| am 8879-EO | IRS <i>e-file</i> Signature Authorization for an Exempt Organization | | OMB No. 1545-1878 |
|---|---|---|---|
| | For calendar year 2017, or fiscal year beginning $01/01$, 2017, and ending $12/31$ | . 20 1.7 | 0047 |
| | Do not send to the IRS. Keep for your records. | | 201/ |
| partment of the Treasury email Revenue Service | Go to www.irs.gov/Form8879EO for the latest information. | Eurolever ide | ntification number |
| me of exempt organization | | 20-46 | |
| | FERENCE FOUNDATION, INC. | 20-40 | J-1004 |
| me and title of officer | | | |
| OUGLAS HIRS | eturn and Return Information (Whole Dollars Only) | | |
| neck the box for the neck the box on line ave line 1b, 2b, 3b, | return for which you are using this Form 8879-EO and enter the applicable a fa, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return bein 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you enter fow, Do not complete more than one line in Part I. | ed -0- on the rel | turn, then enter -0- or |
| a Form 990 check l a Form 990-EZ che | ck here 🕨 📄 b Total revenue, if any (Form 990-EZ, line 9) | · · · · · ²⁶ | 2,017,001. |
| a Form 1120-POL c | heck here b Total tax (Form 1120-POL, line 22) | 3b | |
| a Form 990-PF che | ck here 🕨 🚺 b Tax based on investment income (Form 990-PF, Part | | |
| a Form 8868 check | here 🕨 🛄 b Balance Due (Form 8868, line 3c) | 5b | |
| Part II Declarat | on and Signature Authorization of Officer | | |
| organization's electron o send the organizati he transmission, (b) t | complete. I further declare that the amount in Part I above is the amount sho nic return. I consent to allow my intermediate service provider, transmitter, o on's return to the IRS and to receive from the IRS (a) an acknowledgement of ne reason for any delay in processing the return or refund, and (c) the date of asury and its designated Financial Agent to initiate an electronic funds witho | receipt or reas any refund. If a rawal (direct de | on for rejection of pplicable, I bit) entry to the |
| inancial institution ac return, and the financ Agent at 1-888-353-4 nvolved in the proces resolve issues related | asony and its designated i mancial regard to match match and the organization count indicated in the tax preparation software for payment of the organization al institution to debit the entry to this account. To revoke a payment, I must 537 no later than 2 business days prior to the payment (settlement) date. I a sing of the electronic payment of taxes to receive confidential information ne to the payment. I have selected a personal identification number (PIN) as m if applicable, the organization's consent to electronic funds withdrawal. | contact the U.S. also authorize the ecessary to ans | Treasury Financial te financial institutions wer inquiries and |
| nancial institution ac eturn, and the financ Agent at 1-888-353-4 hvolved in the proces esolve issues related electronic return and, | count indicated in the tax preparation software for payment of the organization al institution to debit the entry to this account. To revoke a payment, I must 537 no later than 2 business days prior to the payment (settlement) date. I a sing of the electronic payment of taxes to receive confidential information ne to the payment. I have selected a personal identification number (PIN) as m if applicable, the organization's consent to electronic funds withdrawal. | contact the U.S. also authorize the ecessary to ans | Treasury Financial le financial institutions wer inquiries and |
| inancial institution ac eturn, and the financ Agent at 1-888-353-4 nvolved in the proces esolve issues related electronic return and, 2ffiger's PIN; check | count indicated in the tax preparation software for payment of the organization al institution to debit the entry to this account. To revoke a payment, I must 537 no later than 2 business days prior to the payment (settlement) date. I a sing of the electronic payment of taxes to receive confidential information ne to the payment. I have selected a personal identification number (PIN) as m if applicable, the organization's consent to electronic funds withdrawal. | contact the U.S. also authorize the ecessary to ans | Treasury Financial the financial institutions wer inquiries and the organization's as my signature |
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| nancial institution ac eturn, and the financ Agent at 1-888-353-4 hvolved in the process esolve issues related electronic return and, Officer's PIN; check I authorize M on the organi being filed wi ERO to enter | count indicated in the tax preparation software for payment of the organization al institution to debit the entry to this account. To revoke a payment, I must 537 no later than 2 business days prior to the payment (settlement) date. I a sing of the electronic payment of taxes to receive confidential information ne to the payment. I have selected a personal identification number (PIN) as m if applicable, the organization's consent to electronic funds withdrawal. Dise box only <u>ITHUMSMITH+BROWN, PC</u> <u>ERO firm name</u> zation's tax year 2017 electronically filed return. If I have indicated within this th a state agency(ies) regulating charities as part of the IRS Fed/State progi my PIN on the return's disclosure consent screen. | entar five numbers do not enter all zer s return that a c ram, I also autho | Treasury Financial the financial institutions wer inquiries and the organization's as my signature os opy of the return is rize the aforementione |
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| nancial institution ac eturn, and the financ agent at 1-888-353-4 hvolved in the process esolve issues related electronic return and, Officer's PIN; check I authorize M on the organi being filed wi ERO to enter As an officer If I have indic the IRS Fed/ | count indicated in the tax preparation software for payment of the organization al institution to debit the entry to this account. To revoke a payment, I must 537 no later than 2 business days prior to the payment (settlement) date. I a sing of the electronic payment of taxes to receive confidential information ne to the payment. I have selected a personal identification number (PIN) as m if applicable, the organization's consent to electronic funds withdrawal. one box only ITHUMSMITH+BROWN, PC to enter my PIN ERO firm name zation's tax year 2017 electronically filed return. If I have indicated within this th a state agency(ies) regulating charities as part of the IRS Fed/State program of the organization, I will enter my PIN as my signature on the organization's ated within this return that a copy of the return is being filed with a state agency (ate program, I will enter my PIN on the return's disclosure consent screen. | entact the U.S. also authorize the ecessary to ans by signature for the do not enter all zer s return that a c ram, I also author s tax year 2017 ency(ies) regular | Treasury Financial the financial institutions wer inquiries and the organization's as my signature os opy of the return is rize the aforementione electronically filed retu |
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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

7

6

| | artment | of the Trea | Sury Do not enter s | r, or 4947(a)(1) of the Internal Reve social security numbers on this for <i>irs.gov/Form990</i> for instructions a | m as it may b | e made | public. | tions) | Open to Inspe | Public |
|--------------------------------|----------------|-------------|--|---|-----------------|-----------|-------------------------------------|------------------|------------------|-----------------|
| AI | For the | e 2017 d | calendar year, or tax year beginning | - | , and ending | | | | , 20 | |
| | | | C Name of organization | · · · · · · | | | D Employer ide | ntification I | | |
| B | Check if ap | | IRA SOHN CONFERENCE FO | | 20-4694 | 1054 | | | | |
| | Addre | | Doing business as | | | | | | | |
| | - | change | Number and street (or P.O. box if mail is | not delivered to street address) | Room/suite | | E Telephone nu | mber | | |
| | - | return | C/O GARWOOD EVENTS 225 | 5 W106TH ST | 15M | | (917) 78 | 0-2586 | | |
| | Final | return/ | City or town, state or province, country, a | | | | . , | | | |
| | termir Amen | ded | NEW YORK, NY 10025 | | | | G Gross receipts | s \$ | 4,437 | 7,894. |
| _ | Applic | cation | Name and address of principal officer: | DOUGLAS HIRSCH | | | H(a) Is this a grou | | Yes | · |
| | pendi | ng | C/O GARWOOD EVENTS 225 | | 10025 | | subordinates H(b) Are all subord | | | |
| 1 | Tax-ex | empt stat | |) | | 7 | | tach a list. (se | | |
| J | | | WW.SOHNCONFERENCE.ORG | | 01 02 | | H(c) Group exem | | | , |
| ĸ | | | | Association Other | L Year of | f formati | on: 2006 M | | | DE |
| | art I | - | nmary | | | | | | | |
| | | | describe the organization's mission or | most significant activities. THE | OHN CONF | EREN | CE FOUNDA | TION I | S | |
| ė | | | CATED TO THE TREATMENT | | | | | | | |
| Governance | | | DHOOD DISEASES. | | | | | | | |
| ern | 2 | Check | this box 🕨 🔄 if the organization di | scontinued its operations or dispos | ed of more the | an 25% | of its net assets | S. | | |
| ğ | 3 | | r of voting members of the governing | | | | | 3 | | 4. |
| | 4 | | r of independent voting members of t | | | | | 4 | | 4. |
| ties | 5 | | umber of individuals employed in cale | | | | | 5 | | 2. |
| Activities & | | | umber of volunteers (estimate if necess | | | | | 6 | | 4. |
| Ac | | | nrelated business revenue from Part VI | | | | | 7a | | 0. |
| | | | elated business taxable income from I | | | | | 7b | | |
| | | | | | | | Prior Year | | Current ` | Year |
| | 8 | Contrib | utions and grants (Part VIII, line 1h) | | | | 2,672,27 | 3. | 2,782 | ,231. |
| nue | 9 | | m service revenue (Part VIII, line 2g) | | | | | 0. | | 0. |
| Revenue | 10 | | nent income (Part VIII, column (A), line | | | | 440,32 | 4. | 34 | ,818. |
| Ř | 11 | | evenue (Part VIII, column (A), lines 5, | | | | 100,00 | 9. | 12. | |
| | 12 | | evenue - add lines 8 through 11 (must | | | | 3,212,60 | 6. | 2,817 | ,061. |
| | 13 | | and similar amounts paid (Part IX, colu | | | | 3,160,27 | 6. | 2,866 | ,221. |
| | 14 | | s paid to or for members (Part IX, colu | | | | | 0. | | 0. |
| s | 15 | | s, other compensation, employee bene | | | | 286,35 | 5. | 205 | ,233. |
| enses | 16a | | sional fundraising fees (Part IX, column | | | | | 0. | 141 | ,500. |
| Expe | | | Indraising expenses (Part IX, column (I | 1 4 1 5 0 0 | | | | | | |
| ш | 17 | Other e | expenses (Part IX, column (A), lines 11 | a-11d, 11f-24e) | | | 628,87 | 7. | 408 | 3,765. |
| | 18 | Total ex | xpenses. Add lines 13-17 (must equal | Part IX, column (A), line 25) | | | 4,075,50 | 8. | 3,621 | ,719. |
| | 19 | Revenu | le less expenses. Subtract line 18 from | n line 12 | | | -862,90 | 2. | -804 | ,658. |
| or | | | · | | | Beginr | ning of Current Y | 'ear | End of Ye | ar |
| Net Assets or Fund Balances | 20 | Total as | ssets (Part X, line 16) | | | | 3,665,36 | 3. | 2,883 | ,541. |
| Asi | 21 | | abilities (Part X, line 26) | | | | 92,55 | 7. | 107 | ,974. |
| Pun | 22 | Net ass | sets or fund balances. Subtract line 21 | from line 20 | | | 3,572,80 | 6. | 2,775 | ,567. |
| Pa | art II | Sigi | nature Block | | | | | | | |
| | | | perjury, I declare that I have examined this | | | | | my knowle | edge and b | oelief, it is |
| tru | e, corre | Ct, and C | omplete. Declaration of preparer (other than | oncer) is based on all mormation of wh | ich preparer na | is any kn | lowledge. | | | |
| 0:- | | | | | | | | | | |
| Sig He | | ∣ ► s | ignature of officer | | | | Date | | | |
| пе | re | | | | | | | | | |
| | | , | ype or print name and title | | | | | | | |
| Paie | ч | Print/T | ype preparer's name | Preparer's signature | Date | | Check | if PTIN | | |
| | u parer | JAME | | | self-employ | | 00245 | 14 | | |
| | e Only | Firm's r | name WITHUMSMITH+BROWN | , PC | | | Firm's EIN 🕨 2 | | | |
| | • | | address NONE TOWER CENTER BLVD 14T | | | | | 32-828 | | |
| Ma | y the | IRS dis | cuss this return with the preparer | shown above? (see instructions) |) | | | Х | | No |
| For | Pape | rwork R | eduction Act Notice, see the separate | e instructions. | | | | | Form 99 | 0 (2017) |
| JSA | | | | | | | | | | |

9065383

| Forr | n 990 (2017) | Page 2 |
|------|---|------------------------|
| Pa | art III Statement of Program Service Accomplishments | |
| _ | Check if Schedule O contains a response or note to any line in this Part III | <u></u> |
| | Briefly describe the organization's mission: THE FOUNDATION SUPPORTS CUTTING-EDGE MEDICAL RESEARCH, | |
| | STATE-OF-THE-ART RESEARCH EQUIPMENT, AND INNOVATIVE PROGRAMS TO | |
| | ENSURE CHILDREN WITH CANCER SURVIVE AND THREVE! | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | the |
| | prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any progr | |
| | services? | Yes X No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants are | |
| | the total expenses, and revenue, if any, for each program service reported. | |
| | (Code:) (Expenses \$including grants of \$, 866,221.) (Revenue \$) (Revenue \$ |) |
| | RESEARCH RELATED TO AND IN CONNECTION WITH PEDIATRIC CANCER AND | |
| | OTHER PEDIATRIC HEALTH CARE CAUSES. THE FOUNDATION ACCOMPLISHES | |
| | ITS OBJECTIVES THROUGH THE OPERATION OF ONE FUND-RAISING ACTIVITY | |
| | THAT TAKES PLACE ONCE A YEAR ENTITILED THE SOHN INVESTMENT | |
| | CONFERENCE. THE ATTENDEES AS WELL AS MANY OF THE SPEAKERS ALL | |
| | CONTRIBUTE TO THE FOUNDATION THROUGH PLEDGES AND/OR CASH DONATION. | |
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| 4D | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |) |
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| 40 | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | |
| 40 | |) |
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| 4d | Other program services (Describe in Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ► 2,866,221. | |
| JSA | | Form 990 (2017) |
| /E1(| 020 1.000 5952MP M998 11/14/2018 8:57:27 AM V 17-7.2F 9065383 | PAGE 3 |

IRA SOHN CONFERENCE FOUNDATION, INC.

| Part | V Checklist of Required Schedules | | P | age 3 |
|--------|---|-----|-----|-------|
| I al l | 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 | |
| 2 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| 5 | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | 3 | | |
| - | election in effect during the tax year? If "Yes," complete Schedule C, Part II. | 4 | | Х |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, | - | | |
| J | 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 | | | 37 |
| _ | "Yes," complete Schedule D, Part I. | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | 37 |
| _ | 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," | | | 37 |
| _ | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | 37 |
| | 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 | | | v |
| | 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | | Х |
| 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 | | Х |
| с | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| 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 | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII. | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 13 | | Х |
| 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 | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? 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 | Х | |
| 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 |

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Page 4

| Part | V Checklist of Required Schedules (continued) | | | |
|------|--|------|---|----|
| | | | Yes | No |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a. | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| 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), 501(c)(4), and 501(c)(29) 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? | 0.51 | | v |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | 20 | | x |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | |
| 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 | 27 | | х |
| 28 | entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 21 | | |
| 20 | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | х |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | 200 | | |
| Ň | Schedule L. Part IV. | 28b | | х |
| с | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| • | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | 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, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, 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 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | 37 |
| | 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, | | | v |
| | Part VI | 37 | | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| | ושיני. או רטווו ששט ווובוג מוב ובעעוובע נט נטוווףופני שנוופעעופ ט. | 50 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 1 |

IRA SOHN CONFERENCE FOUNDATION, INC.

Form 990 (2017)

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| Par | | | | |
|-----|---|------|-----|--------|
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | . No |
| 10 | Enter the number reported in Roy 3 of Form 1096. Enter -0 , if not applicable 13 | | 163 | |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a13Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0. | 1 | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and | 1 | | |
| U | reportable gaming (gambling) winnings to prize winners? | 1c | Х | |
| 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 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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: > | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| | (FBAR). | - | | v |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ~ |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?. | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | x |
| h | organization solicit any contributions that were not tax deductible as charitable contributions? | Ua | | |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 0.0 | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| u | and services provided to the payor? | 7a | Х | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 1 | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | 1 | | |
| D D | against amounts due or received from them.) | | | |
| 122 | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| - | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| JSA | | Form | 990 | (2017) |

| Form 9 | 990 (2017) IRA SOHN CONFERENCE FOUNDATION, INC. 20-4694 | 054 | | Page 6 |
|--------|--|------------|---|---------------|
| Part | t 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 in | struc | tions. |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | Х |
| Sect | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | 37 |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | A |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | 7- | | x |
| | one or more members of the governing body? | 7a | | |
| b | | 76 | | x |
| - | stockholders, or persons other than the governing body? | 7b | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | 8a | Х | |
| a | The governing body? | 8b | X | |
| b | Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | 0.0 | | |
| 9 | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | х |
| Secti | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code | .) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | 37 | |
| | describe in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 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? | 150 | Х | |
| a | The organization's CEO, Executive Director, or top management official | 15a 15b | | x |
| b | Other officers or key employees of the organization | 150 | | |
| 40- | 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 | 16a | | x |
| h | with a taxable entity during the year? | 104 | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Sect | ion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright ATTACHMENT 1 | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section | 5010 | <u>,)(3)</u> | only |
| | available for public inspection. Indicate how you made these available. Check all that apply. | 551(| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | y, |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int | erest | polic | y, and |
| | financial statements available to the public during the tax year. | | | |
| ~~ | | | | |

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► MICHAEL ANASTASIO C/O GARWOOD EVENTS, 225 W 106TH ST NEW YORK, NY 10025 917-780-2586

JSA 7E1042 1.000

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| Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a Independent Contractors | Ind |
|--|---|
| Check if Schedule O contains a response or note to any line in this Part VII | |
| Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | |
| | Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII. |

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 (list any hours for related organizations below dotted line) | box, office or direct | not ch unles: | s pe | ition more rson | e than o is both or/trust employee | an | (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 |
|-----------------------------|---|-----------------------------|------------------|------|-----------------------|---|----|---|---|--|
| (1)DANIEL NIR | 2.00 | | | | | | | | | |
| PRESIDENT | 0. | x | | x | | | | 0. | 0. | 0. |
| (2)DOUGLAS HIRSCH | 2.00 | | | | | | | | | |
| CHIEF EXECUTIVE OFFICER | 0. | x | | x | | | | 0. | 0. | 0. |
| (3)EVAN SOHN | 2.00 | | | | | | | | | |
| VICE PRESIDENT/TREASURER | 0. | Х | | x | | | | 0. | 0. | 0. |
| (4)GRAHAM DUNCAN | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | x | | | | | | 0. | 0. | 0. |
| (5)LAUREN BRESLOW | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR (7/1/17) | 0. | 1 | | X | | | | 60,000. | 0. | 0. |
| (6)JENNIFER SCHIAMBERG | 40.00 | | | | | | | | | |
| GLOBAL MARKETING DIRECTOR | 0. | | | | | Х | | 133,750. | Ο. | 0. |
| (7) | | - | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| <u>(13)</u> | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Form 990 (2017) | untana Ka | | | | | and L | 1 | haat Companyat | ad Employees | (| | ge 8 |
|--|--|------------------------------------|-------------------------|-----------|------|--|--------------|---|---|--------------------|---|-------------|
| Part VII Section A. Officers, Directors, Tr (A) Name and title | (B) Average hours per week (list any | (B) Average ours per (do not | | | | e than o | ne | (D) Reportable compensation from | (E) Reportable compensation fror related | Es om an | (F) stimated nount of other | |
| | hours for related organizations below dotted line) | office or director | a Institutional trustee | a Officer | | or/true Highest compensated employee | e) Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MIS | C) fr org an | pensation om the anization d related anizations | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 1b Sub-total | | | | | ••• | | ► | 193,750. | | 0. | | 0. |
| c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) | = | | ••• | ••• | ••• | | | 0. 193,750. | | 0. D. | | 0. |
| 2 Total number of individuals (including but not reportable compensation from the organization | | | liste 1 | d al | bove | e) who | o re | eceived more than | \$100,000 of | | | |
| 3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched | | | | | | | | | | 3 | | No X |
| 4 For any individual listed on line 1a, is the organization and related organizations gr individual | eater than | n \$15 | 50,0 | 00? | lf | "Yes | s," (| complete Schedu | le J for such | 4 | | X |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "</i> Y | | | | | | | | | | | | Х |
| Section B. Independent Contractors | | | | | | | | | | | | |
| Complete this table for your five highest con compensation from the organization. Report year. | | | | | | | | | | | | |
| (A) Name and business ad | dress | | | | | | | (B) Description of se | ervices | (C) Compens | | |
| ATTACHMENT 2 | | | | | | | _ | | | | | |
| | | | | | | | | | | | | |
| • Total number of belongs to the second | a alter d'a d'a | | | | | 41 | | | | | | _ |
| 2 Total number of independent contractors (i | ncluding bi | ut no | t lim | ilteo | d to | thos | ie li | isted above) who | received | | | |

more than \$100,000 in compensation from the organization **>**

3

| Form | 990 | (201) | 7 |
|------|-----|-------|---|
| | | | |

| Par | t VII | Statement of Rever Check if Schedule O co | | ose or note to an | v line in this Part \ | /111 | | X |
|---|------------------------|--|---|------------------------|-----------------------|--|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c f f | Federated campaigns Membership dues Fundraising events | 1b 1c 1d 1d inlines 1a-1f: \$ | 2,350,430. | 2 792 221 | | | |
| | h | Total. Add lines 1a-1f | <u></u> | Business Code | 2,782,231. | | | |
| Program Service Revenue | 2a b c d e | | | | | | | |
| Pro | f g | All other program service rev Total. Add lines 2a-2f | | ► > | 0. | | | |
| <u> </u> | 3 | Investment income (inc and other similar amounts). | cluding divider ATTACHMENT | nds, interest, '3 ► | 43,273. | | | 43,273. |
| | 4 5 | Income from investment of Royalties | • | | 0. | | | |
| | 6a b c | Gross rents | | | 0. | | | |
| | d 7a | Net rental income or (loss) - Gross amount from sales of assets other than inventory | (i) Securities 500,000. | (ii) Other | | | | |
| | b | Less: cost or other basis and sales expenses Gain or (loss) | 508,455. | | | | | |
| ¢) | d 8a | Net gain or (loss) Gross income from fundra | | | -8,455. | | | -8,455 |
| Other Revenue | | events (not including \$2 of contributions reported on See Part IV, line 18 Less: direct expenses | ,350,430. line 1c). | | | | | |
| 0 | b c | Net income or (loss) from fu | ndraising events | | 0. | | | |
| | 9a | Gross income from gaming See Part IV, line 19 | activities. | | | | | |
| | b c | Less: direct expenses Net income or (loss) from g | | | 0. | | | |
| | 10a | Gross sales of inventor returns and allowances | a | | | | | |
| | b c | Less: cost of goods sold Net income or (loss) from sa | les of inventory | | 0. | | | |
| | | Miscellaneous Revenu | e | Business Code | | | | |
| | 11a | MISCELLANEOUS REVENUE | | 900099 | 12. | | | 12 |
| | b | | | | | | | |
| | c d | All other revenue | | | | | | |
| | e u | Total. Add lines 11a-11d | | | 12. | | | |
| | 12 | Total revenue. See instruction | | | 2,817,061. | | | 34,830 |

JSA 7E1051 1.000

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). Check if Schedule O contains a response or note to any line in this Part IX Х (A) Total expenses (B) Program service (C) Management and (D) Do not include amounts reported on lines 6b. 7b. Fundraising 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 2,825,231 2,825,231. and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 40,990 40,990 individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 60,000 60,000 trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 129,167. 129,167 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 855 855 9 Other employee benefits 15,211 15,211. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 7,013 7,013 **b** Legal 100,739. 100,739. c Accounting 0 d Lobbying 141,500 141,500. e Professional fundraising services. See Part IV, line 17 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 51,552 51,552 (A) amount, list line 11g expenses on Schedule O.) 0 12 Advertising and promotion 24,406. 24,406 13 Office expenses 28,461. 28,461. 14 Information technology 0 Royalties 15 0 Occupancy 16 7,168. 7,168 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 0 Interest 20 0 Payments to affiliates 21 0 22 Depreciation, depletion, and amortization 4,937. 4,937. Insurance 23 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 PUBLIC RELATIONS 46,630. 46,630 **h**MERCHANT ACCOUNT FEES 27,419. 27,419 71,425 71,425 cFREELANCE DESIGNER dREGISTRATION AND FILING FEES 24,291 24,291 14,724. 14,724. e All other expenses 3,621,719 2,866,221. 613,998 141,500. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 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) 0

JSA 7E1052 1.000

| Form | 990 (| 2017 |) |
|------|-------|------|---|
|------|-------|------|---|

| Part X | Balance Sheet | | | Page 11 |
|--|--|-------------------|----------|----------------|
| artz | Check if Schedule O contains a response or note to any line in this Pa | art X | | X |
| | | (A) | | (B) |
| | | Beginning of year | | End of year |
| 1 | Cash - non-interest-bearing | 0. | 1 | 0 . |
| 2 | Savings and temporary cash investments | 876,201. | 2 | 698,467. |
| 3 | Pledges and grants receivable, net | 34,073. | 3 | 9,300 |
| 4 | Accounts receivable, net | 47,752. | 4 | 545 |
| 5 | Loans and other receivables from current and former officers, directors, | | | |
| | trustees, key employees, and highest compensated employees. | | | |
| | | 0. | 5 | 0 |
| 6 | Complete Part II of Schedule L Loans and other 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 | | | |
| ν. | organizations (see instructions). Complete Part II of Schedule L | 0. | 6 | 0 |
| Assets 8 2 | Notes and loans receivable, net | 0. | 7 | 0 |
| 8 As | Inventories for sale or use Prepaid expenses and deferred charges ATCH 6 | 0. | 8 | 0 |
| 9 | | 181,541. | 9 | 113,360 |
| 10 | a Land, buildings, and equipment: cost or | | | |
| | other basis. Complete Part VI of Schedule D | 0 | | 0 |
| | D Less: accumulated depreciation | 0. | 100 | 0 |
| 11 | Investments - publicly traded securities ATCH 7 | 2,525,796. | | 2,061,869 |
| 12 | | 0. | 12 | 0 |
| 13 | Investments - program-related. See Part IV, line 11 | 0. | 13 | 0 |
| 14 | Intangible assets | 0. | 14 | 0 |
| 15 | Other assets. See Part IV, line 11 | 0. | 15 | 0 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 3,665,363. | 16 | 2,883,541 |
| 17 | Accounts payable and accrued expenses | 21,620. | 17 | 32,459 |
| 18 | Grants payable | 70,937. | 18 | - |
| 19 | Deferred revenue ATCH 8 | 0. | | 75,515 |
| 20 | Tax-exempt bond liabilities | 0. | 20 | 0 |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0 |
| | Loans and other payables to current and former officers, directors, | | | |
| | trustees, key employees, highest compensated employees, and | 0. | | 0 |
| | disqualified persons. Complete Part II of Schedule L | 0. | ~~ | 0 |
| 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 23 24 | 0 |
| 24 25 | Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third | 0. | 24 | 0 |
| 25 | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | of Schedule D | 0. | 25 | 0 |
| 26 | Total liabilities. Add lines 17 through 25 | 92,557. | 26 | 107,974. |
| - 20 | Organizations that follow SFAS 117 (ASC 958), check here X and | | 20 | |
| SS | complete lines 27 through 29, and lines 33 and 34. | | | |
| | Unrestricted net assets | 3,537,806. | 27 | 2,601,947. |
| 28 | Temporarily restricted net assets | 35,000. | 28 | 173,620. |
| 29 | Permanently restricted net assets | 0. | 29 | 0 |
| or Fund Balances 65 85 66 80 67 | Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. | | Б. | |
| | Capital stock or trust principal, or current funds | | 30 | |
| 30 Sessor | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| S 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| N 32 | Total net assets or fund balances | 3,572,806. | 33 | 2,775,567. |
| 34 | Total liabilities and net assets/fund balances | 3,665,363. | 34 | 2,883,541. |

IRA SOHN CONFERENCE FOUNDATION, INC.

| Form 99 | 90 (2017) | | | Pa | ge 12 |
|---------|---|-----------------|-----|------|--------------|
| Part | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 17,0 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 21,7 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 04,6 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,5 | 72,8 | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 7,4 | 119. |
| 6 | Donated services and use of facilities | 6 | | | 0. |
| 7 | Investment expenses | 7 | | | 0. |
| 8 | Prior period adjustments | 8 | | | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | 0 5 | | |
| | 33, column (B)) | 10 | 2,7 | 75,5 | 567. |
| Part | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | Yes | No |
| 1 | | · ···· la la la | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xpiain in | | | |
| - | Schedule O. | | 0. | | х |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were cor | npiled or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| _ | Separate basis Consolidated basis Both consolidated and separate basis | | 2b | х | |
| b | Were the organization's financial statements audited by an independent accountant? | | 20 | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both: | ted on a | | | |
| | | | | | |
| | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for | • | 2c | х | |
| | of the audit, review, or compilation of its financial statements and selection of an independent ac | | 20 | | |
| | If the organization changed either its oversight process or selection process during the tax year, e | explain in | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as se | t torth in | 3a | | х |
| ь. | the Single Audit Act and OMB Circular A-133? | larga tha | Ja | | |
| α | If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au | 0 | 3b | | |
| | | uno. | | 990 | (2017) |

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 20

| | | nt of the Treasury evenue Service | | Go to www.irs.go | ov/Form990 for instruct | ions and | the latest | information. | Open to Public Inspection |
|------|--------|--------------------------------------|----------------------------------|---|--|------------------------|------------------------------|---|--------------------------------------|
| Nam | e of t | he organization | | | | | | Employer identifi | cation number |
| IR | A S | OHN CONFERE | ENCE FOUN | DATION, INC. | | | | 20-46940 | 54 |
| Ра | rt I | Reason for | [·] Public Cha | rity Status (All c | organizations must o | omplet | e this pa | art.) See instructions | |
| The | orga | anization is not | a private fou | ndation because it | is: (For lines 1 through | gh 12, ch | eck only | one box.) | |
| 1 | | | | | tion of churches desc | | | | |
| 2 | | | | | . (Attach Schedule E | - | | | |
| 3 | | | - | - | rganization described | | | | |
| 4 | | A medical res | earch organiz | zation operated in | conjunction with a hose | spital de | scribed ir | n section 170(b)(1)(A) | (iii). Enter the |
| | | hospital's nam | - | | | | | | |
| 5 | | - | - | for the benefit of Complete Part II.) | a college or universit | y owned | d or ope | rated by a governme | ental unit described in |
| 6 | | | | | rnmental unit describe | d in sect | ion 170(| b)(1)(A)(v). | |
| 7 | Х | | - | - | | | - | | om the general public |
| | | - | | (1)(A)(vi). (Compl | | | 0 | | 5 |
| 8 | | | | | b)(1)(A)(vi). (Complete | Part II.) | | | |
| 9 | | - | | - | | - | | I in conjunction with a | land-grant college |
| | | or university o | r a non-land- | grant college of ag | griculture (see instruct | ions). Ei | nter the i | name, city, and state o | f the college or |
| | | university: | | | | | | | |
| 10 | | receipts from support from g | activities rela gross investm | ited to its exempt f nent income and u | unctions - subject to | certain e able inco | exception | ntributions, membersh is, and (2) no more tha s section 511 tax) from e Part III.) | n 331/3 % of its |
| 11 | | An organizatio | on organized | and operated exclu | usively to test for publi | c safety. | See sec | tion 509(a)(4). | |
| 12 | | An organizatio | on organized | and operated exclu | usively for the benefit | of, to pe | erform th | e functions of, or to c | arry out the purposes |
| | | of one or mor | e publicly su | pported organizati | ons described in sec | ion 509 | (a)(1) or | * section 509(a)(2). S | ee section 509(a)(3). |
| | _ | Check the box | in lines 12a t | hrough 12d that d | escribes the type of s | upporting | g organiz | zation and complete lin | nes 12e, 12f, and 12g. |
| а | | _ Type I. A su | pporting org | anization operated | , supervised, or contr | olled by | its supp | orted organization(s), | typically by giving |
| | | the supporte | ed organizatio | on(s) the power to | regularly appoint or e | lect a m | ajority of | the directors or truste | es of the |
| | _ | _ supporting o | rganization. | You must complet | e Part IV, Sections A | and B. | | | |
| b | | 🔄 Type II. A su | upporting org | anization supervise | ed or controlled in co | nnection | n with its | supported organization | on(s), by having |
| | | control or m | anagement of | of the supporting o | organization vested in | the sam | e persor | ns that control or man | age the supported |
| | _ | organization | (s). You mus t | t complete Part IV | , Sections A and C. | | | | |
| С | | | - | - · · | | | | n with, and functional | lly integrated with, |
| | _ | _ its supported | d organizatior | n(s) (see instruction | ns). You must comple | te Part I | V, Sectio | ons A, D, and E. | |
| d | | | - | | | - | | ection with its suppor | |
| | | | | • • | • • | • | | oution requirement and | d an attentiveness |
| | | | | | omplete Part IV, Sect | | | | |
| е | | | • | | | | | hat it is a Type I, Type I | I, Type III |
| | Γ. | - | - | | ionally integrated sup | porting o | organizat | ion. | |
| t | | | | l organizations | | | | • • • • • • • • • • • • • | ••••• |
| g | | | - | 1 | orted organization(s). | (ha) ha dha | | | (vi) Amount of |
| | (I) N | ame of supported of | organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | • • | organization ur governing | (v) Amount of monetary support (see | (vi) Amount of other support (see |
| | | | | | above (see instructions)) | docu | ment? | instructions) | instructions) |
| | | | | | | Yes | No | | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| | | | | | | | | | |
| (E) | | | | | | | | | |
| Tota | al | | | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|-----------------|--|---------------------|-------------------|-----------------|-------------------|------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2,986,547. | 4,079,607. | 3,769,793. | 3,626,784. | 3,894,609. | 18,357,340. |
| 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 | 2,986,547. | 4,079,607. | 3,769,793. | 3,626,784. | 3,894,609. | 18,357,340. |
| 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 | | | | | | |
| e | shown on line 11, column (f) | | | | | | 427,334. |
| $\frac{6}{800}$ | Public support. Subtract line 5 from line 4 tion B. Total Support | | | | | | 17,930,006. |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| _ | | 2,986,547. | 4,079,607. | 3,769,793. | 3,626,784. | 3,894,609. | 18,357,340. |
| 7 8 | Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 31,614. | 38,438. | 56,171. | 64,511. | 43,273. | 234,007. |
| 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 VI.) <u>ATCH.1</u> | | 229. | 65. | 100,009. | 12. | 100,315. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 18,691,662. |
| 12 | Gross receipts from related activities, etc. (s | see instructions) . | | | | 12 | |
| 13 | First five years. If the Form 990 is for organization, check this box and stop here | <u> </u> | | | | | |
| | tion C. Computation of Public Sup | • | - | | | | 95.93% |
| 14 | Public support percentage for 2017 (li | | • | | | 14 | 95.93% |
| 15 | Public support percentage from 2016 | | | | | 15 | |
| 16a | 331/3% support test - 2017. If the organization g | - | | | | | |
| h | box and stop here. The organization q 331/3% support test - 2016. If the org | | | | | | ••• |
| D | this box and stop here. The organization | | | | | | |
| 17a | 10%-facts-and-circumstances test - 2 | | | - | | | |
| 174 | 10% or more, and if the organization | | | | | | |
| | Part VI how the organization meets t | | | | | | |
| | organization | | | - | - | | |
| b | 10%-facts-and-circumstances test - 2 | | | | | | |
| | 15 is 10% or more, and if the orga | • | - | | | | |
| | Explain in Part VI how the organizati | | | | | | |
| | supported organization | | | | | | |
| 18 | Private foundation. If the organization | did not check a | a box on line 13, | 16a, 16b, 17a | , or 17b, check | this box and see | |
| | instructions | | | | | | <u> ► </u> |

Schedule A (Form 990 or 990-EZ) 2017

| 0 | / F | 000 | | 000 57 | 004 |
|------------|------------|-----|----|---------|-----|
| Schedule A | (Form | 990 | or | 990-EZ) | 201 |

7

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

 (Complete only if you checked the box on line 10 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.)

| Sec | tion A. Public Support | | | | | | |
|---------|---|-----------------------|-------------------|--------------------|-------------------|--------------|------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 201 | 7 (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 | | | | | | |
| с | Add lines 7a and 7b. | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 201 | 7 (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar | | | | | | |
| h | sources Unrelated business taxable income (less | | | | | | |
| D | , | | | | | | |
| | section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| | | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly | | | | | | |
| 40 | carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is fo | r the organiza | tion's first seco | nd third fourth | or fifth tax v | ear as a s | ection 501(c)(3) |
| •• | organization, check this box and stop here . | 0 | | | | | |
| Sec | tion C. Computation of Public Supp | | | | | | |
| 15 | Public support percentage for 2017 (line 8, | | | mn (f)) | | 15 | % |
| 16 | Public support percentage from 2016 Sched | lule A, Part III, lir | ne 15 | | | 16 | % |
| Sec | tion D. Computation of Investment | | | | | II | |
| 17 | Investment income percentage for 2017 (line | | | 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2016 S | | | | | 18 | % |
| | 331/3% support tests - 2017. If the orga | | | | | | |
| | 17 is not more than 331/3%, check this | | | | | | |
| | | | | • | | | |
| b | | nization did not | check a box on | line 14 or line 19 | 9a, and line 16 i | s more than | 331/3 %. and |
| b | 331/3% support tests - 2016. If the organ | | | | | | |
| b 20 | | this box and s | top here. The o | ganization qualifi | es as a publicly | supported of | organization 🕨 📃 |

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2017

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| Schodul | IRA SOMN CONFERENCE FOUNDATION, INC. 20-4094 | 1054 | | Page 5 |
|---------|--|---------|----------|---------|
| Part | A (Form 990 or 990-EZ) 2017 Supporting Organizations (continued) | | 1 | age J |
| ı arı | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 100 | |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | 2 | | |
| Section | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | 1 | | |
| Section | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | - | | |
| 2 | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's supported organizations played in this regard.</i> | 3 | | |
| Section | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 a | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. | structi | ons). | |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | inat- | otic = ` | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instru | Yes | |
| 2 | Activities Test. Answer (a) and (b) below. | | 165 | UVI |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| JSA | Schedule A (Form | 990 or | 990-E2 | Z) 2017 |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | | | |
|---|----|----------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization | - | | , |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| | | | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

| | Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions | | | Current Year |
|----|---|-----------------------------|--|---|
| 1 | Amounts paid to supported organizations to accomplish ex | empt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exer | | ed | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organiz | zations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | |
| | (provide details in Part VI). See instructions. | 5 | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 | | | |
| | (reasonable cause required-explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| а | | | | |
| b | From 2013 | | | |
| С | From 2014 | | | |
| d | From 2015 | | | |
| е | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from | | | |
| | Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2017 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI . See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | |
| - | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2013 | | | |
| b | Excess from 2014 | | | |
| C | Excess from 2015 | | | |
| d | Excess from 2016 | | | |
| | Excess from 2017 | | | |

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Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

| SCHEDULE A, PART II - | OTHER INCOM | E | | | ATTACHMENT 1 | |
|-----------------------|-------------|------|------|----------|--------------|----------|
| DESCRIPTION | 2013 | 2014 | 2015 | 2016 | 2017 | TOTAL |
| OTHER INCOME | | 229. | 65. | 100,009. | 12. | 100,315. |
| TOTALS | = | 229. | 65. | 100,009. | <u> </u> | 100,315. |

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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

IRA SOHN CONFERENCE FOUNDATION, INC.

Employer identification number

20-4694054

| Organization | type | (check | one): |
|--------------|------|--------|-------|
|--------------|------|--------|-------|

| Section: |
|--|
| X 501(c)(³) (enter number) organization |
| 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| 527 political organization |
| 501(c)(3) exempt private foundation |
| 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| 501(c)(3) taxable private foundation |
| |

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization IRA SOHN CONFERENCE FOUNDATION, INC.

Employer identification number 20-4694054

| Part I | Contributors (see instructions). Use duplicate copies of | 1 | |
|---|--|---|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | PERSHING SQUARE CAPITAL MANAGEMENT | | Person X Payroll |
| | 888 SEVENTH AVENUE 42 FL | \$100,000. | Noncash |
| | NEW YORK, NY 10019 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | E & SS FOUNDATION | | Person |
| | 9 WEST 57TH STREET 35 FL | \$100,000. | Payroll Noncash |
| | NEW YORK, NY 10019 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | GREENLIGHT CAPITAL INC. | | Person |
| | 140 EAST 45TH STREET, 24TH FL | \$100,000. | Payroll Noncash |
| | NEW YORK, NY 10017 | | (Complete Part II for noncash contributions.) |
| | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | |
| No. | Name, address, and ZIP + 4 | | Type of contribution |
| No. | Name, address, and ZIP + 4 DANIEL L. NIR & JILL E. BAUFMAN FAMILY F | Total contributions | Type of contribution Person X Payroll |
| No. | Name, address, and ZIP + 4 DANIEL L. NIR & JILL E. BAUFMAN FAMILY F 265 SUNRISE HIGHWAY, STE #1-307 | Total contributions | X Person X Payroll Image: Complete Part II for |
| <u>No.</u> <u>4</u> (a) | Name, address, and ZIP + 4 DANIEL L. NIR & JILL E. BAUFMAN FAMILY F 265 SUNRISE HIGHWAY, STE #1-307 ROCKVILLE CENTRE, NY 11570 (b) | Total contributions \$ 100,000. (c) (c) | X Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) |
| No. 4 (a) No. | Name, address, and ZIP + 4 DANIEL L. NIR & JILL E. BAUFMAN FAMILY F 265 SUNRISE HIGHWAY, STE #1-307 ROCKVILLE CENTRE, NY 11570 (b) Name, address, and ZIP + 4 | Total contributions \$ 100,000. (c) (c) | X Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution |
| No. 4 (a) No. | Name, address, and ZIP + 4 DANIEL L. NIR & JILL E. BAUFMAN FAMILY F 265 SUNRISE HIGHWAY, STE #1-307 ROCKVILLE CENTRE, NY 11570 (b) Name, address, and ZIP + 4 TITAN ADVISORS, LLC | Total contributions \$ | Type of contribution Person X Payroll X Noncash X (Complete Part II for noncash contributions.) (d) Complete Part II for noncash contribution X Question X X Person X X Payroll X X |
| No. 4 (a) No. | Name, address, and ZIP + 4 DANIEL L. NIR & JILL E. BAUFMAN FAMILY F 265 SUNRISE HIGHWAY, STE #1-307 ROCKVILLE CENTRE, NY 11570 (b) Name, address, and ZIP + 4 TITAN ADVISORS, LLC 750 WASHINGTON BLVD, 10TH FLOOR | Total contributions \$ | Type of contribution Person X Payroll X Noncash X (Complete Part II for noncash contributions.) (d) Type of contribution X Person X Payroll X Noncash X (Complete Part II for X |
| No. 4 (a) No. 5 (a) | Name, address, and ZIP + 4 DANIEL L. NIR & JILL E. BAUFMAN FAMILY F 265 SUNRISE HIGHWAY, STE #1-307 ROCKVILLE CENTRE, NY 11570 (b) Name, address, and ZIP + 4 TITAN ADVISORS, LLC 750 WASHINGTON BLVD, 10TH FLOOR STAMFORD, CT 06901 | Total contributions \$ | Type of contribution Person X Payroll X Noncash X (Complete Part II for noncash contributions.) (d) Type of contribution X Person X Payroll X Noncash X (Complete Part II for noncash contributions.) X (Complete Part II for noncash contributions.) X (d) X X D X X D X X D X X Image: Complete Part II for noncash contributions.) X (d) X X |
| No. 4 (a) No. 5 (a) No. | Name, address, and ZIP + 4 DANIEL L. NIR & JILL E. BAUFMAN FAMILY F 265 SUNRISE HIGHWAY, STE #1-307 ROCKVILLE CENTRE, NY 11570 (b) Name, address, and ZIP + 4 TITAN ADVISORS, LLC 750 WASHINGTON BLVD, 10TH FLOOR STAMFORD, CT 06901 (b) Name, address, and ZIP + 4 | Total contributions \$ | Type of contribution Person X Payroll Image: Second contribution (Complete Part II for noncash contributions.) (d) Type of contribution X Person X Payroll Image: Second contributions.) (Complete Part II for noncash contributions.) (d) (Complete Part II for noncash contributions.) (d) (Complete Part II for noncash contributions.) (d) Type of contributions.) X |

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization IRA SOHN CONFERENCE FOUNDATION, INC.

Page 2 Employer identification number 20-4694054

| (a) | (b) | (c) | (d) |
|------------|-----------------------------------|----------------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 7 | EAST ROCK CAPITAL | | Borson |
| | | | |
| | 10 E 53RD ST | \$90,000. | Payroll Noncash |
| | | γ | |
| | NEW YORK, NY 10022 | | (Complete Part II for noncash contributions.) |
| | | | |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 8 | GOTHHAM ASSET MANAGEMENT LLC | | Porson |
| 0 | GOTHIAM ADDET MANAGEMENT LLC | | |
| | 535 MADISON AVE, 30TH FLOOR | \$ 100,000. | Payroll |
| | | \$100,000. | Noncash |
| | NEW YORK, NY 10022 | | (Complete Part II for |
| | | | noncash contributions.) |
| (a) | (b) | (C) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | | |
| | | | Person |
| | | | Payroll |
| | | \$ | Noncash |
| | | | (Complete Part II for |
| | | | noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | | |
| | | | Person |
| | | | Payroll |
| | | \$ | Noncash |
| | | | (Complete Part II for |
| | | | noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | | |
| | | | Person |
| | | | Payroll |
| | | \$ | Noncash |
| | | | (Complete Part II for |
| | | | noncash contributions.) |
| (-)` | // \ | | (P |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| NU. | Maille, auuless, allu ZIF + 4 | | |
| | | | Person |
| | | | |
| | | \$ | Payroll |
| | | μ Ψ | Noncash |
| | | | |
| | | | (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization IRA SOHN CONFERENCE FOUNDATION, INC.

Employer identification number 20-4694054

| art II | Noncash Property (see instructions). Use duplicate copies | s of Part II if additional space is ne | eded. |
|---------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | ⊅ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

JSA 7E1254 1.000

| Schedule B (Form 990, 990-EZ, or 990-PF) (2017) | Page 4 |
|--|--------------------------------|
| Name of organization IRA SOHN CONFERENCE FOUNDATION, INC. | Employer identification number |
| | 20-4694054 |
| Port III Evolution to a contribution to a contribution to a contribution described | in castion $E01/c/7$ (9) or |

| | <i>Exclusively</i> religious, charitable, etc., (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additi | the year from any on ons completing Part III e year. (Enter this infor | e contributor. C , enter the total c | omplete columns (a) through (e) a of <i>exclusively</i> religious, charitable, e |
|---------------------------|--|--|---|---|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of <u>c</u> | jift | (d) Description of how gift is held |
| | Transferee's name, address, an | (e) Transfer o Id ZIP + 4 | | ship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of <u>c</u> | lift | (d) Description of how gift is held |
| | Transferee's name, address, an | (e) Transfer c | - | ship of transferor to transferee |
| (a) No. from | (b) Purpose of gift | | iff | (d) Description of how gift is held |
| Part I | | | | |
| | Transferee's name, address, an | (e) Transfer c Id ZIP + 4 | | ship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of g | jift | (d) Description of how gift is held |
| | Transferee's name, address, an | (e) Transfer c | | ship of transferor to transferee |
| | | | | |

| SCHEE | DULE | D |
|-------|------|---|
| (Form | 990) | |

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

20

OMB No. 1545-0047

17

| | | | , 0, 3, 10, 114, 115, 110 | , 110, 116, 111, 120, 0 | 1 120. | |
|---|--|--|---|--|--|--|
| | tment of the Treasury | | Attach to Form \$ Form990 for instruction | | motion | Open to Public Inspection |
| Internal Revenue Service Go to www.irs.go | | | | | | identification number |
| | - | ENCE FOUNDATION, INC. | | | | 4694054 |
| | | tions Maintaining Donor Adv | ised Funds or Othe | r Similar Funds o | | |
| ı aı | | e if the organization answered | | | | |
| | | | (a) Donor ad | | (b) Fu | nds and other accounts |
| 1 | Total number at e | nd of year | | | | |
| | | of contributions to (during year) | | | | |
| | | of grants from (during year) | | | | |
| | | at end of year | | | | |
| | | ion inform all donors and donor | advisors in writing | that the assets held | l in donor a | dvised |
| | - | anization's property, subject to the | - | | | |
| 6 | Did the organizat | ion inform all grantees, donors, a | and donor advisors in | writing that grant | funds can b | e used |
| | only for charitable | e purposes and not for the bene | fit of the donor or do | onor advisor, or for | any other p | urpose |
| | conferring impern | nissible private benefit? | | | | Yes No |
| Par | | tion Easements. | | | | |
| | | e if the organization answered | | | | |
| 1 | | nservation easements held by the | | | | |
| | | n of land for public use (e.g., rec | reation or education) | | | cally important land area |
| | | of natural habitat | | Preservation | of a certifie | ed historic structure |
| - | | n of open space | | | | · · |
| | • | a through 2d if the organization h | eld a qualified conser | vation contribution i | | d at the End of the Tax Year |
| | | last day of the tax year. | | | | |
| | | onservation easements | | | 2a 2b | |
| | - | tricted by conservation easement rvation easements on a certified | | | 20 2c | |
| | | rvation easements included in (| | | 20 | |
| | | listed in the National Register | | | 2d | |
| | | rvation easements modified, trai | | | | e organization during the |
| | tax year ► | | | inguistica, or termi | | e organization during the |
| | • | where property subject to conse | rvation easement is lo | cated ► | | |
| 5 | | zation have a written policy re | | | | ng of |
| | | forcement of the conservation ea | | | | |
| | | hours devoted to monitoring, inspec | | | | |
| | ▶ | | | - | | • • |
| 7 | Amount of expense | ses incurred in monitoring, inspec | ting, handling of violat | ions, and enforcing o | conservatior | easements during the year |
| | ▶\$ | | | | | |
| | | vation easement reported on line | | | | |
| | and section 170(h |)(4)(B)(ii)? | | | | 🗀 Yes 🗀 No |
| | | ibe how the organization reports | | | | |
| | | d include, if applicable, the text of | | organization's finan | cial stateme | nts that describes the |
| | | counting for conservation easeme tions Maintaining Collections | | | | Vagata |
| Par | | e if the organization answered | | | er Similar <i>i</i> | Assets. |
| | • | • | | | | |
| 1a | works of art, his public service, pro | n elected, as permitted under Si torical treasures, or other simila ovide, in Part XIII, the text of the f | ar assets held for prototote to its financia | Jublic exhibition, educed a statements that de | revenue sta ucation, or scribes thes | research in furtherance o e items. |
| b | If the organizatio works of art, his public service, pro | n elected, as permitted under torical treasures, or other simila ovide the following amounts relat | SFAS 116 (ASC 958 ar assets held for pu ing to these items: | i), to report in its ublic exhibition, edu | revenue sta ucation, or | tement and balance shee research in furtherance o |
| | (i) Revenue inclu | ded on Form 990, Part VIII, line 1 | | | | |
| | | ed in Form 990, Part X | | | | |
| | • | n received or held works of a | | | | financial gain, provide the |
| | | s required to be reported under S | | | | |
| | | l on Form 990, Part VIII, line 1. | | | | . ►\$ |

| b | Assets inclu | | | | | | | | | | | | | | | |
|-------|--------------|------|--------|------|----|-------|---|---|---|----|-------|-----|----|--|--|--|
| | Paperwork Re | | | | | | | | | | | | | | | |
| JSA | • | | | | | | | | | | | | | | | |
| 7E126 | 68 2.000 | | | | - | | _ | | | | | _ | _ | | | |
| | 5952MP | M998 | 11/14/ | 2018 | 8: | 57:27 | A | M | V | 1' | 7 – ' | 7.1 | 2F | | | |

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▶ \$

Schedule D (Form 990) 2017

IRA SOHN CONFERENCE FOUNDATION, INC.

| Cart III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued). 3 Using the organizations accession, and other records, check any of the following that are a significant use of its calculation times (check all that apply): d Loan or exchange programs 4 Division d Loan or exchange programs 5 Scholarly research e Other 7 Previse a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. No 7 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solt to raise funds rather than to be maintained as part of the organization's collection? Yes No 9 Part VI Excore and Custochial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, for estrow or custofial account leading? Yes No 8 If Yes, " explain the arrangement in Part XIII. and complete the following table: 4 | Scheo | ule D (Form 990) 2017 | | | | ., 110 | | | | | Page 2 |
|---|-------|--------------------------------------|---------------------------------------|---------------|-------------|------------|-------------------|---------|---------------------|--------------------|---------------|
| 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection tams (check at that apply): d | - | | ng Collections of | Art, Hist | orical T | reasu | res, o | or Otl | ner Similar As | sets (con | |
| a Public sublicion d □ Can or exchange programs b □ Cholarly research of or future generations e □ Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No PartN Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X?, line 21. Yes No 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?, line 21. Yes No b 1f 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Image: Complete if the organization angement in Part XII. Yes No b 1f 'Yes,' explain the arrangement in Part XII. Chart Part XII. Yes in Part XII. No Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2a Did the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2a Torowinet the estimated percentag | | | - | | | | | | | | |
| b Scholarly research e Other c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 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 X Incore oward Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Included on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for earow or custodial account fability? Yes No b If "tes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Port Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Port Yes, 'explain the arrangement in Part XIII. (a) Current year (b) Pervy year (c) Tox yeas back (e) Four years back. 2 Duth organization include an amount on Form 990, Part IV. line 10. Complete if the organization answered "Yes" on Form 990, Part IV. line 10. Image: tes provide to a part trustes, current year end balance (line 10, column | | collection items (check all that app | ly): | | _ | | | | | | |
| c Prevention for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be solid to raise funds rather than to be maintained as part of the organization's collection? | а | Public exhibition | | d | Loan d | or exch | ange | progra | ms | | |
| c Prevention for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be solid to raise funds rather than to be maintained as part of the organization's collection? | b | Scholarly research | | е | Other | | | | | | |
| XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agnetic custodian or other intermediary for contributions or other assets not included on Form 990, Part X2, | С | | | | | | | | | | |
| 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 PartVI Escrow and Custofial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custofian or other intermediary for contributions or other assets not included on Form 990, Part X, ? No b If "Yes," explain the arrangement in Part Xill and complete the following table. Amount Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custofial account lability? Yes No b If Yes, "explain the arrangement in Part Xill. Check here if the explanation has been provided on Part Xill. No No b If Yes, "explain the arrangement in Part Xill. Check here if the explanation has been provided on Part Xill. No b If Yes, "explain the arrangement in Part Xill. Check here if the explanation has been provided on Part Xill. No b Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Carants or scholarships Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Par | 4 | | nization's collections | and expla | in how t | hey fu | rther | the or | ganization's exen | npt purpos | e in Part |
| assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angument, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2, | _ | | | | | | | | | | |
| Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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 X2, | 5 | | | | | | | | | | |
| Complete if the organization answered "Yes" on 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? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance Image: Complete it is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes PartV Endomement Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions (a) Current year (b) Prior years took (d) Three years took (e) Four years took 1a Beginning of year balance (a) Current year (b) Prior years took (d) Three years took (e) Four years took 14 Beginning of year balance (b) Prior year (c) Two years took (d) Three years took (e) Four years took 15 Contributions (b) Prior year (c) Two years to | Dor | | | ained as pa | rt of the c | organiz | ation | s colle | ction? | Yes | NO |
| 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? • If "Yes," explain the arrangement in Part XIII and complete the following table: • Beginning balance | Par | | | e" on Form | | ort IV/ | lina C | | ported an amo | unt on For | m |
| 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 XIII and complete the following table: | | | | 5 011 011 | 1 990, Fa | ant iv, | | , 0116 | | | |
| included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No Did the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered Provement Part Part Part Part Part Part Part Par | 1a | | e. custodian or othe | er intermed | iarv for c | ontribu | tions | or othe | r assets not | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance | | | | | | | | | | Yes | No |
| c Beginning balance Ic Amount d Additions during the year Id Id Id e Distributions during the year Id Id Id Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No Part V Endowment Funds. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities and programs (a) Current year (b) Prior year (c) Wind year years back (d) Three years back (e) Four years back Part year balan | b | | | | | | | | | | |
| d Additions during the year 1d e Distributions during the year 1f label{line} 1f | | | | | | | | | Amount | | |
| d Additions during the year 1d e Distributions during the year 1f label{line} 1f | С | Beginning balance | | | | | 1c | | | | |
| f Ending balance, | d | | | | | | 1d | | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No PartV Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. I Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Grants or scholarships (b) Controlutions (c) Two years back (d) Three years back (e) Four years back 1a If Administrative expen | е | Distributions during the year | | | | | 1e | | | | |
| b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part VI Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance | | | | | | | | | | | |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance | | - | | | | | | | - | | No No |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and bosses (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (c) Temporative stricted for facilities (c) Temporative stricted or quasi-endowment ▶ % g End of year balance (f) Administrative expenses (f) Three years back (f) Three years back g End of year balance (f) Administrative expenses (f) Administrative expenses (f) Three years back g End of year balance (f) Scolar other basis (f) Colar oth | - | | n Part XIII. Check h | ere if the ex | planation | has be | en pr | ovided | on Part XIII | | |
| (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance | Par | | · · · · · · · · · · · · · · · · · · · | | 000 D | t. N. / | | ~ | | | |
| 1a Beginning of year balance | | Complete if the organizat | | | | | | | | (a) E | |
| b Contributions | | | (a) Current year | (D) Prio | r year | (C) IV | vo year | s back | (a) Three years bac | :k (e) ⊦our | years back |
| c Net investment earnings, gains, and losses, | 1a | | | | | | | | | | |
| and losses | | | | | | | | | | | |
| d Grants or scholarships | С | | | | | | | | | | |
| e Other expenditures for facilities and programs | | | | | | | | | | | |
| and programs | | - | | | | | | | | | |
| f Administrative expenses | е | • | | | | | | | | | |
| g End of year balance | | | | | | | | | | | |
| 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on 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: | 1 | - | | | | | | | | | |
| a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on 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 | | 2 | | and halance | line 1a | colum | n (a)) | hald as | • | | |
| b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on 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 (iii) related organizations (ii) related organizations (ii) related organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation deprec | | | | | s (inte Tg, | colum | (a)) | | | | |
| The percentages on 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 (iii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book value Land Land | - | | | _ | | | | | | | |
| 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 (iii) related organizations (ii) related organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated (d) Book value (d) Book value (investment) (other) (c) Accumulated (d) Book value (d) Book value (investment) (other) (d) Book value (d) Cost or other basis (other) | С | Temporarily restricted endowment | ▶ % | | | | | | | | |
| organization by: Yes No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value 1a Land | | The percentages on lines 2a, 2b, a | and 2c should equal | 100%. | | | | | | | |
| (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land | 3a | Are there endowment funds not in | the possession of the | ne organiza | tion that | are hel | ld and | l admir | nistered for the | _ | |
| (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 | | | | | | | | | | | res No |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 | | | | | | | | | | | |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 | | | | | | | | | | | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 | | (). | 0 | | | | <u>}?</u> | | | _ 3b | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 | 6 | | | tion's endo | wment fur | nds. | | | | | |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land | Par | Complete if the organiza | tion answered "Ye | s" on Forr | n 990, P | art IV, | line [·] | 11a. S | ee Form 990, F | Part X, line | 10. |
| 1a Land Image: Constraint of the second | | Description of property | (a) Cost or | other basis | | | asis | | | (d) Book valu | he |
| b Buildings | 1a | Land | , | | (0 | | | depr | | | |
| c Leasehold improvements | - | | | | | | | | | | |
| d Equipment | с | | | | | | | | | | |
| e Other | d | | | | | | -+ | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) | е | | | | | | | | | | |
| | Tota | . Add lines 1a through 1e. (Column | (d) must equal Forr | n 990, Part | X, columi | n (B), lii | ne 10 | c.) | | | |

Schedule D (Form 990) 2017

| Schedule D (F | orm 990) 2017 | | | Page 3 |
|-----------------|--|-----------------------|---|------------------|
| Part VII | Investments - Other Securities. | | | |
| | Complete if the organization answered | "Yes" on Form 990 | , Part IV, line 11b. See Form 990 | Part X, line 12. |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuat Cost or end-of-year mark | |
| (1) Financia | al derivatives | | | |
| | held equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments - Program Related. | Waa" on Earm 000 | Port IV line 11e See Form 000 | Dort Vilino 12 |
| | Complete if the organization answered | | | |
| | (a) Description of investment | (b) Book value | (c) Method of valua Cost or end-of-year mark | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. Complete if the organization answered | Voc" on Form 000 | Part IV line 11d See Form 000 | Port V line 15 |
| | · · · | scription | , Fait IV, line Tru. See Form 990 | (b) Book value |
| (1) | | scription | | |
| (1) | | | | |
| (3) | | | | |
| (3)(4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | ımn (b) must equal Form 990, Part X, col. (B) l | ine 15.) | | |
| Part X | Other Liabilities. Complete if the organization answered line 25. | l "Yes" on Form 990 | , Part IV, line 11e or 11f. See For | m 990, Part X, |
| 1. | (a) Description of liability | (b) Book value | e | |
| (1) Feder | al income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colum | nn (b) must equal Form 990, Part X, col. (B) line 25.) | | | |
| • • • • • • • • | | | | |

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII JSA 7E1270 1.000 Schedule D (Form 990) 2017

X

| Schedu | le D (Form 990) 2017 | | Page 4 |
|--------|--|--------|---------------|
| Part | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | n. | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 4,133,221. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| с | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | 1,316,160. |
| 3 | Subtract line 2e from line 1 | 3 | 2,817,061. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 2,817,061. |
| Part | | ırn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 4,930,460. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| С | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | 1,308,741. |
| 3 | Subtract line 2e from line 1 | 3 | 3,621,719. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| с | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 3,621,719. |
| | XIII Supplemental Information. | | |
| | le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part VI, lines 2d and 4b. Also complete this part to provide any additional information of the second | | |
| ∠; ¤ar | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | nation | |

SEE PAGE 5

JSA

Schedule D (Form 990) 2017

IRA SOHN CONFERENCE FOUNDATION, INC.

SCHEDULE D, PART XIII

Part XIII Supplemental Information (continued)

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR FEDERAL INCOME TAXES. THERE WERE NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2017 AND 2016. THERE ARE NO TAX RELATED PENALTIES AND INTEREST RECORDED FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016.

JSA 7E1226 1.000

| SCH | EDULE F | Stater | nent of A | ctivities | Outside the Uni | ted St | ates 📙 | OMB No. 1545-0047 |
|-------------------|---|---------------------------------|---|---|--|--------------------------------|--|---|
| (For | m 990) | ► Complete | e if the organiza | tion answered | "Yes" on Form 990, Part IV, | line 14b, 1 | 5, or 16. | 2017 |
| Depart Interna | ment of the Treasury I Revenue Service | ► G | o to <i>www.irs.go</i> | | to Form 990. nstructions and the latest in | formation. | | Open to Public Inspection |
| | of the organization | | | | | | Employer identif | |
| - | SOHN CONFERE | | | | | | 20-4694 | |
| Part | | formation o Part IV, line 14 | | Dutside the U | Inited States. Complete | if the orga | anization answ | ered "Yes" on |
| | assistance, the gra | antees' eligibili | ty for the grant | ts or assistanc | substantiate the amount o e, and the selection criteri | ia used to | award the | X Yes No |
| | For grantmakers. assistance outside | | | ganization's p | rocedures for monitoring | the use | of its grants | and other |
| 3 | Activities per Regi | on. (The follov | ving Part I, line | 3 table can b | e duplicated if additional sp | bace is nee | eded.) | |
| | (a) Region | | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If act a pro describ | ivity listed in (d) is ogram service, e specific type of e(s) in the region | (f) Total expenditures for and investments in the region |
| (1) | EUROPE | | 0. | 0. | GRANTMAKING | | | 40,990. |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| <u>(9)</u> | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| | | | | | | | | |
| <u>(13)</u> | | | | | | | | |
| <u>(14)</u> | | | | | | | | |
| <u>(15)</u> | | | | | | | | |
| <u>(16)</u> | | | | | | | | |
| <u>(17)</u> | | | | | | | | |
| 3a | Sub-total | | | | | | | 40,990. |
| b | | continuation | | | | | | |
| - | sheets to Part I | | | | | | | 40.000 |
| C | Totals (add lines | s sa and 3D) | | | | | | 40,990. |

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Page **2**

Schedule F (Form 990) 2017

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, othe |
|-----|--------------------------|--|--------------------------|----------------------|---------------------------------|---------------------------------------|--|---|--|
| 1) | | | EUROPE/ICELAND/GREENLAND | GENERAL OPER | 5,990. | WIRE | | | |
| | | | | GENERAL | | | | | |
| 2) | | | EUROPE/ICELAND/GREENLAND | OPERATIONS | 35,000. | WIRE | | | |
| 3) | | | | | | | | | |
| 4) | | | | | | | | | |
| 5) | | | | | | | | | |
| 6) | | | | | | | | | |
| 7) | | | | | | | | | |
| 8) | | | | | | | | | |
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| 9) | | | | | | | | | |
| 10) | | | | | | | | | |
| 11) | | | | | | | | | |
| 12) | | | | | | | | | |
| 13) | | | | | | | | | |
| 14) | | | | | | | | | |
| 15) | | | | | | | | | |
| 16) | | | | | | | | | |

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2017

Page **3**

Schedule F (Form 990) 2017

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|-------------------|--------------------------|--------------------------|---------------------------------------|--|--|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
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| 12) | | | | | | | |
| 13) | | | | | | | |
| 14) | | | | | | | |
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| 16) | | | | | | | |
| 17) | | | | | | | |

Schedule F (Form 990) 2017

JSA

IRA SOHN CONFERENCE FOUNDATION, INC.

| Sched | ule F (Form 990) 2017 | | Page 4 |
|-------|---|-----|---------------|
| Part | IV Foreign Forms | | |
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) | Yes | X No |

Schedule F (Form 990) 2017

Page 5

Schedule F (Form 990) 2017

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

FORM 990, PART I, QUESTION 1

THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE AMOOUNT OF GRANTS,

THE GRANTEE'S ELIGIBILITY, AND THE SELECTION CRITERIA USED TO AWARD THE

GRANTS.

Schedule F (Form 990) 2017

| SCHEDULE G | •• | tal Information R | | • | • • | | OMB No. 1545-0047 | | | |
|----------------------------|---|--|-----------------------------|-----------------------------|---|--|----------------------------------|--|--|--|
| (Form 990 or 990-EZ) | Complete if t | he organization answer organization entered n | ed "Yes" on ore than \$1 | Form 990, F 5,000 on Foi | Part IV, line 17, 18, or 1 rm 990-EZ, line 6a. | 9, or if the | 2017 | | | |
| Department of the Treasury | | | | or Form 990 | | | Open to Public | | | |
| Internal Revenue Service | | Go to www.irs.g | ov/Form990 | for the late | st instructions. | | Inspection | | | |
| Name of the organization | | TNO | | | | Employer identificati | on number | | | |
| IRA SOHN CONFERE | ing Activities. Con | • | nization | noworod | Voo" on Form (| 20-4694054 | 17 | | | |
| | D-EZ filers are not | | | | res on Forma | 990, Part IV, line | 17. | | | |
| | | | | | activities Check | all that apply | | | | |
| | | | | | | | | | | |
| | b \overline{X} Internet and email solicitations f Solicitation of government grants | | | | | | | | | |
| | | | | | | | | | | |
| d In-person so | | 9 | | | ionig overlie | | | | | |
| 2a Did the organizat | | r oral agreement w | ith any ind | dividual (in | cluding officers d | irectors trustees | | | | |
| | s listed in Form 990 | | | | | | X Yes No | | | |
| | 10 highest paid indi [,] | | (fundraise | rs) pursua | int to agreements | under which the | fundraiser is to be | | | |
| compensated at | least \$5,000 by the | organization. | | | | | | | | |
| | | 1 | 1 | | | 1 | | | | |
| (i) Name and addr | ess of individual | | | draiser have | (iv) Gross receipts | (v) Amount paid to (or retained by) | (vi) Amount paid to | | | |
| or entity (fu | | (ii) Activity | | or control of outions? | from activity | fundraiser listed in | (or retained by) organization | | | |
| | | | | | | col. (i) | | | | |
| 1 | | | Yes | No | | | | | | |
| ATTACHMENT 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
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| | | I | | 1 | | | | | | |
| | | | | ► | | 140,000 | • | | | |
| 3 List all states in | which the organization | | | to solicit | contributions or | has been notified | it is exempt from | | | |
| registration or lic | ensing. | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 7E1281 1.000 5952MP M998 11/14/2018 8:57:27 AM V 17-7.2F Schedule G (Form 990 or 990-EZ) 2017

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Page 2

Schedule G (Form 990 or 990-EZ) 2017

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

| | | | (a) Event #1 SOHN CONFERENCE | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
|-----------------|----------|--|--|--|------------------|--|
| | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 | Gross receipts | 3,462,808. | | 0. | 3,462,808. |
| Ř | | Less: Contributions Gross income (line 1 minus | 2,350,430. | | 0. | 2,350,430. |
| | 3 | line 2) | 1,112,378. | | 0. | 1,112,378. |
| | 4 | Cash prizes | | | 0. | |
| | 5 | Noncash prizes | | | 0. | |
| səsuə | 6 | Rent/facility costs | | | 0. | |
| Direct Expenses | 7 | Food and beverages | | | 0. | |
| Dire | 8 | Entertainment | | | 0. | |
| | 9 | Other direct expenses | 1,112,378. | | 0. | 1,112,378. |
| | 10 11 | Direct expense summary. Add lines 4 Net income summary. Subtract line 1 | 4 through 9 in column (d) 0 from line 3. column (d) | | | 1,112,378. |
| Pa | | | anization answered "Y | | | orted more |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Rev | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Expens | 3 | Noncash prizes | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | Volunteer labor | Yes% | Yes% | Yes% No | |
| | 7 | Direct expense summary. Add lines 2 | 2 through 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtra | act line 7 from line 1, col | umn (d) | > | |
| 9 a k | ls | nter the state(s) in which the organizat the organization licensed to conduct g "No," explain: | | of these states? | | _ Yes No |
| | | ere any of the organization's gaming l "Yes," explain: | licenses revoked, suspe | | | YesNo |

Schedule G (Form 990 or 990-EZ) 2017

| IRA SOHN | CONFERENCE | FOUNDATION, | INC. |
|-------------|--------------|----------------|--------------|
| 1141 D01111 | ooni Enerioe | 1001121111011, | 11.01 |

| Sched | ule G (Form 990 or 990-EZ) 2017 Page 3 |
|-------|---|
| 11 | Does the organization conduct gaming activities with nonmembers? |
| 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? |
| 13 | Indicate the percentage of gaming activity conducted in: |
| a | The organization's facility 13a |
| b | An outside facility |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and |
| 14 | records: |
| | |
| | |
| | Name ▶ |
| | Address ► |
| | |
| 15 a | Does the organization have a contract with a third party from whom the organization receives gaming |
| _ | revenue? Yes No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the |
| | amount of gaming revenue retained by the third party \blacktriangleright \$ |
| С | 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 |
| u | retain the state gaming license? |
| h | Enter the amount of distributions required under state law to be distributed to other exempt organizations |
| D D | or spent in the organization's own exempt activities during the tax year \triangleright \$ |
| Par | |
| - al | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). |
| | |

Schedule G (Form 990 or 990-EZ) 2017

20-4694054

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

| NAME AND ADDRESS OF FUNDRAISER | ACTIVITY | DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO | GROSS RECEIPTS FROM ACTIVITY | AMOUNT PAID TO (OR RETAINED BY FUNDRAISER | AMOUNT PAID TO (OR RETAINED BY ORGANIZATION |
|--|-------------|--|---------------------------------|---|---|
| PB EVENTS 241 E 76TH STREET NEW YORK | DEVELOPMENT | X | | 140,000. | |

NY 10021

| SCHEDULE I (Form 990) | | | | Assistance t ndividuals in | | | | 0MB No. 1545-0047 |
|----------------------------|---|------------------|------------------------------------|-------------------------------|---------------------------------------|--|---------------------------------------|---------------------------------------|
| | Com | plete if the o | rganization ans | wered "Yes" on F | orm 990, Part IV | line 21 or 22. | | |
| Department of the Treasury | | | - | tach to Form 990. | · · · · , · · · · | | | Open to Public |
| Internal Revenue Service | | ► Go | to www.irs.gov | /Form990 for the I | atest informatior | 1. | | Inspection |
| Name of the organization | | | | | | | Employer identific | ation number |
| IRA SOHN CONFER | RENCE FOUNDATION, I | NC. | | | | | 20-469405 | 4 |
| Part I General I | nformation on Grants an | d Assistanc | е | | | | | |
| 1 Does the organiz | zation maintain records to s | ubstantiate th | he amount of the | e grants or assista | nce, the grantees | ' eligibility for the grant | s or assistance. and | |
| - | eria used to award the gran | | | - | - | | | X Yes No |
| | IV the organization's proce | | | | | | | |
| | nd Other Assistance to D | | | | | ploto if the organiz | ation answard "V | |
| | | | - | | | | | 55 0111 0111 |
| 990, Part | IV, line 21, for any recip | plent that rec | eived more that | an \$5,000. Part II | can be duplicat | ed if additional space | ce is needed. | |
| | d address of organization government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) DAMON RUNYON CANC | CER RESEARCH FOUNDATION | | | | | | | |
| 55 BROADWAY, STE | 302 NEW YORK, NY 10006 | 13-1933825 | 501(C)(3) | 257,412. | | | | FELLOWSHIP AWARDS |
| (2) NYU LANGONE MEDIC | CAL CENTER LABORATORY | | | | | | | |
| 550 FIRST AVENUE | NEW YORK, NY 10016 | 13-3971298 | 501(C)(3) | 100,000. | | | | RESEARCH SUPPORT |
| (3) NEW YORK GENOME C | CENTER | | | | | | | |
| 101 6TH AVENUE 7T | CH FL NEW YORK, NY 10013 | 80-0631734 | 501(C)(3) | 441,833. | | | | RESEARCH SUPPORT |
| (4) THE ROCKEFELLER U | INIVERSITY | | | | | | | |
| 1230 YORK AVENUE | NEW YORK, NY 10065 | 13-1624158 | 501(C)(3) | 255,000. | | | | RESEARCH SUPPORT |
| (5) COLUMBIA UNIVERSI | TY MEDICAL CENTER | | | | | | | |
| 630 W 168TH STREE | T NEW YORK, NY 10032 | 13-6162924 | 501(C)(3) | 500,000. | | | | RESEARCH SUPPORT |
| (6) MEMORIAL SLOAN KE | TTERING CANCER CENTER | | | | | | | |
| 633 THIRD AVE., 2 | 28TH FLOOR | 13-1624182 | 501(C)(3) | 520,000. | | | | RESEARCH SUPPORT |
| (7) THE NEW YORK ACAD | DEMY OF SCIENCES | | | | | | | PEDIATRIC CANCER |
| 7 WORLD TRADE CEN | TTER NEW YORK, NY 10007 | 13-1773640 | 501(C)(3) | 100,000. | | | | CONFERENCE |
| (8) WEILL CORNELL MED | DICAL COLLEGE | | | | | | | |
| 575 LEXINGTON AVE | NEW YORK, NY 10022 | 13-6094042 | 501(C)(3) | 400,000. | | | | RESEARCH SUPPORT |
| (9) ARTWORKS, THE NAC | MI COHAIN FOUNDATION | | | | | | | |
| 96 ENGLE STREET, | SUITE 120 | 02-0617654 | 501(C)(3) | 40,000. | | | | GENERAL OPERATIONS |
| (10) HACKENSACK UNIVER | SITY MEDICAL CENTER | | | | | | | |
| 30 PROSPECT AVE H | HACKENSACK, NJ 07601 | 22-1487576 | 501(C)(3) | 166,667. | | | | RESEARCH SUPPORT |
| (11) UNIVERSITY OF FLO | DRIDA | | | | | | | |
| PO BOX 100243 GAI | NESVILLE, FL 32610 | 59-6002052 | 501(C)(3) | 10,000. | | | | RESEARCH SUPPORT |
| (12) SPECTRUM HEALTH F | FOUNDATION | | | | | | | |
| | NE GRAND RAPIDS, MI 49503 | 38-2752328 | | 10,000. | | | | RESEARCH SUPPORT |
| | per of section 501(c)(3) and | • | • | | | | | 12. |
| | per of other organizations lis | | | | | | <u></u> | |
| For Paperwork Reduction | on Act Notice, see the Instruct | tions for Form 9 | 990. | | | | Sch | nedule I (Form 990) (2017) |

Page **2**

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 |
|---------------------------------|--------------------------|-----------------------------|-----------------------------------|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 3 | | | | | |
| 7 | | | | | |

SCHEDULE I, PART IV

THE ORGANIZATION REQUIRES THE GRANTEES TO SUBMIT WRITTEN REPORTS

DETAILING ACHIEVEMENTS AND FINANCIAL UPDATES. ALL GRANTEES SIGN A

CONTRACT WHICH OUTLINES ALL REQUIREMENTS BEFORE THEIR GRANT CHECK IS

DELIVERED.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



1

 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
 Inspection

 Name of the organization
 Employer identification number

 IRA SOHN CONFERENCE FOUNDATION, INC.
 20-4694054

FORM 990, PART VI, SECTION B, LINE 11B A COPY OF FORM 990 WAS PROVIDED TO THE ORGANIZATION'S BOARD FOR REVIEW

PRIOR TO FILING WITH THE IRS

FORM 990, PART VI, SECTION B, LINE 12C THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B THE BOARD REVIEWS COMPARABLE ORGANIZATIONS ON GUIDESTAR TO DETERMINE APPROPRIATE AND REASONABLE COMPENSATION FOR THE ORGANIZATIONS OFFICERS.

FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST ATTACHMENT

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CO, CT,

DC, FL, GA, HI, IL, ME, MD, MA, MI,

MN, MO, NH, NJ, NY, NC, OH, OK, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

| | | | | | | | | | | | | | ATTACHMEN | Т 2 |
|----------|--------|-----------|------|-----------------|-------|--------|--------|--------------|---------|----------|-------|------|------------|-------------------------------|
| 990, | PAR | r vii- | CON | IPENSATION | OF | THE | FIVE | HIGHEST | PAII | IND. | CONT | RACT | ORS | |
| NAME | AND | ADDRE | SS | | | | | | | ESCRIF | TION | OF S | ERVICES | COMPENSATION |
| For Priv | vacy A | ct and Pa | nerw | ork Reduction A | ct No | tice s | ee the | Instructions | or Form | 990 or 9 | 90-F7 | | Schedule O |) (Form 990 or 990-EZ) (2017) |

| Schedule O (Form 990 or 990-EZ) 2017 Name of the organization | Page Employer identification number |
|---|--|
| IRA SOHN CONFERENCE FOUNDATION, INC. | 20-4694054 |
| | ATTACHMENT 2 (CONT'D) |

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|--|-------------------------|--------------|
| MARINE LANE LLC 27 WEST 20TH STREET, SUITE 11 NEW YORK, NY 10011 | GR. DESIGN/PRINTING | 135,669. |
| GARWOOD EVENTS 225 WEST 106TH STREET, SUITE 15M NEW YORK, NY 10025 | EVENTS MANAGEMENT | 100,000. |
| COMPASS GROUP - RESTAURANT ASSOCIATES 130 W 56TH ST NEW YORK, NY 10019 | FOOD SERVICES/LABOR | 265,930. |
| PB EVENTS INC. 525 EAST 80TH STREET, SUITE 2A NEW YORK CITY, NY 10075 | PRO. FUNDRAISING | 125,000. |

| | | | ATTACHMENT 3 | |
|---|---------|----------------|---------------|----------|
| FORM 990, PART VIII - INVESTMENT INCOME | _ | | | |
| | (A) | (B) | (C) | (D) |
| | TOTAL | RELATED OR | UNRELATED | EXCLUDED |
| DESCRIPTION | REVENUE | EXEMPT REVENUE | BUSINESS REV. | REVENUE |
| DIVIDEND INCOME | 42,69 | 8. | | 42,698. |
| INTEREST INCOME | 57 | 5. | | 575. |
| TOTALS | 43,27 | 3. | | 43,273. |

| FORM 990, PART VIII - EXCLUDE | D CONTRIBUTIONS |
|-------------------------------|-----------------|
| DESCRIPTION | AMOUNT |
| SOHN CONFERENCES | 2,350,430 |
| TOTAL | 2,350,430 |

ATTACHMENT 4

JSA 7E1228 1.000

| RA SOHN CONFERENCE FOUNDATION, INC. | | 20-46940 | |
|---|------------------|--------------------|---------|
| FORM 990, PART VIII - FUNDRAISING EVENT | ATTACHMENT 5 | ATTACHMENT 5 | |
| ORM 550, TAKI VIII FONDRAIDING EVENI | | | |
| | | | |
| DESCRIPTION | GROSS INCOME | DIRECT EXPENSES | |
| DESCRIPTION | | EXPENSES | |
| SOHN CONFERENCES | 1,112,378. | 1,112,378. | |
| _ | | | |
| TOTALS = | 1,112,378. | 1,112,378. | |
| | | | |
| | | | |
| | | | |
| | | ATTACHMENT 6 | |
| FORM 990, PART X - PREPAID EXPENSES AND | DEFERRED CHARGE | rs. | |
| | | | |
| | | ENDING | |
| DESCRIPTION | | BOOK VALUE | |
| PREPAID EXPENSES | | 113,3 | 360. |
| | | 110,0 | |
| TOTALS | | 113,3 | 360. |
| | | | |
| | | | |
| | | | |
| | | ATTACHMENT 7 | |
| | | | |
| FORM 990, PART X - INVESTMENTS - PUBLIC | LY TRADED SECURI | TIES | |
| | | | |
| | | ENDING | COST |
| DESCRIPTION | | BOOK VALUE | OR FMV |
| MUTUAL FUNDS | | 2,061,869. | FMV |
| IUTUAL TUNDS | | 2,001,009. | 1.1.1.0 |
| TOTALS | | 2,061,869. | |
| | | | |
| | | | |
| | | | |
| | | ATTACHMENT 8 | |
| FORM 990, PART X - DEFERRED REVENUE | | | |
| | | | |
| | | ENDING | |
| DESCRIPTION | | BOOK VALUE | |
| | | | F |
| DEFERRED REVENUE | | 75,51 | .5. |
| TOTALS | TOTALS | | .5. |
| | | | |
| | | | |
| | | | |

Schedule O (Form 990 or 990-EZ) 2017

Name of the organization

9065383

Employer identification number