/trustee)  (do not check more than off and a director/trustee)  (do not check more than off and a director/trustee)  (do not check more than off and a director/trustee)  (do not check more than off and a director/trustee)  (do not check more than off and a director/trustee)  (do not check more than off and a director/trustee)  (do not check more than off and a director/trustee)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) or director related organizations in Schedule O)  (do not check more than one box, unless person is both an officer and a director/trustee)  (do not check more than one box, unless person is both an officer and a director/trustee)  (do not check more than one box, unless person is both an officer and a director/trustee)  (do not check more than one box, unless person is both an officer and a director/trustee)  (do not check more than one box, unless person is both an officer and a director/trustee)  (do not check more than one box, unless person is both an officer and a director/trustee)  (do not check more than one box, unless person is both an officer and a director/trustee)  (do not check more than one box, unless person is both an officer and a director/trustee)  (do not check more than one box, unless person is both an officer and a director/trustee)  (do not check more than one box, unless person is both an officer and a director/trustee)  (do not check more than one box, unless person is both an officer and a director/trustee)  (do not check more than one box, unless person is both an officer and a director/trustee)  (do not check more than one box, unless person is both an officer and a director/trustee)  (do not check more than one box, unless person is both an officer and a director/trustee)  (do not check more than one box, unless person is both an officer and a director/trustee)  (do not check more than one box, unless person is both an officer and a director/trustee)  (do not check more than one box, unless person is both an officer and a director/trustee)  (do not check more than one box, unless person is both an officer and a director/trustee)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) or individual fursitee  O)  (D) Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  1 0.	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) or and a director/trustee) or an institutional trustee O)  (D) Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  (E) Reportable compensation from the organization (W-2/1099-MISC)  174, 400.  0.  174, 400. 0.

(A) Name and title	(B) Average hours	(do box, offic	not ci , unle	Pos heck ss pe	tion more	than is both or/trus	one h an	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	E	(F) Estimate ount of compensate	d other
	week (describ e hours for related organi zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	or	from the ganizati nd relat ganizatio	e on ed
<u></u>												
<u></u>												
												<del></del>
(81)												
<u>(19)</u>												
(20)									<u> </u>			
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limite		nse l	lister	d ah	ove	) wh	▶ ▶	409,755. 0. 409,755.	0 0 0 \$100,000 of repo		ımnen	0. 0. 0.
from the organization > 2								- Corved More than				No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trus ndıvıdu	itee, <i>al</i>	key	em	ploy	ee,	or h	ighest compensat	ed employee	3	res	X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual	portabl han \$1	e co 50,0	mpe 00?	ensa If 'Y	ition Yes'	and com	l oth	ner compensation te Schedule J for	from	4	X	
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or services rendered to the organization?	ompen comple	satio	on fr	om dule	any <i>J fo</i>	unre	elate ch p	ed organization or person	ındıvıdual	5		X
Section B. Independent Contractors										•		
Complete this table for your five highest compensation from the organization. Report compe	nsatior	epen of for	the	cale	ntra	r ye	ar e	nding with or with	in the organization	n's tax y	ear	
Name and business addres	s							Description	) of services	Comp	( <b>C)</b> ensatı	on
	_											
	_					_			+			
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		t lim	ited	to t	nose	e list	ted a	above) who receiv	red more than			

Par	rt 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	1 a Federated campaigns b Membership dues c Fundraising events. d Related organizations e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f \$				,
_		2,543,584.			
PROGRAM SERVICE REVENUE	Business Code	<del></del>			
2	2a	<del> </del>			<del></del>
H H	b		<del> </del>		<u> </u>
Ž					
₩ SE	d				<u></u>
Ä	f All other program service revenue	<del>                                     </del>	<u> </u>		<u></u>
ğ		<b>-</b>			<u> </u>
	Investment income (including dividends, interest and other similar amounts)	752.	752.		
	4 Income from investment of tax-exempt bond proceeds				<u> </u>
	5 Royalties	<u> </u>			
	(i) Real (ii) Personal	-			,
	6a Gross rents	-			;
	b Less: rental expenses c Rental income or (loss)			•	
		<del>-</del>		·	
	d Net rental income or (loss)  (i) Securities (ii) Other	1			,
	assets other than inventory	<del>-</del>			ļ,
	b Less. cost or other basis and sales expenses	_			,
	c Gain or (loss)				
ı	d Net gain or (loss)	<u> </u>			
ENUE	8a Gross income from fundraising events (not including \$				,
Ę	of contributions reported on line 1c)				İ
OTHER REVEN	See Part IV, line 18 a b Less direct expenses b	=			
5	c Net income or (loss) from fundraising events	<b>-</b>	1	l	<b> </b>
	9a Gross income from gaming activities See Part IV, line 19				!
	b Less direct expenses b	7			
	c Net income or (loss) from gaming activities	<b>-</b>			·
					<del> </del>
	10a Gross sales of inventory, less returns and allowances	_			j
	b Less cost of goods sold b				<u></u> `
- }	c Net income or (loss) from sales of inventory	<u> </u>			
	Miscellaneous Revenue Business Code	<del></del>	·		<u> </u>
- }	11a		-		1
	b				<del>                                     </del>
	d All other revenue				
	e Total. Add lines 11a-11d	<u> </u>	<del> </del>		
	12 Total revenue. See instructions	2,544,336.	752.	0.	0.
	12 Fotal revenue, See mondellons	1 2,044,000.	132.	<u>.                                      </u>	1 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										
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21										
2	Grants and other assistance to individuals in the United States See Part IV, line 22										
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	57,200.	57,200.		1						
<b>4</b> 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	409,755.	392,315.	17,440.	0.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.						
7	Other salaries and wages.										
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	38,731.	37,083.	1,648.							
9	Other employee benefits				·						
10	Payroll taxes	19,421.	18,594.	827.							
11	Fees for services (non-employees)										
	Management										
	Legal	6,934.		6,934.							
	: Accounting	5,484.		5,484.							
	Lobbying	,			-·· <del>·</del>						
	Professional fundraising services See Part IV, line 17			*							
	Investment management fees										
	Other										
•	Advertising and promotion	7,500.		7,500.							
13	- I	7,074.		7,074.							
14	Information technology	.,,,,,,,,		· /							
15	Royalties			· · · · · · · · · · · · · · · · · · ·							
16	Occupancy	24,930.		24,930.							
	Travel	131,297.	131,297.	2.7300.							
• • •	Payments of travel or entertainment expenses for any federal, state, or local public officials	101/23::	101/23								
	Conferences, conventions, and meetings	5,816.		5,816.							
	Interest Payments to affiliates										
21	•				<del></del>						
22	Depreciation, depletion, and amortization	3,912.		3,912.							
23 24	Other expenses liternize 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)	3, 312.		3, 312.							
5	Research-unrestricted grants	394,357.	394,357.		<del></del>						
	License expenses	195,653.	195,653.								
	: Patent -maintenance	162,771.	162,771.								
	Research-consulting	93,300.	93,300.								
	All other expenses	78,028.	64,555.	13,473.	· <del></del>						
	Total functional expenses. Add lines 1 through 24e	1,642,163.	1,547,125.	95,038.	0.						
	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	_, -, -, -, -, -, -, -, -, -, -, -, -, -,	_,,,								
	SOP 98-2 (ASC 958-720)										

			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing	1,099,772.	1	940,600
	2	Savings and temporary cash investments		2	· · · · · · · · · · · · · · · · · · ·
1		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	
A   S	7	Notes and loans receivable, net		7	
SE	8	Inventories for sale or use		8	
A S E T S	9	Prepaid expenses and deferred charges		9	_
		Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
- 1	b	Less accumulated depreciation 10b		10 c	
- 1		Investments – publicly traded securities.		11	
		Investments – other securities See Part IV, line 11		12	
		Investments - program-related. See Part IV, line 11		13	<del></del>
- 1		Intangible assets		14	
		Other assets See Part IV. line 11		15	
		Total assets. Add lines 1 through 15 (must equal line 34)	1,099,772.	16	940,600
┪	17	Accounts payable and accrued expenses	2,055,1121	17	2,860
	18	Grants payable	1,528,729.	18	464,523
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities	-	20	
A B	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
8 L L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u>i</u>	23	Secured mortgages and notes payable to unrelated third parties	<del></del>	23	<del></del>
E S		Unsecured notes and loans payable to unrelated third parties		24	
		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	1
		Total liabilities. Add lines 17 through 25.	1,528,729.	26	467,384
Й		Organizations that follow SFAS 117, check here ▶ and complete lines			
Ĕ		27 through 29 and lines 33 and 34.			
şΙ	27	Unrestricted net assets		27	
SEE	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
유		Organizations that do not follow SFAS 117, check here ► X and complete			
F.		lines 30 through 34.			
F	30	Capital stock or trust principal, or current funds		30	
- 1	31	Paid-in or capital surplus, or land, building, or equipment fund.		31	
B L L	32	Retained earnings, endowment, accumulated income, or other funds	-428,957.	32	473,216
N C	33	Total net assets or fund balances	-428,957.	33	473,216
		Total liabilities and net assets/fund balances	1,099,772.	34	940,600

Forn	Form <b>990</b> (2011) Two Blades Foundation	56	<u>-2455310</u>		Pa	ige 12
Pa	Part XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in	this Part XI				
1	1 Total revenue (must equal Part VIII, column (A), line 12)		1			<u>336.</u>
2	2 Total expenses (must equal Part IX, column (A), line 25)		2		42,1	
3	3 Revenue less expenses Subtract line 2 from line 1		3			<u> 173.</u>
4	4 Net assets or fund balances at beginning of year (must equal Part	X, line 33, column (A)).	4	-4	28,9	<u>957.</u>
5	5 Other changes in net assets or fund balances (explain in Schedule	0)	5			<u>0.</u>
6	6 Net assets or fund balances at end of year Combine lines 3, 4, an column (B))	d 5 (must equal Part X, line 33,	6	4	73,2	216.
Pa	Part XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in	this Part XII				
		_			Yes	No
1	1 Accounting method used to prepare the Form 990 Cash	X Accrual Other				l
	If the organization changed its method of accounting from a prior yin Schedule O	ear or checked 'Other,' explain				
2	2a Were the organization's financial statements compiled or reviewed	by an independent accountant?	ļ	2a		Х
l	<b>b</b> Were the organization's financial statements audited by an independent	ndent accountant?		2b	Х	
(	c If 'Yes' to line 2a or 2b, does the organization have a committee the review, or compilation of its financial statements and selection of a	nat assumes responsibility for oversight of an independent accountant?	the audit,	2c		X
	If the organization changed either its oversight process or selection in Schedule O	r process during the tax year, explain				
•	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the separate basis, consolidated basis, or both	financial statements for the year were is:	sued on a			
	X Separate basis Consolidated basis Both conso	olidated and separate basis				
3	3a As a result of a federal award, was the organization required to un Audit Act and OMB Circular A-133?	dergo an audit or audits as set forth in th	e Single	3a		х
ı	b If 'Yes,' did the organization undergo the required audit or audits?		quired audit	2.		

BAA

Form **990** (2011)

TEEA0112L 07/06/11

# SCHEDULE A (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

2011

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

		organization											
Two	<u>B</u>	<u>lades Foundati</u>								55310			
<u>Part</u>	1	Reason for Publ	ic Charity Status	(All organizations	must c	omple	<u>te this</u>	part.)	See ir	<u>ıstructı</u>	ions.		
The o	gai	nization is not a privat	te foundation because	e it is: (For lines 1 throi	ugh 11,	check o	nly one	box.)					
1		A church, convention	of churches or assoc	ation of churches desc	cribed in	section	170(b)	1)(A)(i).					
2	П	A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ.)								
3		A hospital or a coope	rative hospital service	e organization describe	d in <b>sec</b>	tion 170	)(b)(1)(A	<b>)(</b> iii).					
4	П	A medical research o	rganization operated	in conjunction with a h	ospital c	describe	d in <b>sec</b>	tion 170	)(b)(1)(A	)(iii) En	iter the hos	pital's	5
		name, city, and state		·	·								
5			ated for the benefit of	f a college or university	owned	or oper	ated by	a gover	nmental	unit des	scribed in s	ection	n
6	$\Box$			vernmental unit descri									
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	Ш	A community trust de	escribed in section 17	0(b)(1)(A)(vi). (Complet	te Part I	١.)							
9	X	from activities related	to its exempt function and unrelated business	) more than 33-1/3% of ons — subject to certain s taxable income (less mplete Part III)	n except	ions, an	d (2) no	more t	han 33-	1/3% of	its support	from (	gross
10		An organization organization	nized and operated e	xclusively to test for pu	ıblıc safe	ety See	section	509(a)(	(4).				
11		more publicly support	ted organizations des	xclusively for the benef cribed in section 509(a ion and complete lines	)(1) or s	ection 5	609(a)(2)	ctions o ) See <b>s</b>	f, or car ection 5	ry out th 6 <b>09(a)(3)</b> —	ne purposes . Check the	s of or e box	ne or that
		a Type I	<b>b</b> Type II	c Type III	l – Fund	tionally	ıntegrat	ed		d 🗌	Type III -	Othe	r
e		By checking this box, other than foundation section 509(a)(2)	I certify that the organismanagers and other	anization is not controll than one or more pub	led direc licly sup	tly or in ported o	directly organiza	by one tions de	or more scribed	disquali in section	ified persor on 509(a)(1	ns ) or	
f		, , , ,	ceived a written deter	mination from the IRS	that is a	a Type I	Type II	or Type	e III sup	porting (	organizatioi	٦,	
g		Since August 17, 200	06, has the organization	on accepted any gift of	r contrib	ution fro	om any	of the fo	llowing	persons	;7		
												Yes	No
		below, the gove	erning body of the sup	ontrols, either alone or oported organization?	together	with pe	ersons d	escribed	d in (ii) a	and (III)	11 g (i)		
		• •	er of a person describ	• • • • • • • • • • • • • • • • • • • •						11 g (ii)			
		(iii) A 35% controlle	ed entity of a person of	described in (i) or (ii) a	bove?						11 g (iii)		
h		Provide the following	information about the	e supported organization	on(s)								
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i	s the ation in	the organ	ou notify ization in in (i) of ipport?	(vi) I: organiz colun organize U S	ation in nn (i) ed in the	(vii) Amoun	it of sup	port
					Yes	No	Yes	No	Yes	No			
	_					1							
(A)						L							
										T			
(B)													
		· -											
(C)													
(D)													
					İ								
(E)					<u> </u>			ļ					
*_4_!			:										
Total	_			<u> </u>	<u> </u>		L					==	

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

Schedule A (Form 990 or 990-EZ) 2011

# Schedule A (Form 990 or 990 EZ) 2011 Two Blades Foundation 56-2455310 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support									
	ndar year (or fiscal year nning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')									
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	<b>Public support.</b> Subtract line 5 from line 4									
Sec	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning in) ▶	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total			
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
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									
12	Gross receipts from related activ	rities, etc (see ins	structions)			12				
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)	(3) ▶ □			
<u>Sec</u>	tion C. Computation of Pu	blic Support F	Percentage							
14	Public support percentage for 20	• •	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f))	).	14	%			
15	Public support percentage from	2010 Schedule A	, Part II, line 14			15	%			
16 a	33-1/3% support test — 2011. If and stop here. The organization	the organization o qualifies as a pu	did not check the blicly supported o	box on line 13, ai organization	nd the line 14 is 3	3-1/3% or more,	check this box			
t	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 — □									
17 a	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									
t	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.									
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th		nstructions			

#### 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 ii	sted below, pleas	se complete Part II	)			
	tion A. Public Support	4.3 005±		4	48.00-		
Calen	dar year (or fiscal yr beginning in)► Gifts, grants, contributions	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
•	and membership fees received (Do not include any 'unusual grants')	634,975.	1,200,000.	956,660.	2,427,140.	2,543,585.	7,762,360.
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						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	634,975.	1,200,000.	956,660.	2,427,140.	2,543,585.	7,762,360.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	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	0.	0.	0.	0.	0.	0.
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6) tion B. Total Support						7,762,360.
		(a) 2007	<b>(b)</b> 2008	(a) 2000	(d) 2010	(2011	(O Total
	dar year (or fiscal yr beginning in)  Amounts from line 6	<b>(a)</b> 2007 634, 975.	1,200,000.	(c) 2009 956, 660.	(d) 2010 2,427,140.	(e) 2011 2,543,585.	(f) Total 7,762,360.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	034, 973.					
b	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		1,980.	1,883.	1,106.	753.	5,722.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	1,980.	1,883.	1,106.	753.	5,722. 0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13	Total support. (Add Ins 9, 10c, 11, and 12)	634,975.	1,201,980.	958,543.	2,428,246.	2,544,338.	7,768,082.
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, c	or fifth tax year as	a section 501(c)(	3) ▶ □
	tion C. Computation of Pul					<del></del>	
	Public support percentage for 20	•	• •	e 13, column (f))	L	15	99.93 %
_	Public support percentage from				<del></del>	16	99.89 %
	tion D. Computation of Inv					1 4= 1	0.07.0
	Investment income percentage for			•	mn (t))	17	0.07 %
18 19a	Investment income percentage fr 33-1/3% support tests – 2011. If	the organization	did not check the	box on line 14, a	and line 15 is mor	<b>18</b> e than 33-1/3%, a	0.11 % nd line 17
	is not more than 33-1/3%, check	tnis box and sto	<b>p nere.</b> The organi	zation qualifies a	as a publicly supp	orted organization	· X

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

Schedule A	(Form 990 or 990-EZ	) 2011 .	ľwo Blades	Foundati	on	56-245	5310	Page 4
Part IV	Supplemental In Part II, line 17a o (See instructions	formatio or 17b; a ).	<b>n.</b> Complete nd Part III, Iır	this part to ne 12. Also	provide the explanate complete this part for	ions required by l r any additional i	Part II, line 10 offormation.	);
		. – – – .						
		· <b></b>						
		. – – – -						
								<del>-</del>
		. <b></b>						
								<del>_</del>
		. – – – -					- <b></b>	<del>-</del>

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ► See separate instructions.

OMB No 1545 0047 Open to Public

Name of the organization

Inspection Employer identification number

Тыс	Blades Foundation			56-2455310
Par		r Advised Funds or Other	Similar Funds or Acc	
	the organization answered 'Yes' to	o Form 990, Part IV, line	õ.	ounds complete h
		(a) Donor advised fu	nds (b) f	unds 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 dor funds are the organization's property, subject			Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or dono	that grant funds can be radvisor, or for any other	Yes No
Par	t II Conservation Easements. Compl	ete if the organization and	swered 'Yes' to Form S	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., r	ecreation or education)	Preservation of an historic	ally important land area
	Protection of natural habitat		Preservation of a certified	historic structure
	Preservation of open space		-	
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation	<del></del>	
_	Total averbas of accounts to a comment			Held at the End of the Tax Year
	Total number of conservation easements.	monts	2b	<del></del>
	<ul> <li>Total acreage restricted by conservation easer</li> <li>Number of conservation easements on a certifier</li> </ul>			
			· (-/	
_	Number of conservation easements included a structure listed in the National Register		2d	
3	Number of conservation easements modified, tax year ▶	transferred, released, extinguis	ned, or terminated by the o	rganization during the
4	Number of states where property subject to co			
5	Does the organization have a written policy re and enforcement of the conservation easement	garding the periodic monitoring nts it holds?	, inspection, handling of vio	lations, Yes No
6	Staff and volunteer hours devoted to monitorin	ng, inspecting, and enforcing co	nservation easements during	ng the year
7	Amount of expenses incurred in monitoring, in ► \$	nspecting, and enforcing conser	vation easements during the	e year
8	Does each conservation easement reported or $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(i)$ ?	n line 2(d) above satisfy the req	uirements of section	Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	s conservation easements in its re to the organization's financial s	venue and expense statement atements that describes the	t, and balance sheet, and e organization's accounting for
Par	Complete if the organization ans	ections of Art, Historical 1 wered 'Yes' to Form 990,	reasures, or Other Sir Part IV, line 8.	milar Assets.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its final	s held for public exhibition, edu	cation, or research in furthe	ent and balance sheet works of grance of public service, provide,
t	If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items	r SFAS 116 (ASC 958), to repoiled for public exhibition, education	t in its revenue statement a in, or research in furtherand	and balance sheet works of art, be of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	, line 1		<b>*</b> \$
	(ii) Assets included in Form 990, Part X			<b>*</b> \$
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other 116 (ASC 958) relating to these	similar assets for financial items	gain, provide the following
а	Revenues included in Form 990, Part VIII, line	e 1		<b>-</b> \$
<u>L</u>	Assets included in Form 990, Part X			<b>►</b> \$

Part III   Organizations Mainta	ining Colle	ctions	ot Art, Histo	orica	Treasures, or	Otner Similar A	ssets (	<u>continu</u>	<u>ed)</u>
3 Using the organization's acquisition (check all that apply)	on, accession	, and otl	ner records, ch	eck aı	ny of the following	that are a significar	nt use of I	ts collect	lion
a Public exhibition			<b>d</b> Loan	or exc	hange programs				
<b>b</b> Scholarly research			e 🗌 Other						
c Preservation for future gener	ations								
4 Provide a description of the orga Part XIV	nızatıon's coll	ections a	and explain how	w they	further the organ	ızatıon's exempt pur	pose in		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to	be maın	tained as part	of the	organization's col	lection?	Ye		No
Part IV Escrow and Custodia line 9, or reported an	I Arrangem amount on	Form S	Complete if the Poor in the Po	the o line	rganization an 21.	swered 'Yes' to I	orm 99	0, Part	IV,
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	n, or oth	er intermediary	for c	ontributions or oth	er assets not	Ye:	s [	No
b If 'Yes,' explain the arrangement	ın Part XIV a	nd comp	lete the follow	ing tal	ble				
							Amou	nt	
c Beginning balance						1 c			
d Additions during the year						1 d			
e Distributions during the year						1e			
f Ending balance						1f			
2a Did the organization include an a	mount on For	m 990, f	Part X, line 213	,			Ye	5	No
<b>b</b> If 'Yes,' explain the arrangement									
Part V   Endowment Funds. Co	mplete if the	ne orga	nızation ans	swere	ed 'Yes' to For	<u>m 990, Part IV, I</u>			
	(a) Current	year	(b) Prior yea	r	(c) Two years back	(d) Three years ba	ack (e)	Four years	s back_
1 a Beginning of year balance.									
<b>b</b> Contributions	_ <del></del>								
c Net investment earnings, gains, and losses									
<b>d</b> Grants or scholarships									
<ul> <li>Other expenditures for facilities and programs</li> </ul>									
f Administrative expenses									<del></del>
<b>g</b> End of year balance									
2 Provide the estimated percentag	e of the curre	nt year e	end balance (lir	ne 1g,	column (a)) held	as			
a Board designated or quasi-endov	vment 🟲		<sup>%</sup>						
<b>b</b> Permanent endowment	<sup>%</sup>								
c Temporarily restricted endowmer			_%						
The percentages in lines 2a, 2b,	and 2c should	d equal 1	00%						
3a Are there endowment funds not organization by	n the possess	sion of th	ne organization	that a	are held and admi	nistered for the		Yes	No
(i) unrelated organizations							3a(i)	,	
(ii) related organizations							3a(ii)	)	
<b>b</b> If 'Yes' to 3a(II), are the related of	organizations	listed as	required on Se	chedu	le R <sup>?</sup>		3b		
4 Describe in Part XIV the intender									
Part VI   Land, Buildings, and	<u>Equipment</u>	. See F	orm 990, Pa	art X	, lıne 10.	,			
Description of property			or other basis estment)		Cost or other pasis (other)	(c) Accumulated depreciation	(d)	Book va	lue
<b>1 a</b> Land							<u> </u>		
<b>b</b> Buildings									
c Leasehold improvements									
<b>d</b> Equipment									
e Other									
Total. Add lines 1a through 1e (Colum	nn (d) must e	qual Fori	n 990, Part X,	colum	nn (B), line 10(c))		<b>&gt;</b>		0.
BAA						Sc	hedule <b>D</b> (	Form 99	0) 2011

Sche	edule <b>D</b> (Form 990) 2011 Two Blades Foundation	56-2455310	Page 4
Pa	t 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)	2	,544,336.
2	Total expenses (Form 990, Part IX, column (A), line 25)		,642,163.
3	Excess or (deficit) for the year Subtract line 2 from line 1		902,173.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV.)	<del> </del>	
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		902,173.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	30272701
1	Total revenue, gains, and other support per audited financial statements		,544,336.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		, 511, 550.
	a Net unrealized gains on investments		
	Donated services and use of facilities 2b	<del>-</del>	
	Recoveries of prior year grants	<del>- </del>	
	d Other (Describe in Part XIV.)	$\dashv$ $\mid$	
	e Add lines 2a through 2d.	2e	
	Subtract line 2e from line 1		2,544,336.
3	1	3 2	,, 544, 550.
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.	<b> </b>	
	Other (Describe in Part XIV )	<del></del>	
	Add lines 4a and 4b	4c	E44 226
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).		<u>,544,336.</u>
	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses		642 162
	Total expenses and losses per audited financial statements	1 1 1	<u>,642,163.</u>
	1 1		
	Donated services and use of facilities		
	Prior year adjustments 2b	<b>—</b>	
	C Other losses 2c	<b>—</b>	
	d Other (Describe in Part XIV )	<del></del>	
•	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3 1	<u>,642,163.</u>
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.		
	Other (Describe in Part XIV.)	<del></del> _	
	Add lines 4a and 4b	4c	(42 162
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  It XIV Supplemental Information	5   1	<u>,642,163.</u>
Corr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; 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 com additional information	t IV, lines 1b and plete this part to p	2b, provide
			· <b>-</b>

Schedule D	(Form 990) 2011	Two Blades Fo	oundation		56-2455310	Page 5
Part XIV	Supplemental	Two Blades Fo	ntınued)			
				 <del></del>		
			<del></del> -	 		

# Schedule F (Form 990)

#### **Statement of Activities Outside the United States**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. 
► Attach to Form 990. 
► See separate instructions.

Open to Public

Name of the organization

Employer identification number

Two Blades Foundation	56-2455310
<b>Part   General Information on Activities Outside the United States.</b> Complete if the	organization answered 'Yes'
to Form 990, Part IV, line 14b.	-

1	For grantmakers. Does the the grantees' eligibility for	e organization mai the grants or assi	ntain records to s stance, and the s	substantiate the amount of its election criteria used to award	grants and other assistar the grants or assistance	nce, XYes No
2	Hadad Clates	n Part V the org	anization's proce	dures for monitoring the use o	f its grants and other ass	sistance outside the
3	Activities per Region (The	following Part I, I	ine 3 table can b	e duplicated if additional space	s is needed )	
	(a) Region	<b>(b)</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
	<del></del>			Grants to	Wheat Stem	· · · · · · · · · · · · · · · · · · ·
(1)	Israel			recipient	Research	57,200.
(2)					ļ	
(3)						
(4)						
(5)						
(6)						
<u>(7)</u>						
(8)						
(9)						
<u>(10)</u>						
<u>(11)</u>				-		
<u>(12)</u>						
<u>(13)</u>						
<u>(14)</u>						
<u>(15)</u>						
<u>(16)</u>						
<u>(17)</u>						
	a Sub-total					57,200.
	<b>b</b> Total from continuation sheets to Part I					
	c Totale (add lines 3a and 3h)	l n	n		1	57 200

∱age 2

56-2455310

Schedule F (Form 990) 2011 Two Blades Foundation

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.

(i) Method of valuation (book, FMV, appraisal, other) Dollars ΩS (h) Description of non-cash assistance (g) Amount of non-cash assistance (f) Manner of cash disbursement Transfe Wire 57,200 (e) Amount of cash grant (d) Purpose of grant Research (c) Region Israel (b) IRS code section and EIN (if applicable) (a) Name of organization 9 (1) (12) <u>E</u> (14) (1<sub>2</sub>) 9 E 8 ව 3 9 9 0 6 6

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 8

Schedule F (Form 990) 2011

3 Enter total number of other organizations or entities

BAA

Page 3

56-2455310

Schedule F (Form 990) 2011 Two Blades Foundation

PadIIII Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2011 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance **8** € 8 Ę 8 ම € 9 9 e € 9 **E** (12) (13) <u>4</u> (15) (16) 9 6

TEEA3503L 05/26/11

scne	dule F (Form 990) 2011 Two Blades Foundation	36-2433310	Page 4
Pa	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' 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)	the Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization marequired to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Ce 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)		X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Ce Foreign Corporations. (see Instructions for Form 5471)		X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a quali- 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)		X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)		X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instruction for Form 5713)	ns Yes	X No

TEEA3505L 01/17/12

Schedule F (Form 990) 2011

BAA

Schedule F (Form 990) 2011 Two Blades Foundation	56-2455310	Page 5
Part V Supplemental Information Complete this part to provide the information required by Part I, line 2 (3, column (f) (accounting method; amounts of investments vs expendite (accounting method); Part III (accounting method); and Part III, column recipients), as applicable. Also complete this part to provide any additional control of the control of	(monitoring of funds); l ures per region); Part l (c) (estimated numbe onal information (see i	Part I, line I, line 1 r of nstructions).
Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outs	i <u>de UŞ</u>	
The grantee reports back to the grantor their progress and	findings. There	i <u>s_a</u> _
signed_contract		
~ +		
		<del>-</del>
		<b>-</b>

TEEA3504L 05/26/11

Schedule **F** (Form 990) 2011

. . . .

BAA

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

OMB No 1545-0047 2011

Open to Public Inspection

Employer identification number

56-2455310

Department of the Treasury Internal Revenue Service Name of the organization

Two Blades Foundation

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

Part I	Questions Regarding Compensation	·			
				Yes	No
1 a Ch Vi	neck the appropriate box(es) if the organization provided any I, Section A, line 1a Complete Part III to provide any re	of the following to or for a person listed in Form 990, Part elevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			1
	Travel for companions	Payments for business use of personal residence	1 1		1
Γ	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			ĺ
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
<b>b</b> If	any of the boxes on line 1a are checked, did the organiz imbursement or provision of all of the expenses describe	zation follow a written policy regarding payment or ed above? If 'No,' complete Part III to explain	1 b		
	d the organization require substantiation prior to reimbuistees, and the CEO/Executive Director, regarding the ite	rsing or allowing expenses incurred by all officers, directors, ems checked in line 1a?	2		
3 In Cl es	dicate which, if any, of the following the filing organization EO/Executive Director. Check all that apply. Do not check tablish compensation of the CEO/Executive Director Ex	on used to establish the compensation of the organization's ok any boxes for methods used by a related organization to oplain in Part III			
Г	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			İ
	Form 990 of other organizations	Approval by the board or compensation committee			,
OI	uring the year, did any person listed in Form 990, Part V a related organization eccive a severance payment or change-of-control payme	(II, Section A, line 1a with respect to the filing organization ent?	4a		X
<b>b</b> Pa	articipate in, or receive payment from, a supplemental n	onqualified retirement plan?	4b		Х
c Pa	articipate in, or receive payment from, an equity-based of	compensation arrangement?	4c		X
lf	'Yes' to any of lines 4a-c, list the persons and provide the	he applicable amounts for each item in Part III.			
o	nly section 501(c)(3) and 501(c)(4) organizations must c	complete lines 5-9.			
<b>5</b> Fo	or persons listed in Form 990, Part VII, Section A, line 1: intingent on the revenues of	a, did the organization pay or accrue any compensation			
a Ti	ne organization?		5a		X
<b>b</b> A	ny related organization?		5b		Х
lf	'Yes' to line 5a or 5b, describe in Part III				'
	or persons listed in Form 990, Part VII, Section A, line 1sontingent on the net earnings of	a, did the organization pay or accrue any compensation			
a Ti	ne organization?		6a		Х
bΑ	ny related organization?		6b		X
If	'Yes' to line 6a or 6b, describe in Part III				
<b>7</b> Fo	or persons listed in Form 990, Part VII, Section A, line 1sectibed in lines 5 and 6? If 'Yes,' describe in Part III	a, did the organization provide any non-fixed payments not	7		X
8 W	ere any amounts reported in Form 990, Part VII, paid or intract exception described in Regulations section 53 49	accrued pursuant to a contract that was subject to the initial 58-4(a)(3)? If 'Yes,' describe in Part III	8		Х
	'Yes' to line 8, did the organization also follow the rebut	ttable presumption procedure described in Regulations	9		

56-2455310

Page 2

Two Blades Foundation Schedule J (Form 990) 2011

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

	-	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	<u> </u>	(f) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation		benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
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## SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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. Department of the Treasury Internal Revenue Service

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Open to Public Inspection

Name of the organization	Employer identification number
Two Blades Foundation	56-2455310
Form 990, Part VI, Line 11b - Form 990 Review Process	
two_thirds_of_board_sign_return	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
No documents available to the public.	
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