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2011

Open to Public
InspectionDepartment 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.

A For the 2011 calendar year, or tax year beginning

, 2011, and ending

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C

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

D Employer identification number

65-1230251

E Telephone number

650-646-3200

G Gross receipts \$ 13,701,016.

F Name and address of principal officer DON LISTWIN
SAME AS C ABOVEH(a) Is this a group return for affiliates? Yes NoH(b) Are all affiliates included? Yes No
If 'No,' attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ► WWW.CANARYFOUNDATION.ORG

K Form of organization Corporation Trust Association Other ►

L Year of Formation 2004

M State of legal domicile CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities <u>CANARY FOUNDATION IS THE WORLD'S FIRST NON-PROFIT ORGANIZATION DEDICATED SOLELY TO THE FUNDING, DISCOVERY AND DEVELOPMENT OF TESTS FOR EARLY CANCER DETECTION.</u>
2	Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
3	Number of voting members of the governing body (Part VI, line 1a)
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) <u>471,545.</u>
17	Other expenses (Part IX, column (A), lines 11a-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 <u>OGDEN, UT</u>
	Prior Year Current Year
	6,808,290. 11,328,418.
	-2,027. -11,240.
	532,274. 478,709.
	7,338,537. 11,795,887.
	11,588,910. 2,424,216.
	776,141. 878,778.
	56,957. 445,513.
	12,422,008. 3,748,507.
	-5,083,471. 8,047,380.
	Beginning of Current Year End of Year
	5,774,403. 12,752,705.
	12,498,259. 12,003,219.
	-6,723,856. 749,486.

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	<u>D. Smucker</u>		Date <u>6/13/12</u>
	Signature of officer	EXEC DIRECTOR	
<u>RONICA SMUCKER</u>		Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name <u>DOUGLAS W. REGALIA</u>	Preparer's signature <u>DOUGLAS W. REGALIA</u>	Date <u>JUN 06 2012</u>
	Firm's name ► <u>REGALIA & ASSOCIATES, CPAS</u>		Check <input type="checkbox"/> if self-employed
	Firm's address ► <u>103 TOWN & COUNTRY DR., STE. K</u> <u>DANVILLE, CA 94526</u>		PTIN <u>P00186389</u>
		Firm's EIN ► <u>68-0260103</u>	
		Phone no <u>(925) 314-0390</u>	

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

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

TEEA0113L 08/18/11

Form 990 (2011)

G17

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

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 reported4a (Code) (Expenses \$ 2,853,032. including grants of \$ 2,424,216.) (Revenue \$)CANARY SCIENTIFIC PROGRAMS

THE GOALS OF THE PROGRAM ARE TO DEVELOP TESTS THAT CAN: 1) IDENTIFY LETHAL PROSTATE CANCERS AT AN EARLY (CURABLE) STAGE; 2) CLASSIFY PROSTATE CANCERS AS EITHER 1) POTENTIALLY LETHAL; BEST TREATED WITH AGGRESSIVE THERAPY B) NON-LETHAL: SUITABLE FOR CONTINUED MONITORING WITHOUT AGGRESSIVE TREATMENT. GIVEN THE LARGE BODY OF PUBLISHED BUT UNVALIDATED CANDIDATE MARKERS FOR PROSTATE CANCER, WE FOCUS EFFORTS ON EVALUATING THE PERFORMANCE OF A SELECTED SET OF PROMISING BIOMARKERS. CANDIDATE BIOMARKERS ARE EVALUATED BASED ON ABILITY TO DETECT LETHAL PROSTATE CANCERS AT AN EARLY (CURABLE) STAGE AND TO DISCRIMINATE LETHAL FROM NON-LETHAL PROSTATE CANCER. WE FOCUS ON BLOOD-BASED BIOMARKERS FOR EARLY DETECTION AND CONSIDERING BOTH BLOOD-BASED AND TISSUE-BASED BIOMARKERS FOR PROGNOSTIC APPLICATIONS.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)CANARY OVARIAN CANCER PROGRAM

THE GOAL OF OUR OVARIAN RESEARCH PROGRAM IS TO DEVELOP A STRATEGY TO ACCURATELY IDENTIFY OVARIAN CANCERS THAT WOULD OTHERWISE BE LETHAL AT A STAGE WHEN THEY ARE READILY CURABLE. OUR VISION IS OF A TWO-STAGE SCREENING STRATEGY, CONSISTING OF A SIMPLE BLOOD TEST FOLLOWED BY A MOLECULAR IMAGING TEST. DEVELOPMENT OF BLOOD AND IMAGING TESTS FOLLOWS A SIMILAR ROADMAP; BOTH INCLUDE BIOMARKER DISCOVERY FOLLOWED BY VALIDATION, BUT THEY ALSO INVOLVE DIFFERENT TECHNIQUES AND CHALLENGES.

CANARY LUNG CANCER PROGRAM

CANARY IS FOCUSED ON DEVELOPING DIAGNOSTICS WITH HIGH SENSITIVITY AND SPECIFICITY TO

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

DETECT OTHERWISE LETHAL LUNG CANCERS AT A STAGE WHEN THEY ARE READILY CURABLE. TO THIS END, CANARY HAS ASSEMBLED A TEAM OF EXPERTS WHO ARE COLLABORATING TO DISCOVER AND VALIDATE BIOMARKERS FOR BLOOD AND IMAGING TESTS THAT TOGETHER WILL IDENTIFY INDIVIDUALS HARBORING LETHAL LUNG CANCERS SO THAT THEY CAN BE REMOVED. WE PLAN TO FOLLOW UP ON OUR RESEARCH BY RAPIDLY PROPELLING EFFECTIVE EARLY DETECTION CANCER TESTS INTO THE HANDS OF CLINICAL PROVIDERS SO THAT PATIENTS CAN BEGIN TO BENEFIT AS SOON AS POSSIBLE. THE CANARY LUNG CANCER PROGRAM SUPPORTS THE DEVELOPMENT AND MAINTENANCE OF CRITICAL BIOSPECIMEN RESOURCES, BLOOD BIOMARKER DISCOVERY AND VALIDATION, MOLECULAR IMAGING PROJECTS FOR EARLY DETECTION OF LETHAL LUNG CANCER, AND EPIDEMIOLOGY AND MODELING FOR EFFECTIVE LUNG CANCER SCREENING.

4d Other program services (Describe in Schedule O)

SEE SCHEDULE O

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

4e Total program service expenses ► 2,853,032.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b X	
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 X	
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20 X	
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22 X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a 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	25b 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	26 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	27 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	28a X	
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31 X	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32 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	33 X	
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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	35b 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	36 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	37 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	38 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	1a	6	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If 'Yes,' enter the name of the foreign country. ► CANADA See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a	X	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	6a	X	
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?	6b	X	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X	
7 Organizations that may receive deductible contributions under section 170(c).	7b	X	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7d		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X	
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7f	X	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a		
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?	9b		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	10a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	10b		
10 Section 501(c)(7) organizations. Enter.			
a Initiation fees and capital contributions included on Part VIII, line 12	11a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	12a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	13b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13c		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	14a	X	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14b		
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?			
b 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 SEE SCHEDULE O of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	6	
1b	Enter the number of voting members included in line 1a, above, who are independent	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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?	
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?	
11a	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	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	
13	Did the organization have a written whistleblower policy?	
14	Did the organization have a written document retention and destruction policy?	
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 SEE SCHEDULE O	
b	Other officers of key employees of the organization SEE SCHEDULE O	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	
b	If 'Yes,' 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?	
16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► CA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
 ► PATRICIA ADAMS, OFFICE MANAGER 1501 S. CALIFORNIA AVE PALO ALTO CA 94304 650-646-3200

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

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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	
		or director	Individual trustee	Institutional trustee	Officer	Key employee				
(1) DON LISTWIN FOUNDER & CHAIR	8	X			X			0.	0.	0.
(2) ROB LYNCH DIRECTOR	4	X						0.	0.	0.
(3) DALE JANTZEN DIRECTOR	4	X						0.	0.	0.
(4) MICHAEL ASHBY DIRECTOR	4	X						0.	0.	0.
(5) MICHAEL BALL DIRECTOR	4	X						0.	0.	0.
(6) KEVIN KENNEDY DIRECTOR	4	X						0.	0.	0.
(7) RONICA SMUCKER EXEC DIRECTOR	40			X			216,777.	0.	0.	0.
(8) THERESE QUINLAN SNR DEVELOPMT DIR	40				X		141,005.	0.	0.	0.
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (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			
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1b Sub-total							357,782.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							357,782.	0.	0.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 in compensation from the organization ► 0		

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	1b Membership dues	1b				
	1c Fundraising events	1c	526,038.			
	1d Related organizations	1d				
	1e Government grants (contributions)	1e				
	1f All other contributions, gifts, grants, and similar amounts not included above	1f	10,802,380.			
	1g Noncash contributions included in lns 1a-1f		\$ 64,992.			
	1h Total. Add lines 1a-1f		► 11,328,418.			
PROGRAM SERVICE REVENUE	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		►			
	3 Investment income (including dividends, interest and other similar amounts)		► 191.			191.
4 Income from investment of tax-exempt bond proceeds		►				
5 Royalties		►				
6a Gross rents	(i) Real	(ii) Personal				
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)		►				
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	1,416,764.					
b Less cost or other basis and sales expenses	1,426,467.	1,728.				
c Gain or (loss)	-9,703.	-1,728.				
d Net gain or (loss)		►	-11,431.	-11,431.		
8a Gross income from fundraising events (not including \$ 526,038. of contributions reported on line 1c)						
See Part IV, line 18.	a	955,643.				
b Less direct expenses	b	476,934.				
c Net income or (loss) from fundraising events		► 478,709.				
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities		►				
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory		►				
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		►	-11,431.	0.	191.	
12 Total revenue. See instructions		► 11,795,887.				

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,424,216.	2,424,216.		
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	216,777.	66,457.	61,831.	88,489.
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	559,372.	171,488.	159,550.	228,334.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	17,400.	5,334.	4,963.	7,103.
9 Other employee benefits	35,734.	10,954.	10,191.	14,589.
10 Payroll taxes	49,495.	15,174.	14,117.	20,204.
11 Fees for services (non-employees)				
a Management				
b Legal	16,648.		16,648.	
c Accounting	31,502.		31,502.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	50,600.			50,600.
12 Advertising and promotion	25,256.		25,256.	
13 Office expenses	24,545.	75.	8,491.	15,979.
14 Information technology	23,482.	16,074.	7,408.	
15 Royalties				
16 Occupancy	30,282.	12,977.	17,305.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	94,753.	94,068.	685.	
20 Interest	36.		36.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,429.	5,324.	7,105.	
23 Insurance				
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 TRAVEL, HOTELS, MEALS	35,575.	28,686.	6,889.	
b WEBSITE, INTERNET, RELATIONS	25,568.		5,554.	20,014.
c BANK AND CREDIT CARD CHARGES	20,333.		20,333.	
d OTHER EVENT EXPENSES	15,536.			15,536.
e All other expenses	38,968.	2,205.	26,066.	10,697.
25 Total functional expenses. Add lines 1 through 24e	3,748,507.	2,853,032.	423,930.	471,545.
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 □ 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	648,478.	1 563,710.	
	2 Savings and temporary cash investments	496,533.	2 2,288,829.	
	3 Pledges and grants receivable, net.	4,559,825.	3 9,801,362.	
	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.	34,144.	9	26,123.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 97,722.		
	b Less accumulated depreciation	10b 25,041.	35,423.	10c 72,681.
	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)	5,774,403.	16	12,752,705.	
17 Accounts payable and accrued expenses	144,218.	17	99,734.	
18 Grants payable	12,354,041.	18	11,903,485.	
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		
26 Total liabilities. Add lines 17 through 25	12,498,259.	26	12,003,219.	
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	-11,272,181.	27	-9,074,826.	
28 Temporarily restricted net assets	4,548,325.	28	9,824,312.	
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	-6,723,856.	33	749,486.	
34 Total liabilities and net assets/fund balances	5,774,403.	34	12,752,705.	

BAA

Form 990 (2011)

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 11,795,887.
- 2 Total expenses (must equal Part IX, column (A), line 25) 2 3,748,507.
- 3 Revenue less expenses Subtract line 2 from line 1 3 8,047,380.
- 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 -6,723,856.
- 5 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O 5 -574,038.
- 6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 749,486.

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

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

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

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

Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 3b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2011

**Open to Public
Inspection**

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.

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

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

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

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

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

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 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')	17092727.	1,367,736.	2,355,475.	6,808,290.	11328418.	38,952,646.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	17092727.	1,367,736.	2,355,475.	6,808,290.	11328418.	38,952,646.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						38,952,646.

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	17092727.	1,367,736.	2,355,475.	6,808,290.	11328418.	38,952,646.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44,986.	27,367.	916.	484.	-9,512.	64,241.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV				-2,511.	-1,728.	-4,239.
11 Total support. Add lines 7 through 10						39,012,648.
12 Gross receipts from related activities, etc (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.85 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.70 %
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33-1/3% support test – 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"/>

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Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal yr 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 yr 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 lns 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 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).

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

2011Open to Public
Inspection

Name of the organization

Employer identification number

THE CANARY FUND
DBA CANARY FOUNDATION

65-1230251

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.

- 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

	(a) Donor advised funds	(b) Funds and other accounts
1		
2		
3		
4		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

- 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.

- a 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

	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.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

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	60,328.			60,328.
e Other	37,394.		25,041.	12,353.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				72,681.

BAA

Schedule D (Form 990) 2011

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

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

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

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

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

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

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

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

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

SEE PART XIV

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	11,795,887.
2 Total expenses (Form 990, Part IX, column (A), line 25)	3,748,507.
3 Excess or (deficit) for the year Subtract line 2 from line 1	8,047,380.
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV.) SEE PART XIV	-574,038.
9 Total adjustments (net) Add lines 4 through 8	-574,038.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	7,473,342.

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 11,698,783.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	2a
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV.) SEE PART XIV	2d -97,104.
e Add lines 2a through 2d	2e -97,104.
3 Subtract line 2e from line 1	3 11,795,887.
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 11,795,887.

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

1 Total expenses and losses per audited financial statements	1 4,225,441.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIV.) SEE PART XIV	2d 476,934.
e Add lines 2a through 2d	2e 476,934.
3 Subtract line 2e from line 1	3 3,748,507.
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 3,748,507.

Part XIV Supplemental Information

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

PART X-FIN48 FOOTNOTE**INCOME TAXES**

FINANCIAL STATEMENT PRESENTATION FOLLOWS THE RECOMMENDATIONS OF ASC 740, INCOME

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

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

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

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

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

Part XIV Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

HAS ADEQUATELY EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2011, THE FUND DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE OR AN ACCRUAL FOR A TAX LIABILITY WOULD BE NECESSARY.

THE FUND HAS RECEIVED NOTIFICATION FROM THE INTERNAL REVENUE SERVICE AND THE STATE OF CALIFORNIA THAT IT QUALIFIES FOR TAX-EXEMPT STATUS UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE. THE EXEMPTIONS ARE SUBJECT TO PERIODIC REVIEW BY THE FEDERAL AND STATE TAXING AUTHORITIES AND MANAGEMENT BELIEVES THAT THE FUND CONTINUES TO SATISFY ALL FEDERAL AND STATE STATUTES IN ORDER TO QUALIFY FOR CONTINUED TAX EXEMPTION STATUS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

**Open to Public
Inspection**

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

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

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- e f g
- e Solication of non-government grants
- f Solication of government grants
- g Special fundraising events

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 column (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

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.

REVENUE		(a) Event #1 OSH GOLF (event type)	(b) Event #2 CANARY CHALLENGE (event type)	(c) Other events 2 (total number)	(d) Total events (add column (a) through column (c))
		573,169.	439,346.	469,166.	1,481,681.
	1 Gross receipts	526,038.			526,038.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	47,131.	439,346.	469,166.	955,643.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes	17,477.	43,462.	2,416.	63,355.
	6 Rent/facility costs	92,938.		35,519.	128,457.
	7 Food and beverages	15,356.	24,415.	6,097.	45,868.
	8 Entertainment				
	9 Other direct expenses	13,042.	95,109.	131,103.	239,254.
	10 Direct expense summary Add lines 4 through 9 in column (d)				476,934.
	11 Net income summary Combine line 3, column (d), and line 10				478,709.

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain _____

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

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13	Indicate the percentage of gaming activity operated in:		
	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 contact with a third party from whom the organization receives gaming revenue? Yes No
b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
c If 'Yes,' enter name and address of the third party.

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CANARY FUND

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

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

2011.

**Open to Public
Inspection**

Name of the organization
THE CANARY FUND

Employer identification number
65-1230251

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

1 (e) Name and address of organization or government	(b) EIN	(c) IRS section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
(1) BC CANCER FOUNDATION 601 WEST BROADWAY #200 — VANCOUVER, BRITISH COLUMBIA V			385,825.	0.			CANCER RESEARCH
(2) CANARY FOUNDATION CANADA — BRITISH COLUMBIA — VANCOUVER, BRITISH COLUMBIA				10,968.	0.		CANCER RESEARCH
(3) FRED HUTCHINSON CANCER RESEAR 1100 FAIRVIEW AVE NORTH — SEATTLE, WA 98109				635,763.	0.		CANCER RESEARCH
(4) SEATTLE INST BIOMEDICAL CLINI 1660 S. COLUMBIAN WAY S-151F — SEATTLE, WA 98108	91-14540426			46,216.	0.		CANCER RESEARCH
(5) STANFORD UNIV FDTN 300 PASTEUR DRIVE — STANFORD, CA 97305	91-1452438			426,000.	0.		CANCER RESEARCH
(6) DCSF FOUNDATION 500 PARNASSUS MD-200W BOX 0 — SAN FRANCISCO, CA 94143				85,400	0.		CANCER RESEARCH
(7) UNIVERSITY OF TEXAS 800 WEST CAMPBELL ROAD — RICHARDSON, TX 75080	94-2829914			193,000.	0.		CANCER RESEARCH
(8) UNIVERSITY OF WASHINGTON 1959 NE PACIFIC — SEATTLE, WA 98195	23-7232618						PANCREAS CANCER BIOMARKERS
				419,018.	0.		

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

► **9**

► **1**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

THE CANARY FUND REQUIRES ONGOING FEEDBACK IN THE FORM OR ORAL AND WRITTEN REPORTS IN

ORDER TO MONITOR THE PROGRESS OF EACH GRANT FUNDED FOR APPROVAL.

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Schedule I Cont (Form 990) 2011

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization

THE CANARY FUND

Employer identification number

65-1230251

Part I Questions Regarding Compensation

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

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

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

Yes

No

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III

Compensation committee
 Independent compensation consultant
 Form 990 of other organizations

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

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

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

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?
b Any related organization?

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

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?
b Any related organization?

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

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

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

Schedule J (Form 990) 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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
RONICA SMUCKER	0	216,777.0.	0.	0.	0.	216,777.0.	0.
1	0	0.	0.	0.	0.	0.	0.
2	0	0.	0.	0.	0.	0.	0.
3	0	0.	0.	0.	0.	0.	0.
4	0	0.	0.	0.	0.	0.	0.
5	0	0.	0.	0.	0.	0.	0.
6	0	0.	0.	0.	0.	0.	0.
7	0	0.	0.	0.	0.	0.	0.
8	0	0.	0.	0.	0.	0.	0.
9	0	0.	0.	0.	0.	0.	0.
10	0	0.	0.	0.	0.	0.	0.
11	0	0.	0.	0.	0.	0.	0.
12	0	0.	0.	0.	0.	0.	0.
13	0	0.	0.	0.	0.	0.	0.
14	0	0.	0.	0.	0.	0.	0.
15	0	0.	0.	0.	0.	0.	0.
16	0	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.

BAA

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1345-0047

2011

**Open To Public
Inspection**

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

Part I | Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	3	1,201,606.	
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles	X	1	14,000.	
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (FOOD & DRINKS -----)	X	29	69,050.	FMV
26 Other ► (AUCTION ITEMS -----)	X	13	19,160.	FMV
27 Other ► (-----)				
28 Other ► (-----)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

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

b If 'Yes,' describe the arrangement in Part II

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

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

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2011

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization THE CANARY FUND DBA CANARY FOUNDATION	Employer identification number 65-1230251
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FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

CANARY FOUNDATION IS A PUBLIC CHARITY EXEMPT FROM U.S. FEDERAL INCOME TAX UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE IN THE UNITED STATES. CANARY FOUNDATION OF CANADA IS A PUBLIC FOUNDATION REGISTERED WITH THE CANADA REVENUE AGENCY; BUSINESS NUMBER 82906 8550 RR0001.

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

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

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

Name of the organization	THE CANARY FUND DBA CANARY FOUNDATION	Employer identification number 65-1230251
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FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

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

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

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

THE SPECIFIC GOALS OF THE CANARY FOUNDATION PROSTATE PROGRAM ARE TO DEVELOP TESTS THAT CAN: 1) IDENTIFY LETHAL PROSTATE CANCERS AT AN EARLY (CURABLE) STAGE; 2) CLASSIFY PROSTATE CANCERS AS EITHER 1) POTENTIALLY LETHAL; BEST TREATED WITH AGGRESSIVE THERAPY B) NON-LETHAL: SUITABLE FOR CONTINUED MONITORING WITHOUT AGGRESSIVE TREATMENT. GIVEN THE LARGE BODY OF PUBLISHED BUT UNVALIDATED CANDIDATE MARKERS FOR PROSTATE CANCER, WE ARE FOCUSING OUR INITIAL EFFORTS ON EVALUATING THE PERFORMANCE OF A SELECTED SET OF PROMISING BIOMARKERS. CANDIDATE BIOMARKERS ARE EVALUATED BASED ON THEIR ABILITY TO DETECT LETHAL PROSTATE CANCERS AT AN EARLY (CURABLE) STAGE AND TO DISCRIMINATE LETHAL FROM NON-LETHAL PROSTATE CANCER. WE ARE FOCUSING ON BLOOD-BASED BIOMARKERS FOR EARLY DETECTION AND CONSIDERING BOTH BLOOD-BASED AND TISSUE-BASED BIOMARKERS FOR PROGNOSTIC APPLICATIONS.

CANARY PANCREATIC CANCER PROGRAM

CANARY IS FOCUSED ON DEVELOPING DIAGNOSTICS WITH HIGH SENSITIVITY AND SPECIFICITY TO DETECT OTHERWISE LETHAL PANCREATIC CANCERS AT AN EARLY STAGE WHEN THEY CAN BE CURED

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

THROUGH SURGICAL SECTION. WE ANTICIPATE THAT NO SINGLE BIOMARKER WILL BE SUFFICIENT TO CREATE A TEST WITH THE REQUIRED SENSITIVITY AND SPECIFICITY TO DETECT PANCREATIC CANCER EARLY. INSTEAD, A DEFINITIVE DIAGNOSIS WILL RELY UPON COMBINATIONS OF BIOMARKERS AND UPON BLOOD AND IMAGING TESTS USED TOGETHER. TO THIS END, THE CANARY PANCREATIC CANCER TEAM IS COLLABORATING TO DISCOVER AND VALIDATE BIOMARKERS THAT WILL PROVIDE THE BASIS FOR BLOOD AND IMAGING TESTS FOR THE EARLY DETECTION OF PANCREATIC CANCER. WE PLAN TO FOLLOW UP OUR RESEARCH BY RAPIDLY PROPELLING EFFECTIVE EARLY DETECTION TESTS INTO THE HANDS OF CLINICAL PROVIDERS SO THAT PATIENTS CAN BEGIN TO BENEFIT AS SOON AS POSSIBLE.

CANARY COLLABORATIONS PROGRAM

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

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

CANARY CENTER AT STANFORD FOR CANCER EARLY DETECTION

ON SEPTEMBER 13, 2008, TOGETHER WITH DR. BEV MITCHELL, DIRECTOR OF STANFORD'S CANCER CENTER, AND DR. SANJIV (SAM) GAMBHIR, DIRECTOR OF STANFORD'S MOLECULAR IMAGING

Name of the organization	THE CANARY FUND DBA CANARY FOUNDATION	Employer identification number 65-1230251
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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

PROGRAMS (MIPS), CANARY FOUNDATION ANNOUNCED THE CREATION OF THE CANARY CENTER AT STANFORD. THE CANARY CENTER AT STANFORD WILL BE THE ONLY FACILITY IN THE WORLD WITH DEDICATED FULL-TIME FACULTY FOCUSED ON THE EARLY DETECTION OF CANCER AND WILL INTEGRATE BOTH BLOOD AND IMAGING-BASED DIAGNOSTIC RESEARCH. THIS FIRST CLASS INTEGRATED FACILITY WILL ATTRACT AND DEVELOP THE BEST MINDS IN THE WORLD TO THE PROBLEM OF CANCER EARLY DETECTION. OPERATIONS WILL COMMENCE IN THE SPRING OF 2009. THE CANARY CENTER AT STANFORD HAS SECURED A MAJOR PORTION OF A 60,000-SQUARE-FOOT FACILITY SPONSORED BY THE SCHOOL OF MEDICINE AND THE DEPARTMENT OF RADIOLOGY. THE CENTER WILL HOUSE MULTIPLE FACULTY DEVOTED TO EARLY DETECTION OF CANCER AND OVER 100 RESEARCH AFFILIATES. DR. SANJIV (SAM) GAMBHIR WILL LEAD THE CENTER AS SCIENTIFIC DIRECTOR. THE CENTER WILL BE SUPPORTED BY RESEARCH "CORES" THAT PROVIDE SCIENTIFIC CAPABILITIES TO THE RESEARCH TEAMS. THE FOUR INITIAL CORES WILL BE CHEMISTRY, PROTEOMICS, BIOINFORMATICS, AND CLINICAL TRIALS.

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

A COMPLETE DISCUSSION OF ALL OF THE CANARY FOUNDATION'S PROGRAM ACTIVITIES IS PROVIDED BELOW AND CONTINUES ON SCHEDULE O. TOTAL EXPENDITURES RELATED TO PROGRAM ACTIVITIES AMOUNTED TO \$2,860,982.

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FORM 990, PART VI, LINE 1A - EXPLANATION OF DELEGATED BROAD AUTHORITY TO COMMITTEE

IN ACCORDANCE WITH COMMON PRACTICE IN THE NONPROFIT COMMUNITY, THE BOARD DELEGATES CERTAIN MATTERS TO THE EXECUTIVE COMMITTEE, WHICH IS EMPOWERED TO ACT BETWEEN BOARD MEETINGS IF NECESSARY, AND SOMETIMES WITH SPECIFICALLY DELEGATED AUTHORITY TO ACT IN PARTICULAR AREAS ON BEHALF OF THE FULL BOARD.

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

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

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

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

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

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

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

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

COMPENSATION OF OTHER HIGH-LEVEL PERSONNEL AND KEY EMPLOYEES IS REVIEWED AT LEAST ANNUALLY BY MEMBERS OF MANAGEMENT. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES AND ALL RELATED BENEFITS. ALL DECISIONS ARE THEN DOCUMENTED IN PERSONNEL FILES.

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

ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGAL FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC. TAX RETURNS ARE POSTED ANNUALLY TO WWW.GUIDESTAR.ORG (WHERE IT IS AVAILABLE FOR VIEWING AS AN ELECTRONIC COPY) AND ARE ALSO AVAILABLE AT THE ORGANIZATION'S OFFICE IN PALO ALTO, CALIFORNIA (FOR A PHYSICAL INSPECTION).

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SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 28011

THE CANARY FUND
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PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>
GAIN (LOSS) ON DISPOSITION OF PP&E	-1,728.	-2,511.			
TOTAL	<u>\$ -1,728.</u>	<u>\$ -2,511.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4

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

CHANGE IN VALUE OF LONG-TERM PLEDGES RECEIVABLE

TOTAL \$ -574,038.
\$ -574,038.

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

CHANGE IN VALUE OF LONG-TERM PLEDGES REC
SPECIAL EVENTS EXPENSES

TOTAL \$ -574,038.
\$ 476,934.
\$ -97,104.

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

SPECIAL EVENTS EXPENSES

TOTAL \$ 476,934.
\$ 476,934.

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SCHEDULE O - SUPPLEMENTAL INFORMATION

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

CHANGE IN VALUE OF LONG-TERM PLEDGES RECEIVABLE

TOTAL	\$	-574,038.
	\$	<u>-574,038.</u>

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions THE CANARY FUND DBA CANARY FOUNDATION	Employer identification number (EIN) or <input checked="" type="checkbox"/> 65-1230251
File by the due date for filing your return. See instructions	Number, street, and room or suite number if a P.O. box, see instructions 1501 S. CALIFORNIA AVENUE #2500	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions PALO ALTO, CA 94304	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► PATRICIA ADAMS, OFFICE MANAGER

Telephone No ► 650-646-3200 FAX No ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time

until 8/15, 20 12, to file the exempt organization return for the organization named above

The extension is for the organization's return for

► calendar year 20 11 or► tax year beginning , 20 , and ending , 20 2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

3a \$ **0.**

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

3b \$ **0.**c **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions**3c** \$ **0.****Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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FEDERAL WORKSHEETS

PAGE 1

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THE CANARY FUND
DBA CANARY FOUNDATION

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SPECIAL EVENTS WORKSHEET

SPECIAL EVENT	GROSS RECEIPTS	LESS CONTRIBUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME OR LOSS
OSH GOLF	\$ 573,169.	\$ 526,038.	\$ 47,131.	\$ 138,813.	\$ -91,682.
CANARY CHALLENGE	439,346.	0.	439,346.	162,986.	276,360.
	<u>SUBTOTAL</u>	<u>\$ 1012515.</u>	<u>\$ 526,038.</u>	<u>\$ 486,477.</u>	<u>\$ 301,799.</u>
					\$ 184,678.
CABANA	345,291.	0.	345,291.	144,232.	201,059.
LADIES' LUNCHEONS	123,875.	0.	123,875.	30,903.	92,972.
	<u>*SUBTOTAL</u>	<u>\$ 469,166.</u>	<u>\$ 0.</u>	<u>\$ 469,166.</u>	<u>\$ 175,135.</u>
					\$ 294,031.
	<u>TOTAL</u>	<u>\$ 1481681.</u>	<u>\$ 526,038.</u>	<u>\$ 955,643.</u>	<u>\$ 476,934.</u>
					\$ 478,709.

*EVENTS COMBINED ON THE RETURN AS THE THIRD EVENT.

FORM 990, PART IX, LINE 24E
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
DONATIONS AND GIFTS	3,426.			3,426.
DUES AND SUBSCRIPTIONS	4,639.		4,639.	
MISCELLANEOUS	7,514.		7,161.	353.
POSTAGE AND SHIPPING	4,840.		4,840.	
PRINTING AND PUBLICATIONS	9,123.	2,205.		6,918.
REPAIRS AND MAINTENANCE	884.		884.	
TAXES, LICENSES AND PERMITS	8,542.		8,542.	
	<u>TOTAL</u>	<u>\$ 38,968.</u>	<u>\$ 2,205.</u>	<u>\$ 26,066.</u>
				\$ 10,697.

2011

FEDERAL SUPPLEMENTAL INFORMATION

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THE CANARY FUND
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FORM 990, LINE 14 AND LINE 15

100% OF THE CANARY FUND'S 2011 MANAGEMENT & GENERAL AND FUNDRAISING EXPENSES WERE UNDERWRITTEN BY DONATIONS FROM THE LISTWIN FAMILY FOUNDATION AND THE LISTWIN TRUST, ALLOWING 100% OF OTHER CONTRIBUTIONS TO BE USED ENTIRELY TO FUND DONATIONS WHICH WERE MADE TO EARLY DETECTION RESEARCH PROGRAMS AND ACTIVITIES.

PROPERTY AND EQUIPMENT

A SUMMARY OF PROPERTY AND EQUIPMENT IS AS FOLLOWS AT DECEMBER 31, 2011:

FURNITURE	\$ 37,394
EQUIPMENT	60,328
LESS ACCUMULATED DEPRECIATION	(25,041)
<hr/>	
TOTAL PROPERTY AND EQUIPMENT (NET)	\$ 72,681
<hr/>	

TOTAL DEPRECIATION EXPENSE FOR THE YEAR ENDED DECEMBER 31, 2011 AMOUNTED TO \$12,429.