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
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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

7

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	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.	
4D	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
40)
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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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.

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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		
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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

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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	
	.+	-										
		_										
		-										
		-										
		-										
		-										
		-										
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

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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

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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

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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

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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			

Page 8

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)

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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

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			, 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															
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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.

9065383

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)									
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)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
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										
-										
3										
4										
5										
6										
7										
Q										
8										
9										
•										
10										
		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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9065383

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