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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

|                             | 01 11          | 16 20 1           | take indaryear, or tax year beginning , 2014, a   | and ending                              |                                     |              | , 20                      |
|-----------------------------|----------------|-------------------|---|---|-------------------------------------|--------------|---------------------------|
| B Check if a                |                | policable:        | C Name of organization IRA SOHN CONFERENCE FOUNDATION, I  | INC.                                    | D Employer ider                     | ntificatio   | on number                 |
|                             | _              |                   | C/O SENECA CAPITAL  |   | 20-4694                             | 1054         |                           |
|                             | Addr<br>chan   | ess<br>ge         | Doing business as   |   |                                     |              |                           |
|                             | Name           | e change          | Number and street (or P.O. box if mail is not delivered to street address)  | Room/suite                              | E Telephone nur                     | nber         |                           |
|                             | Initia         | l return          | 900 THIRD AVENUE, 22ND FLOOR  |   | (212) 31                            | 9 – 80       | 00                        |
|                             |                | return/<br>inated | City or town, state or province, country, and ZIP or foreign postal code  |   |                                     |              |                           |
|                             | Amei<br>retur  |                   | NEW YORK, NY 10022  |   | <b>G</b> Gross receipt              | s \$         | 4,379,519.                |
|                             | Appli<br>pend  | cation<br>ing     | F Name and address of principal officer: DANIEL L. NIR  |   | H(a) Is this a grou<br>subordinates |              | for Yes X No              |
|                             | ·              |                   | 626 RXR PLAZA UNIONDALE, NY 11556   |   | H(b) Are all subordi                |              | ded? Yes No               |
| ī                           | Tax-ex         | cempt st          | tatus: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or  | 527                                     | If "No," attac                      | h a list. (s | see instructions)         |
| J                           | Webs           | ite: 🕨            | IRASOHNCONFERENCE.COM   |   | H(c) Group exemp                    | tion num     | ber <b>&gt;</b>           |
| K                           | Form           | of orgar          | nization: X Corporation Trust Association Other   | L Year of forma                         | tion: 2006 <b>M</b>                 | State of     | legal domicile: DE        |
| Pa                          | art I          | Su                | ummary  |   | •                                   |              |                           |
|                             | 1              | Briefly           | y describe the organization's mission or most significant activities: TO RAIS   | SE FUNDS FO                             | R MEDICAL                           | RESI         | EARCH FOR                 |
| ø                           |                |                   | LDREN WITH PEDIATRIC CANCERS AND OTHER PEDIATRI   |   |                                     |              |                           |
| Governance                  |                |                   | SES   |   |                                     |              |                           |
| ern                         | 2              |                   | k this box if the organization discontinued its operations or disposed  |   | of its net assets                   |              |                           |
| 36                          | 3              |                   | per of voting members of the governing body (Part VI, line 1a)  |   |                                     | 3            | 3.                        |
|                             | 4              | Numb              | per of independent voting members of the governing body (Part VI, line 1b)  |   |                                     | 4            | 3.                        |
| ies                         | 5              |                   | number of individuals employed in calendar year 2014 (Part V, line 2a)  |   |                                     | 5            | 1.                        |
| ₹                           | 6              |                   |   |   |                                     | 6            |                           |
| Activities &                |                |                   | number of volunteers (estimate if necessary) unrelated business revenue from Part VIII, column (C), line 12   |   |                                     | 7a           | 0                         |
|                             |                |                   | nrelated business taxable income from Form 990-T, line 34   |   |                                     | 7b           |                           |
|                             |                | ivet u            | The lated business taxable income norm of the 390-1, line 34  |   | Prior Year                          | 75           | Current Year              |
|                             | 8              | Contr             | ibutions and grants (Part VIII, line 1h)  |   | 2,986,54                            | 7            | 4,079,607.                |
| Jue                         | 9              |                   |   |   | 2,000,51                            | 0            | 1,075,007.                |
| Revenue                     |                | Progra            | am service revenue (Part VIII, line 2g)   |   | 32,72                               |              | 269,824.                  |
| Re                          | 10             |                   | tment income (Part VIII, column (A), lines 3, 4, and 7d)  |   | 32,72                               | 0            | 209,024.                  |
|                             | 11             |                   | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |   | 3,019,27                            |              | 4 240 421                 |
|                             | 12             |                   | revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |   |                                     |              | 4,349,431.                |
|                             | 13             |                   | s and similar amounts paid (Part IX, column (A), lines 1-3)   |   | 2,718,03                            |              | 2,170,833.                |
|                             | 14             |                   | fits paid to or for members (Part IX, column (A), line 4)   |   | 05 70                               | 0            | 166 100                   |
| ses                         | 15             |                   | ies, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |   | 25,78                               |              | 166,190.                  |
| Expenses                    | 16a            |                   | ssional fundraising fees (Part IX, column (A), line 11e)  |   |                                     | 0            | 0                         |
| Š                           | b              |                   | fundraising expenses (Part IX, column (D), line 25) 733,402.  |   |                                     | _            |                           |
|                             | 17             |                   | expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |   | 1,014,52                            | _            | 1,015,377.                |
|                             | 18             |                   | expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   |   | 3,758,34                            |              | 3,352,400.                |
| <u>_ (0</u>                 | 19             | Rever             | nue less expenses. Subtract line 18 from line 12  |   | -739,07                             |              | 997,031.                  |
| Net Assets or Fund Balances |                |                   |   | Begir                                   | nning of Current Y                  |              | End of Year               |
| sset                        | 20             |                   | assets (Part X, line 16)  |   | 5,777,61                            |              | 7,296,470.                |
| ag A                        | 21             | Total             | liabilities (Part X, line 26)   |   | 15,00                               |              | 650,166.                  |
| ΣĒ                          | 22             |                   | ssets or fund balances. Subtract line 21 from line 20.  |   | 5,762,61                            | 7.           | 6,646,304.                |
|                             | rt II          |                   | gnature Block   |   |                                     |              |                           |
| Und                         | der pe         | nalties o         | of perjury, I declare that I have examined this return, including accompanying schedule complete. Declaration of preparer (other than officer) is based on all information of which | es and statements, a preparer has any k | and to the best of nowledge.        | my kno       | owledge and belief, it is |
|                             | ,              | T                 |   | 1 -1 7                                  | 1                                   |              |                           |
| Sig                         | n              |                   |   |   |                                     |              |                           |
| He                          |                |                   | Signature of officer  |   | Date                                |              |                           |
| 116                         | - <del>C</del> |                   |   |   |                                     |              |                           |
|                             |                |                   | Type or print name and title  |   |                                     |              |                           |
| Da!-                        |                | Print/            | /Type preparer's name Preparer's signature  | Date                                    | Check                               | if PTI       | N                         |
| Paid                        |                | MIC               | HAEL ANDREOLA   | <u> </u>                                | self-employe                        |              | P00006060                 |
|                             | parer<br>Only  | Firm's            | sname ▶BDO USA, LLP   |   | Firm's EIN ▶1                       | 3-53         | 81590                     |
|                             | ,              | Firm's            | saddress ▶100 PARK AVENUE NEW YORK, NY 10017-5001   |   |                                     |              | 85-8000                   |
| Мау                         | the I          | RS dis            | scuss this return with the preparer shown above? (see instructions)   |   |                                     |              | X Yes No                  |

| Ch <sub>f</sub>  | tement of Program Service eck if Schedule O contains a | response or note to any line in this Pa  | rt III          |          |
|------------------|--|--|-----------------|----------|
| Briefly desc     | ribe the organization's missio                         | n:   |                 |          |
|                  |  | CAL RESEARCH, CARE AND TRE   |                 |          |
| CHILDREN CAUSES. | WITH PEDIATRIC CANC                                    | CERS AND OTHER PEDIATRIC H   | IEALTH CARE     |          |
| <u> </u>         |  |  |                 |          |
| prior Form 9     | 990 or 990-EZ?<br>cribe these new services on 9        |  |                 | Yes X No |
| services?        |  | g, or make significant changes in dule O.  |                 | Yes X No |
| expenses. S      | Section 501(c)(3) and 501(c                            | ervice accomplishments for each of<br>)(4) organizations are required to re<br>or each program service reported. |                 |          |
| a (Code:         |  | , <sub>170,833.</sub> including grants of \$<br>HED FOR, BUT NOT LIMITED T                                       |                 | 269,824. |
|                  |  | CONNECTION WITH PEDIATRIC  |                 |          |
|                  |  | CAUSES. THE FOUNDATION AC  |                 |          |
|                  |  | OPERATION OF ONE FUND-RAIS<br>R. THE ATTENDEES AS WELL A   |                 |          |
|                  |  | THE FOUNDATION THROUGH PLE   |                 |          |
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| h (Codo:         | ) (Expenses \$   | including grants of \$   | ) (Payonus ¢    | \        |
| (Code:           | ) (Expenses \$   | including grants of \$   | ) (Revenue \$   | )        |
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| : (Code:         | ) (Expenses \$   | including grants of \$   | ) (Revenue \$   | )        |
|                  |  |  |                 |          |
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|                  | am services (Describe in Sch                           |  |                 |          |
| (Expenses \$     | · · · · · · · · · · · · · · · · · · ·                  |  | ue \$ )         |          |

Form 990 (2014) Page **3** 

#### Part IV **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Х Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Χ 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 Χ "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Χ 8 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 debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a 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 Χ 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Χ 11e 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," Х complete Schedule D, Parts XI and XII. 12a 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 Χ 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 14a Did the organization maintain an office, employees, or agents outside of the United States? Χ 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 Χ 14b 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 Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 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 Χ Χ 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2014) Page **4** 

#### Part IV **Checklist of Required Schedules** (continued) No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 21 Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Χ 22 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 Χ 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 Χ 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Χ transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . . . . . . . . . . . . . 25a **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? 25b If "Yes," complete Schedule L, Part I Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.......... 27 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . . A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . . . . . 28c X Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Χ Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ 35 a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Χ related organization? If "Yes," complete Schedule R, Part V, line 2 36 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, Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38

Form 990 (2014) Page 5

#### Part V Statements Regarding Other IRS Filings and Tax Compliance

|     | Check if Schedule O contains a response or note to any line in this Part V   |     |     |    |
|-----|--|-----|-----|----|
|     |  |     | Yes | No |
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0  |     |     |    |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |     |    |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and   |     |     |    |
|     | reportable gaming (gambling) winnings to prize winners?  | 1c  |     |    |
|     | 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 $2a$   |     |     |    |
| )   | 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 e-file (see instructions)  |     |     |    |
| a   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  |     | Х  |
| )   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b  |     |    |
| 1   | 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  |     | Х  |
| )   | 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).  |     |     |    |
|     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |     | Х  |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |     | Х  |
|     | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5с  |     |    |
|     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |     |     |    |
|     | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a  |     | Х  |
|     | If "Yes," did the organization include with every solicitation an express statement that such contributions or   |     |     |    |
|     | gifts were not tax deductible?   | 6b  |     |    |
|     | Organizations that may receive deductible contributions under section 170(c).  |     |     |    |
|     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  |     |     |    |
|     | and services provided to the payor?  | 7a  |     | Х  |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  |     |    |
|     | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |     |     |    |
|     | required to file Form 8282?  | 7с  |     | X  |
|     | 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  |     | X  |
|     | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  |     | X  |
|     | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  |     |    |
|     | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h  |     |    |
|     | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |     |     | X  |
|     | sponsoring organization have excess business holdings at any time during the year?   | 8   |     | Λ  |
|     | Sponsoring organizations maintaining donor advised funds.  | 0-  |     | v  |
|     | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     | X  |
|     | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |     | Λ  |
|     | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12   |     |     |    |
|     | Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b |     |     |    |
|     |  |     |     |    |
|     | Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  |     |     |    |
|     | Gross income from members or shareholders  |     |     |    |
|     | against amounts due or received from them.)  |     |     |    |
|     | 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  | 124 |     |    |
|     | 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.  | ··· |     |    |
|     | 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   |     |     |    |
|     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |     | X  |
|     |  | 14b |     |    |
|     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |     |     |    |

Form 990 (2014) Page **6** 

| Sect  | ion 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                             | 1a                | 3      |        |       |
|       | 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 L                            | 1b                | 3      |        |       |
| 2     | Did any officer, director, trustee, or key employee have a family relationship or a business rela               | ationship with    |        |        |       |
|       | any other officer, director, trustee, or key employee?  |                   | 2      |        | X     |
| 3     | Did the organization delegate control over management duties customarily performed by or unc                    | der the direct    |        |        |       |
|       | supervision of officers, directors, or trustees, or key employees to a management company or other              | r person?         | 3      |        | X     |
| 4     | Did the organization make any significant changes to its governing documents since the prior Form 990 was file  | ed?               | 4      |        | X     |
| 5     | Did the organization become aware during the year of a significant diversion of the organization's a            | ssets?            | 5      |        | X     |
| 6     | Did the organization have members or stockholders?  |                   | 6      |        | X     |
| 7a    | Did the organization have members, stockholders, or other persons who had the power to ele                      | ct or appoint     |        |        |       |
|       | one or more members of the governing body?  |                   | 7a     |        | X     |
| b     | Are any governance decisions of the organization reserved to (or subject to approval by                         | y) members,       |        |        |       |
|       | stockholders, or persons other than the governing body?   |                   | 7b     |        | X     |
| 8     | Did the organization contemporaneously document the meetings held or written actions unde                       | rtaken during     |        |        |       |
|       | the year by the following:  |                   |        |        |       |
| а     | The governing body?   |                   | 8a     | X      |       |
| b     | Each committee with authority to act on behalf of the governing body?   |                   | 8b     | X      |       |
| 9     | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot I            | be reached at     |        |        |       |
|       | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                     |                   | 9      |        | X     |
| Secti | on B. Policies (This Section B requests information about policies not required by the Inte                     | ernal Revenu      | e Cod  | e.)    |       |
|       |   |                   |        | Yes    | No    |
| 10a   | Did the organization have local chapters, branches, or affiliates?  |                   | 10a    |        | X     |
| b     | If "Yes," did the organization have written policies and procedures governing the activities of s               | uch chapters,     |        |        |       |
|       | affiliates, and branches to ensure their operations are consistent with the organization's exempt pu            | rposes?           | 10b    |        |       |
| 11a   | Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill | ng the form? .    | 11a    | X      |       |
| 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 the            | nat could give    |        |        |       |
|       | rise to conflicts?  |                   | 12b    | X      |       |
| С     | Did the organization regularly and consistently monitor and enforce compliance with the po                      | licy? If "Yes,"   |        |        |       |
|       | 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     |        | X     |
| 15    | Did the process for determining compensation of the following persons include a review and                      | d approval by     |        |        |       |
|       | independent persons, comparability data, and contemporaneous substantiation of the deliberation                 | and decision?     |        |        |       |
| а     | The organization's CEO, Executive Director, or top management official  |                   | 15a    |        | X     |
| b     | Other officers or key employees of the organization   |                   | 15b    |        | X     |
|       | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                             |                   |        |        |       |
| 16a   | Did the organization invest in, contribute assets to, or participate in a joint venture or similar              | arrangement       |        |        |       |
|       | with a taxable entity during the year?  |                   | 16a    |        | X     |
| b     | If "Yes," did the organization follow a written policy or procedure requiring the organization to               |                   |        |        |       |
|       | 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    |        |       |
|       | ion C. Disclosure   |                   |        |        |       |
| 17    | List the states with which a copy of this Form 990 is required to be filed ▶_ATTACHMENT_1                       |                   |        |        |       |
| 18    | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and                  | 990-T (Section    | n 501( | c)(3)s | only) |
|       | available for public inspection. Indicate how you made these available. Check all that apply.                   | adula Ol          |        |        |       |
|       | Own website Another's website X Upon request Other (explain in School   | •                 |        |        |       |
| 19    | Describe in Schedule O whether (and if so, how) the organization made its governing documents                   | s, conflict of ir | terest | policy | , 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 be                 |                   | ds:▶   |        |       |
|       | DANIEL L. NIR, 626 RXR PLAZA UNIONDALE, NY 11556 212-3  | 19-8000           |        |        |       |

| Form 990 (2014) | Page <b>7</b> |
|-----------------|---------------|
|-----------------|---------------|

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

Check if Schedule O contains a response or note to any line in this Part VII.........

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

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

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

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

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

(C) Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an amount of hours per compensation compensation from other week (list any officer and a director/trustee) from related compensation the organizations hours for Individual trustee or director Institutional trustee employee Highest compensated from the organization (W-2/1099-MISC) related organization employee (W-2/1099-MISC) organizations and related below dotted organizations line) (1)DANIEL L. NIR 2.00 PRESIDENT 0 0 0 X (2)DOUGLAS A. HIRSCH 2.00 CHIEF EXECUTIVE OFFICER Λ 0 Λ X (3)EVAN SOHN 2.00 VICE PRESIDENT/TREASURER Х 0 \_(4)\_\_\_\_\_ \_(5)\_\_\_\_\_ \_(7)\_\_\_\_\_ \_(9)\_\_\_\_\_ (10) (12) (13)\_\_\_\_\_ (14)\_\_\_\_\_

JSA

| (A)<br>Name and title  | (B) (C)  Average hours per week (list any week (list any list)  (C)  Position (do not check more than one box, unless person is both any list) |                                       |                         |           |              |                              |                | (D) Reportable compensation from       | (E) Reportable compensation from related |                                   | (F) Estimated amount of other |  |          |
|--|--|---------------------------------------|-------------------------|-----------|--------------|------------------------------|----------------|--|--|-----------------------------------|-------------------------------|--|----------|
|  | hours for<br>related<br>organizations<br>below dotted<br>line)   | office Individual trustee or director | a Institutional trustee | a Officer | Key employee | Highest compensated employee | e) Former      | the<br>organization<br>(W-2/1099-MISC) |  | W-2/1099-MISC) from organizations |                               | ensation the inization related nizations | ı        |
|  |  |                                       |                         |           |              |                              |                |  |  |                                   |                               |  |          |
|  |  |                                       |                         |           |              |                              |                |  |  |                                   |                               |  |          |
|  |  | -                                     |                         |           |              |                              |                |  |  |                                   |                               |  |          |
|  |  |                                       |                         |           |              |                              |                |  |  |                                   |                               |  |          |
|  |  |                                       |                         |           |              |                              |                |  |  |                                   |                               |  |          |
|  |  |                                       |                         |           |              |                              |                |  |  |                                   |                               |  |          |
|  |  |                                       |                         |           |              |                              |                |  |  |                                   |                               |  |          |
|  |  |                                       |                         |           |              |                              |                |  |  |                                   |                               |  |          |
|  |  |                                       |                         |           |              |                              |                |  |  |                                   |                               |  |          |
|  |  |                                       |                         |           |              |                              |                |  |  |                                   |                               |  |          |
|  |  |                                       |                         |           |              |                              |                |  |  |                                   |                               |  |          |
| 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)  2 Total number of individuals (including but not | ection A limited to t  |                                       |                         | <br>      |              |                              | ►<br>►<br>• re | 0<br>0<br>ceived more than             | \$100,000 c                              | 0<br>0<br>0                       |                               |  | 0 0      |
| reportable compensation from the organization  | n ▶  | (                                     | )                       |           |              |                              |                |  |  |                                   |                               | Yes                                      | No       |
| 3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu   |  |                                       |                         |           |              |                              |                |  |  |                                   | 3                             |  | Х        |
| 4 For any individual listed on line 1a, is the sorganization and related organizations great   |  |                                       |                         |           |              |                              |                |  |  |                                   |                               |  |          |
| <ul><li>individual</li></ul>   |  |                                       |                         |           |              |                              |                |  |  |                                   | 4                             |  | X        |
| for services rendered to the organization? <i>If "You Section B. Independent Contractors</i>   | es," comple  | te Sch                                | nedu                    | ıle J     | l for        | such                         | per            | son                                    | <u></u>                                  |                                   | 5                             |  | <u>X</u> |
| Complete this table for your five highest com-<br>compensation from the organization. Report of<br>year.                                     |  |                                       |                         |           |              |                              |                |  |  |                                   |                               |  |          |
| (A) Name and business add  | dress  |                                       |                         |           |              |                              |                | (B)<br>Description of se               | rvices                                   | С                                 | (C)<br>compens                | ation                                    |          |
|  |  |                                       |                         |           |              |                              |                |  |  |                                   |                               |  |          |
|  |  |                                       |                         |           |              |                              |                |  |  |                                   |                               |  |          |
| 2 Total number of independent contractors (in more than \$100,000 in compensation from the   |  |                                       |                         | nited     | d to         | thos                         | e li           | sted above) who                        | received                                 |                                   |                               |  |          |
| JSA<br>4E1055 1.000<br>138320 702V   |  |                                       |                         |           |              |                              |                |  |  |                                   | Form                          | <b>990</b> (2                            | 2014)    |

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

Form 990 (2014) Page **9** 

# Part VIII Statement of Revenue

|  |                   | Check if Schedule O contains a respor  | nse or note to an | y line in this Part VI | II   |   |  |
|--|-------------------|--|-------------------|------------------------|--|---|--|
|  |                   |  |                   | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a<br>b<br>c<br>d | Federated campaigns         1a           Membership dues         1b           Fundraising events         1c           Related organizations         1d | 4,079,607.        |                        |  |   |  |
| ontributions,<br>nd Other Sin                          | e<br>f            | All other contributions, gifts, grants, and similar amounts not included above .  Noncash contributions included in lines 1a-1f: \$                    |                   |                        |  |   |  |
| တ <del>မ</del> ြ                                       | h                 | Total. Add lines 1a-1f   | ▶                 | 4,079,607.             |  |   |  |
| ne   |                   |  | Business Code     |                        |  |   |  |
| Program Service Revenue                                | 2a<br>b<br>c<br>d |  | Dusiness code     |                        |  |   |  |
| õ  | f                 | All other program service revenue  |                   |                        |  |   |  |
|  | 3<br>4            | Investment income (including divider and other similar amounts). ATTACHMENT Income from investment of tax-exempt bond                                  | nds, interest,    | 38,667.                |  |   | 38,667.  |
|  | 5<br>6a<br>b      | Royalties  | (ii) Personal     | 0                      |  |   |  |
|  | С                 | Rental income or (loss)  |                   |                        |  |   |  |
|  | d<br>7a           | Net rental income or (loss)  | (ii) Other        | 0                      |  |   |  |
|  | b<br>c            | Less: cost or other basis and sales expenses   |                   |                        |  |   |  |
|  | d                 | Net gain or (loss)   |                   | 231,157.               |  |   |  |
| Other Revenue  | 8a                | Gross income from fundraising events (not including \$ of contributions reported on line 1c).  |                   |                        |  |   |  |
| e  |                   | See Part IV, line 18   | 1                 |                        |  |   |  |
| ŧ  | b<br>C            | Less: direct expenses b  Net income or (loss) from fundraising events  |                   | 0                      |  |   |  |
| 0  |                   | Gross income from gaming activities.  See Part IV, line 19   |                   | 0                      |  |   |  |
|  | b<br>c            | Less: direct expenses b  Net income or (loss) from gaming activities.  |                   | 0                      |  |   |  |
|  | 10a               | Gross sales of inventory, less returns and allowances a  |                   |                        |  |   |  |
|  | b<br>c            | Less: cost of goods sold   | Business Code     | 0                      |  |   |  |
|  | 4.                |  |                   |                        |  |   |  |
|  | 11a               |  |                   |                        |  |   |  |
|  | b                 |  |                   |                        |  |   | +  |
|  | С                 |  |                   |                        |  |   |  |
|  | d                 | All other revenue  |                   |                        |  |   |  |
|  | е                 | Total. Add lines 11a-11d   | ▶                 | 0                      |  |   |  |
|  | 12                | Total revenue. See instructions  |                   | 4,349,431.             |  |   | 38,667.  |

Form 990 (2014) Page **10** 

# 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

| Do not include amounts reported on lines 58, 7b, 89, 59, and 100 Part VIII.  1 Gross and other assistance in dennestic organizations and others governments. See that V, line 21.  2 Gifforts and other assistance to domestic individuals. See Part IV, line 22.  3 Grants and other assistance to domestic individuals. See Part IV, line 22.  4 Benefits paid other assistance to foreign commission for reported individuals. See Part IV, line 21.  5 Compensation of current officers, directors, trusties, and key employees  6 Compensation of current officers, directors, trusties, and key employees  7 Other soldies amount section 49880(t) and governments see and section of the section   |     | Check if Schedule O contains a response or note to any line in this Part IX |            |                               |                       |                           |  |  |  |  |  |  |
|--|-----|---|------------|-------------------------------|-----------------------|---------------------------|--|--|--|--|--|--|
| and domestic governments. See Part IV, line 2 2  |     | not include amounts reported on lines 6b, 7b,                               |            | <b>(B)</b><br>Program service | (C)<br>Management and | <b>(D)</b><br>Fundraising |  |  |  |  |  |  |
| and domestic governments. See Part IV, line 2 2  | 1   | Grants and other assistance to domestic organizations                       |            | '                             |                       | ·                         |  |  |  |  |  |  |
| 2 Grants and other assistance to domestic individuals See Part IV, line 97 (20,000 )  3 Grants and other assistance to toreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 (20,000 )  4 Benefits paid to or for members (100 )  5 Compensation of current offices, directors, trustees, and key employees (100 )  6 Compensation not included above, to disqualfied persons (see Selection of accurate in accine 4986(11)) and persons (see Selection accurate) and contributions (include section 401(k) and 403(b) employee contributions) (150 0 )  7 Other aslantes and wages (150 0 )  8 Pensing plan accurate and contributions (include section 401(k) and 403(b) employee contributions) (150 0 )  9 Other amployee benefits (150 0 )  1 Food (150 0 )  2 Food ( | -   | · · · · · · · · · · · · · · · · · · ·                                       | 2,150,833. | 2,150,833.                    |                       |                           |  |  |  |  |  |  |
| Individuals. See Part IV, line 21  | 2   | _   |            |                               |                       |                           |  |  |  |  |  |  |
| 3 Grafts and other assistance to foreign organizations, foreign prophictions, foreign pr | _   |   | 0          |                               |                       |                           |  |  |  |  |  |  |
| organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 .  4 Benefits paid to or for members  | 3   |   |            |                               |                       |                           |  |  |  |  |  |  |
| Management   | ·   | 3   |            |                               |                       |                           |  |  |  |  |  |  |
| 4 Benefits paid to or for members  |     |   | 20,000.    | 20,000.                       |                       |                           |  |  |  |  |  |  |
| 5 Compensation of current officers, fusitess, and key employees  | 4   |   | 0          |                               |                       |                           |  |  |  |  |  |  |
| Compensation not included above, to disqualified persons (as defined under section 4989(I(1)) and person described in section 4989(I(1)) and person desc   | 5   |   |            |                               |                       |                           |  |  |  |  |  |  |
| 6 Compensation not included above, to disqualified persons (iss defined under section 4958(0)(1)) and persons described in section 4958(0)(18), 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1,500 1,5      |     | •   | 0          |                               |                       |                           |  |  |  |  |  |  |
| persons (six defined under section 4958(c)(3)(8) 0 0 150,000.  7 Other salaries and wages 150,000. 150,000. 150,000.  8 Person plan accrusis and contributions (include section 491(k) and 403(b) employer contributions (include section 491(k) and 403(b) employer contributions 4,828. 4,828. 4,828. 19.0 2,828. 19.0 28,190. 28,19 | 6   |   |            |                               |                       |                           |  |  |  |  |  |  |
| persons described in section 498 (c)(3)(8) , 0   | ·   |   |            |                               |                       |                           |  |  |  |  |  |  |
| 7 Other salaries and wages   150,000.   150,000.    8 Pension plan accruals and contributions (include section 401(k) and 402(k) employer contributions)   1,500.   1,500.    9 Other employee benefits   4,828.   4,828.    10 Payroll taxes   9,862.   9,862.    11 Fees for services (non-employees):   0   |     |   | 0          |                               |                       |                           |  |  |  |  |  |  |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(k) employer contributions) 9 Other employee benefits   | 7   |   | 150,000.   |                               | 150,000.              |                           |  |  |  |  |  |  |
| Section 401(k) and 403(b) employer contributions   1,500.   1,500.   |     |   | , 23       |                               |                       |                           |  |  |  |  |  |  |
| 9 Other employee benefits  | J   |   | 1,500.     |                               | 1,500.                |                           |  |  |  |  |  |  |
| 10 Payroll taxes   | a   | ( ) ( ) ( )   | •          |                               |                       |                           |  |  |  |  |  |  |
| 11 Fees for services (non-employees): a Management b Legal   |     |   |            |                               |                       |                           |  |  |  |  |  |  |
| a Management 0 28,190. 28,190. 28,190. 0 b Legal 28,190. 31,049. 31,049. 31,049. 0 d Lobbying 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |     |   | ,          |                               |                       |                           |  |  |  |  |  |  |
| b Legal  |     |   | 0          |                               |                       |                           |  |  |  |  |  |  |
| d Lobbying 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |     |   | 28,190.    |                               | 28,190.               |                           |  |  |  |  |  |  |
| d Lobbying e Professional fundraising services. See Part IV, line 17,  |     | _   |            |                               |                       |                           |  |  |  |  |  |  |
| e Professional fundraising services. See Part IV, line 17, f Investment management fees  |     |   |            |                               |                       |                           |  |  |  |  |  |  |
| f Investment management fees   0     g Other. (it line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  |     |   | 0          |                               |                       |                           |  |  |  |  |  |  |
| 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  |     | _   | 0          |                               |                       |                           |  |  |  |  |  |  |
| (A) amount, list line 11g expenses on Schedule O.). 68, 287. 68, 287. 60, 168. 60,   |     |   |            |                               |                       |                           |  |  |  |  |  |  |
| 12 Advertising and promotion   | •   |   | 68,287.    |                               | 68,287.               |                           |  |  |  |  |  |  |
| 13 Office expenses   | 12  |   | 60,168.    |                               | 60,168.               |                           |  |  |  |  |  |  |
| 14 Information technology.   |     |   | 5,362.     |                               | 5,362.                |                           |  |  |  |  |  |  |
| 15 Royalties. 0 16 Occupancy 0 17 Travel 21,133. 21,133. 21,133. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 733,402. 733,402. 733,402. 733,402. 10 Interest 0 21 Payments to affiliates 0 22 Pepreciation, depletion, and amortization 0 23 Insurance 10,436. 10,4  |     | ·   | 0          |                               |                       |                           |  |  |  |  |  |  |
| 16 Occupancy 0 21,133. 21,133. 21,133. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 5 19 Conferences, conventions, and meetings 733,402.  | 15  |   | 0          |                               |                       |                           |  |  |  |  |  |  |
| 17 Travel  | 16  |   | 0          |                               |                       |                           |  |  |  |  |  |  |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings   | 17  |   | 21,133.    |                               | 21,133.               |                           |  |  |  |  |  |  |
| for any federal, state, or local public officials  19 Conferences, conventions, and meetings   | 18  |   |            |                               |                       |                           |  |  |  |  |  |  |
| 20 Interest       0         21 Payments to affiliates       0         22 Depreciation, depletion, and amortization       0         23 Insurance       10,436         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.)       23,787         aREGISTRATION FEES       23,787       23,787         bMERCHANT ACCOUNT FEES       25,863       25,863         cOTHER EXPENSES       5,500       5,500         dPAYROLL PROCESSING FEES       2,200       2,200         e All other expenses       3,352,400       2,170,833       448,165       733,402         25 Total functional expenses. Add lines 1 through 24e       3,352,400       2,170,833       448,165       733,402         26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  are if following SOP 98-2 (ASC 958-720)       0       0   |     |   | 0          |                               |                       |                           |  |  |  |  |  |  |
| 20 Interest  | 19  | Conferences, conventions, and meetings                                      | 733,402.   |                               |                       | 733,402.                  |  |  |  |  |  |  |
| 22 Depreciation, depletion, and amortization   |     | -   | 0          |                               |                       |                           |  |  |  |  |  |  |
| 22 Depreciation, depletion, and amortization   | 21  |   | 0          |                               |                       |                           |  |  |  |  |  |  |
| 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 REGISTRATION FEES  bMERCHANT ACCOUNT FEES  cOTHER EXPENSES  dPAYROLL PROCESSING FEES  all other expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)  | 22  |   | 0          |                               |                       |                           |  |  |  |  |  |  |
| 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.)  aREGISTRATION FEES 23,787. 23,787.  bMERCHANT ACCOUNT FEES 25,863. 25,863.  cOTHER EXPENSES 5,500. 5,500.  dPAYROLL PROCESSING FEES 2,200. 2,200.  e All other expenses. Add lines 1 through 24e 3,352,400. 2,170,833. 448,165. 733,402.  25 Total functional expenses. Add lines 1 through 24e 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)   | 23  | Insurance   | 10,436.    |                               | 10,436.               |                           |  |  |  |  |  |  |
| line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  aREGISTRATION_FEES  bMERCHANT_ACCOUNT_FEES  cOTHER_EXPENSES  dPAYROLL_PROCESSING_FEES  e All other expenses  25 Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)  | 24  |   |            |                               |                       |                           |  |  |  |  |  |  |
| (A) amount, list line 24e expenses on Schedule O.)  aREGISTRATION_FEES  bMERCHANT_ACCOUNT_FEES  cOTHER_EXPENSES  dPAYROLL_PROCESSING_FEES  All other expenses  e All other expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  and tundraising solicitation. Check here pif following SOP 98-2 (ASC 958-720)   |     | above (List miscellaneous expenses in line 24e. If                          |            |                               |                       |                           |  |  |  |  |  |  |
| aREGISTRATION_FEES  bMERCHANT_ACCOUNT_FEES  cOTHER_EXPENSES  dPAYROLL_PROCESSING_FEES  All other expenses  All other expenses. Add lines 1 through 24e  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)   |     |   |            |                               |                       |                           |  |  |  |  |  |  |
| bMERCHANT_ACCOUNT_FEES 25,863.  cOTHER_EXPENSES 5,500.  dPAYROLL_PROCESSING_FEES 2,200.  e All other expenses  |     |   |            |                               |                       |                           |  |  |  |  |  |  |
| cOTHER EXPENSES dPAYROLL PROCESSING FEES 2,200.  e All other expenses  Total functional expenses. Add lines 1 through 24e 3,352,400.  2,170,833.  448,165.  733,402.  25 Total functional expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)  | -   |   |            |                               | •                     |                           |  |  |  |  |  |  |
| dPAYROLL PROCESSING FEES 2,200.  e All other expenses  25 Total functional expenses. Add lines 1 through 24e 3,352,400.  2,170,833.  448,165.  733,402.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)  |     |   |            |                               |                       |                           |  |  |  |  |  |  |
| e All other expenses   |     |   |            |                               |                       |                           |  |  |  |  |  |  |
| 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)   | c   | PAYROLL PROCESSING FEES   | 2,200.     |                               | 2,200.                |                           |  |  |  |  |  |  |
| Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)  | e   | All other expenses  |            |                               |                       |                           |  |  |  |  |  |  |
| 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)  |     |   | 3,352,400. | 2,170,833.                    | 448,165.              | 733,402.                  |  |  |  |  |  |  |
| from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)  | 26  | organization reported in column (B) joint costs                             |            |                               |                       |                           |  |  |  |  |  |  |
| following SOP 98-2 (ASC 958-720)   |     | from a combined educational campaign and                                    |            |                               |                       |                           |  |  |  |  |  |  |
|  |     |   |            |                               |                       |                           |  |  |  |  |  |  |
|  | JSA | TOHOWING SOF 90-2 (ASC 958-720)   | 0          |                               |                       | Form 000 (0044)           |  |  |  |  |  |  |

Form 990 (2014)

Part X Ba Page **11** 

# **Balance Sheet**

| Cash - non-interest-bearing  |       |      | Check if Schedule O contains a response or note to any line in this Pa              | rt X              |     |            |
|--|-------|------|---|-------------------|-----|------------|
| Cash - non-interest-bearing  |       |      | 22 303 C 33a a30ponos or note te arry mile in anot a                                |                   |     |            |
| 2   Savings and temporary cash investments   2   0,4 0,165   2   3,654,925   3   Pledges and grants receivable, net  |       |      |   | Beginning of year |     |            |
| 2 Savings and temporary cash investments   |       | 1    | Cash - non-interest-bearing   |                   | 1   |            |
| 3 Pledges and grants receivable, net   |       | 2    | Savings and temporary cash investments  | 2,640,166.        | 2   | 3,654,925. |
| A Accounts receivable, net   Comparison of the comparison of the complex of the comparison of the c    |       | 3    | Pledges and grants receivable, net  | 0                 | 3   | 0          |
| Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |       | 4    | Accounts receivable, net  | 0                 | 4   | 0          |
| Complete Part II of Schedule L 6 Losens and other receivables from other disqualified persons (as defined under section 4958(I)(1)), persons described in section 4958(I)(3)), persons described in section 501c(i)(3) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges ATCH 3 38,284. 9 2,964.  10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation. 10a 11 Investments - publicly traded securities. See Part IV, line 11 0 0 12 0 0 12 0 0 12 1 12 0 0 14 Intrangible assets. 10 14 0 0 13 0 0 14 Intrangible assets. 10 14 0 0 14 Intrangible assets. 10 14 0 0 14 Intrangible assets. 10 14 0 0 14 Intrangible assets. See Part IV, line 11 95,514. 15 745,632. 16 Total assets. Add lines 1 through 15 (must equal line 34) 5,777,617. 16 7,296,470. 17 Accounts payable and accrued expenses 15,000. 17 178,365. 18 Grants payable and accrued expenses 15,000. 17 178,365. 18 Grants payable and accrued expenses 15,000. 17 178,365. 18 Grants payable and accrued expenses 0 15,000. 17 178,365. 18 Grants payable to unrelated third parties 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |       | 5    | Loans and other receivables from current and former officers, directors,            |                   |     |            |
| ### 4958(I)(1), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L   |       |      |   |                   |     |            |
| ### 4958(I)(1), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L   |       | _    | Complete Part II of Schedule L  | 0                 | 5   | 0          |
| and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary or partizations (see instructions). Complete Part II of Schedule L  |       | 6    | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers |                   |     |            |
| 7 Notes and loans receivable, net 8  |       |      | and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary  |                   |     |            |
| 9 Prepaid expenses and deferred charges   ATCH 3   38,284   9   2,964  | S.    | _    | organizations (see instructions). Complete Part II of Schedule L                    | 0                 |     |            |
| 9 Prepaid expenses and deferred charges   ATCH 3   38,284   9   2,964  | se    |      | Notes and loans receivable, net   | 0                 |     |            |
| 10 a Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D   10 a   10 b   0   10 c   0   0   0   11   1   1   1   1   1   | ¥     |      | Inventories for sale or use   | 20 204            |     |            |
| b   Less: accumulated depreciation   10a   10b   0   10c   0   10c   0   10c   11   10c   11   10c   11   10c   12   10c       |       | _    |   | 38,284.           | 9   | 2,964.     |
| b Less: accumulated depreciation   10b   |       | 10 a | - ' '   |                   |     |            |
| 11   Investments - publicly traded securities   ATCH   4   3,003,653.   11   2,892,949.     12   Investments - other securities   See Part IV, line 11   0   13   0     13   Investments - program-related. See Part IV, line 11   0   13   0     14   Intangible assets   0   14   0   0     15   Other assets. See Part IV, line 11   95,514   15   745,632.     16   Total assets. Add lines 1 through 15 (must equal line 34)   5,777,617   16   7,296,470.     17   Accounts payable and accrued expenses   15,000   17   178,366.     18   Grants payable   0   18   471,800.     19   Deferred revenue   0   19   0   0     20   Tax-exempt bond liabilities   0   20   0   0     21   Escrow or custodial account liability. Complete Part IV of Schedule D   0   21   0   0     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   0   22   0   0     23   Secured mortgages and notes payable to unrelated third parties   0   23   0   0     24   Unsecured notes and loans payable to unrelated third parties   0   24   0   0     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   0   25   0   0     26   Total liabilities. Add lines 17 through 25   15,000   26   650,166   0     27   Unrestricted net assets   5,762,617   27   6,174,504   0   0   0   0   0   0   0   0   0  |       | h    |   | 0                 | 100 | 0          |
| 12   Investments - other securities. See Part IV, line 11   0   13   0   0   14   13   0   0   14   14   0   0   14   15   0   0   14   0   0   15   0   0   14   15   0   0   14   0   0   15   0   0   14   15   0   0   15   0   0   16   0   0   16   0   0   16   0   0   17   17   16   7.296,470.   |       |      | Investments - publicly traded securities ATCH 4                                     |                   |     | 2.892.949  |
| 13   Investments - program-related. See Part IV, line 11   0   13   0   14   14   16   15   15   15   15   15   15   15  |       |      | Investments - other securities See Part IV line 11                                  |                   |     |            |
| 14   Intangible assets   0   14   0     15   Other assets. See Part IV, line 11   95,514   15   745,632     16   Total assets. Add lines 1 through 15 (must equal line 34)   5,777,617   16   7,296,470     17   Accounts payable and accrued expenses   15,000   17   178,366     18   Grants payable   0   18   471,800     19   Deferred revenue   0   19   0     19   Deferred revenue   20   0   0     21   Escrow or custodial account liabilities   0   20   0     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   0   22   0     22   Secured mortgages and notes payable to unrelated third parties   0   24   0     23   Secured mortgages and loans payable to unrelated third parties   0   24   0     24   Unsecured notes and loans payable to unrelated third parties, and other liabilities included on lines 17-24). Complete Part X of Schedule D   0   25   0     25   0   0   0     26   Total liabilities. Add lines 17 through 25   15,000   26   650,166     27   Organizations that follow SFAS 117 (ASC 958), check here  |       |      |   | 0                 |     | 0          |
| 15 Other assets. See Part IV, line 11   95,514. 15   745,632.     16 Total assets. Add lines 1 through 15 (must equal line 34)   5,777,617. 16   7,296,470.     17 Accounts payable and accrued expenses   15,000. 17   178,366.     18 Grants payable   0 18   471,800.     19 Deferred revenue   0 19   0     20 Tax-exempt bond liabilities   0 20   0   0     21 Escrow or custodial account liability. Complete Part IV of Schedule D   0 21   0     22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   0 22   0     23 Secured mortgages and notes payable to unrelated third parties   0 23   0     24 Unsecured notes and loans payable to unrelated third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   0 25   0     25 Total liabilities. Add lines 17 through 25   15,000   26   650,166.     26 Total liabilities Add lines 17 through 25   15,000   26   650,166.     27 Unrestricted net assets   5,762,617   27   6,174,504     28 Temporarily restricted net assets   0 28   471,800     29 Permanently restricted net assets   0 29   0     20 Capital stock or trust principal, or current funds   10     20 Capital stock or trust principal, or current funds   10     21 Capital stock or trust principal, or current funds   10     22 C D D D D D D D D D D D D D D D D D   |       |      |   | 0                 |     | 0          |
| 16   |       |      | Other assets. See Part IV. line 11  |                   |     | 745,632.   |
| 17   |       |      |   |                   |     |            |
| 18   Grants payable   0   18   471,800.     19   Deferred revenue   0   19   0     20   Tax-exempt bond liabilities   0   20   0     21   Escrow or custodial account liability. Complete Part IV of Schedule D     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   0   22   0     23   Secured mortgages and notes payable to unrelated third parties   0   23   0     24   Unsecured notes and loans payable to unrelated third parties   0   24   0     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   0   25   0     26   Total liabilities. Add lines 17 through 25   15,000   26   650,166.     27   Organizations that follow SFAS 117 (ASC 958), check here   X   and complete lines 27 through 29, and lines 33 and 34.     28   Temporarily restricted net assets   5,762,617   27   6,174,504     29   Permanently restricted net assets   0   28   471,800     30   Capital stock or trust principal, or current funds   30     31   Paid-in or capital surplus, or land, building, or equipment fund   31     31   Retained earnings, endowment, accumulated income, or other funds   32  |       | 17   |   | 15,000.           | 17  |            |
| Deferred revenue  Tax-exempt bond liabilities  Tax-exempt bond liabilities |       | 18   | Grants payable  | 0                 | 18  | 471,800.   |
| 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25.  Corganizations that follow SFAS 117 (ASC 958), check here Accomplete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 Retained earnings, endowment, accumulated income, or other funds 32   |       | 19   | Deferred revenue  | 0                 | 19  | 0          |
| Escrow or custodial account liability. Complete Part IV of Schedule D  Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.  Temporarily restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here I and complete lines 30 through 34.  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here I and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Retained earnings, endowment, accumulated income, or other funds  |       | 20   | Tax-exempt bond liabilities   | 0                 |     | 0          |
| 23 Secured mortgages and notes payable to unrelated third parties  | es    | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D               | 0                 | 21  | 0          |
| 23 Secured mortgages and notes payable to unrelated third parties  | ≣     | 22   | ·   |                   |     |            |
| 23 Secured mortgages and notes payable to unrelated third parties  | jab   |      |   |                   |     |            |
| 24 Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here of Department of State of St  | _     |      |   | 0                 |     |            |
| 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  |       |      |   | 0                 |     |            |
| parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   |       |      |   | U                 | 24  | 0          |
| of Schedule D  26 Total liabilities. Add lines 17 through 25   |       | 25   | · · · · · · · · · · · · · · · · · · ·   |                   |     |            |
| Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Retained earnings, endowment, accumulated income, or other funds   |       |      | , , ,   | 0                 | 25  | 0          |
| Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  33 Retained earnings, endowment, accumulated income, or other funds  34 And  5,762,617.  27 6,174,504.  5,762,617.  28 471,800.  99 0  0  30 31 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds   |       | 26   |   |                   |     |            |
| complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds   | _     |      |   |                   |     | 331,211    |
| complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Section 24 Section 25 Section 26 Section 26 Section 26 Section 27 Section | es    |      |   |                   |     |            |
| complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Section 24 Section 25 Section 26 Section 26 Section 26 Section 27 Section | anc   | 27   | Unrestricted net assets   | 5,762,617.        | 27  | 6,174,504. |
| complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Section 24 Section 25 Section 26 Section 26 Section 26 Section 27 Section | Bal   | 28   | Temporarily restricted net assets   | 0                 | 28  | 471,800.   |
| complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Section 24 Section 25 Section 26 Section 26 Section 26 Section 27 Section | 힏     | 29   | Permanently restricted net assets   | 0                 | 29  | 0          |
| 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 31 32 35 36,646,304.   | or Fu |      |   |                   |     |            |
| Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances  7 Total net assets or fund balances  7 Total net assets or fund balances  7 Total net assets or fund balances  8 Total net assets or fund balances  | ts c  | 30   | Capital stock or trust principal, or current funds                                  |                   | 30  |            |
| Heating a second with the seco                 | SSe   |      |   |                   |     | -          |
| 33 Total net assets or fund balances 5,762,617. 33 6,646,304.  | Ą     | 32   | Retained earnings, endowment, accumulated income, or other funds                    |                   |     |            |
|  | Net   | 33   | Total net assets or fund balances   | 5,762,617.        |     | 6,646,304. |
| <b>34</b> Total liabilities and net assets/fund balances. 5,777,617. <b>34</b> 7,296,470.  |       | 34   | Total liabilities and net assets/fund balances                                      | 5,777,617.        | 34  | 7,296,470. |

Form **990** (2014)

Form 990 (2014) Page **12** 

| Part | XI Reconciliation of Net Assets  |       |        |     |      |      |
|------|--|-------|--------|-----|------|------|
|      | Check if Schedule O contains a response or note to any line in this Part XI  |       |        |     |      |      |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1     |        | 4,3 | 49,4 | 131. |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2     |        | 3,3 | 52,4 | 100. |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3     |        | 9   | 97,0 | )31. |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4     |        | 5,7 | 62,6 | 517. |
| 5    | Net unrealized gains (losses) on investments   | 5     |        | -1  | 13,3 | 344. |
| 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   |       |        |     |      |      |
|      | 33, column (B))  | 10    |        | 6,6 | 46,3 | 304. |
| Part |  |       |        |     |      |      |
|      | Check if Schedule O contains a response or note to any line in this Part XII   |       |        |     |      |      |
| 4    | Accounting method used to prepare the Form 990: Cash X Accrual Other   |       |        |     | Yes  | No   |
| 1    | Accounting method used to prepare the Form 990: CashX Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex  | mloir |        |     |      |      |
|      | Schedule O.  | кріан | ' '''  |     |      |      |
| 22   | Were the organization's financial statements compiled or reviewed by an independent accountant?  |       |        | 2a  |      | Х    |
| Za   | If "Yes," check a box below to indicate whether the financial statements for the year were com   |       |        | Za  |      |      |
|      | reviewed on a separate basis, consolidated basis, or both:   | plica | 01     |     |      |      |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |       |        |     |      |      |
| h    | Were the organization's financial statements audited by an independent accountant?   |       |        | 2b  | х    |      |
| b    | If "Yes," check a box below to indicate whether the financial statements for the year were audit   |       |        |     |      |      |
|      | separate basis, consolidated basis, or both:   | .cu o | α      |     |      |      |
|      | X Separate basis Consolidated basis Both consolidated and separate basis   |       |        |     |      |      |
| c    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for committee that assumes responsibilities are committeed as a committee that assumes responsibilities are committeed as a committee that assumes responsibilities are committeed as a committee and a committee are committeed as a co | vers  | iaht   |     |      |      |
| ·    | of the audit, review, or compilation of its financial statements and selection of an independent acc   |       | ٠ ١    | 2c  | Х    |      |
|      | If the organization changed either its oversight process or selection process during the tax year, e   |       |        |     |      |      |
|      | Schedule O.  |       |        |     |      |      |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set   | forth | n in 📗 |     |      |      |
|      | the Single Audit Act and OMB Circular A-133?   |       |        | 3a  |      | X    |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not und   | ergo  | the    |     |      |      |
|      | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au  | dits. |        | 3b  |      |      |

Form **990** (2014)

### 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.

Department of the Treasury Internal Revenue Service

▶Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public

Inspection

Name of the organization IRA SOHN CONFERENCE FOUNDATION, INC. **Employer identification number** C/O SENECA CAPITAL 20-4694054 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of support (see (described on lines 1-9 listed in your governing other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2014 Page **2** 

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   | endar year (or fiscal year beginning in)   | (a) 2010            | <b>(b)</b> 2011 | (c) 2012   | <b>(d)</b> 2013 | <b>(e)</b> 2014 | (f) Total   |
| 1      | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 2,900,542.          | 3,614,822.      | 3,097,410. | 2,986,547.      | 3,647,807.      | 16,247,128. |
| 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   | 2,900,542.          | 3,614,822.      | 3,097,410. | 2,986,547.      | 3,647,807.      | 16,247,128. |
| 5      | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). |                     |                 |            |                 |                 | 0           |
| _6_    | Public support. Subtract line 5 from line 4.   |                     |                 |            |                 |                 | 16,247,128. |
|        | tion B. Total Support  |                     |                 |            |                 |                 |             |
| Cale   | endar year (or fiscal year beginning in)   | <b>(a)</b> 2010     | <b>(b)</b> 2011 | (c) 2012   | (d) 2013        | <b>(e)</b> 2014 | (f) Total   |
| 7<br>8 | Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar  | 2,900,542.          | 3,614,822.      | 3,097,410. | 2,986,547.      | 3,647,807.      | 16,247,128. |
| 9      | Net income from unrelated business activities, whether or not the business is regularly carried on   | 255,658.            | 43,569.         | 43,587.    | 32,724.         | 269,595.        | 645,133.    |
| 10     | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                     |                 | 43,784.    |                 | 229.            | 44,013.     |
| 11     | Total support. Add lines 7 through 10  |                     |                 |            |                 |                 | 16,936,274. |
| 12     | Gross receipts from related activities, etc. (s  | see instructions) . |                 |            |                 | 12              |             |
| 13     | <b>First five years.</b> If the Form 990 is f organization, check this box and <b>stop here</b>  |                     |                 |            |                 |                 |             |
| Sec    | tion C. Computation of Public Sup  | port Percenta       | ge              |            |                 |                 |             |
| 14     | Public support percentage for 2014 (li   |                     | •               |            | T T             | 14              | 95.93%      |
| 15     | Public support percentage from 2013  |                     |                 |            |                 | 15              | 96.84%      |
| 16a    | 331/3% support test - 2014. If the o   | <del>-</del>        |                 |            |                 |                 | .           |
|        | this box and <b>stop here.</b> The organization  | •                   |                 | _          |                 |                 |             |
| b      | 331/3% support test - 2013. If the o   | •                   |                 |            |                 |                 |             |
|        | check this box and <b>stop here.</b> The organization  | •                   |                 |            |                 |                 |             |
| 17a    | 10%-facts-and-circumstances test - 2   | _                   |                 |            |                 |                 |             |
|        | 10% or more, and if the organization   |                     |                 |            |                 |                 |             |
|        | Part VI how the organization meets t   |                     |                 | _          |                 |                 | upported    |
|        | 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   |                     |                 |            | _               | •               | publicly    |
| 18     | Private foundation. If the organization  |                     |                 |            |                 |                 |             |
| _      | instructions   |                     |                 |            |                 |                 |             |

Schedule A (Form 990 or 990-EZ) 2014 Page **3** 

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

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

| Sec       | tion A. Public Support  |                 |                 |                |               |                  |            |
|-----------|---|-----------------|-----------------|----------------|---------------|------------------|------------|
| Cale      | ndar year (or fiscal year beginning in)                                 | <b>(a)</b> 2010 | <b>(b)</b> 2011 | (c) 2012       | (d) 2013      | <b>(e)</b> 2014  | (f) Total  |
| 1         | Gifts, grants, contributions, and membership fees                       | 1               |                 |                |               |                  |            |
|           | 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                                     |                 |                 |                |               |                  |            |
| ŭ         | furnished by a governmental unit to the                                 |                 |                 |                |               |                  |            |
|           | organization without charge   |                 |                 |                |               |                  |            |
| 6         |   |                 |                 |                |               |                  |            |
| 6<br>73   | Total. Add lines 1 through 5  |                 |                 |                |               |                  |            |
| ıa        | Amounts included on lines 1, 2, and 3                                   |                 |                 |                |               |                  |            |
| b         | received from disqualified persons  Amounts included on lines 2 and 3   |                 |                 |                |               |                  |            |
|           | received from other than disqualified                                   |                 |                 |                |               |                  |            |
|           | persons that exceed the greater of \$5,000                              |                 |                 |                |               |                  |            |
|           | or 1% of the amount on line 13 for the year                             |                 |                 |                |               |                  |            |
| C         | Add lines 7a and 7b.  |                 |                 |                |               |                  |            |
| 8         | Public support (Subtract line 7c from                                   |                 |                 |                |               |                  |            |
| 500       | tion B. Total Support   |                 |                 |                |               |                  | <u> </u>   |
|           | ndar year (or fiscal year beginning in)                                 | (a) 2010        | <b>(b)</b> 2011 | (c) 2012       | (d) 2013      | (e) 2014         | (f) Total  |
| _         |   | (4) 2010        | (6) 2011        | (0) 2012       | (4) 2010      | (6) 2014         | (i) rotar  |
| 9<br>10 a | Amounts from line 6 Gross income from interest, dividends,              |                 |                 |                |               |                  |            |
|           | payments received on securities loans,                                  |                 |                 |                |               |                  |            |
|           | rents, royalties and income from similar                                |                 |                 |                |               |                  |            |
| <b>L</b>  | Unrelated business taxable income (less                                 |                 |                 |                |               |                  |            |
| b         | ,   |                 |                 |                |               |                  |            |
|           | 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                                |                 |                 |                |               |                  |            |
|           | 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 for                                | ~               |                 |                | •             |                  |            |
|           | organization, check this box and stop here                              |                 |                 |                |               |                  | ▶ 🔃        |
|           | tion C. Computation of Public Sup                                       |                 |                 |                |               |                  |            |
| 15        | Public support percentage for 2014 (line 8                              |                 |                 |                |               | 15               | %          |
| 16        | Public support percentage from 2013 Sche                                |                 |                 |                |               | 16               | %          |
| Sec       | tion D. Computation of Investmen  |                 |                 |                |               | T                |            |
| 17        | Investment income percentage for 2014 (lin                              |                 |                 |                |               | 17               | %          |
| 18        | Investment income percentage from 2013                                  |                 |                 |                |               | 18               | <u>%</u>   |
| 19 a      | 331/3% support tests - 2014. If the org                                 | -               |                 |                |               |                  | . $\Box$   |
|           | 17 is not more than 331/3%, check th                                    | -               | _               | •              |               |                  |            |
| b         | 331/3% support tests - 2013. If the orga                                |                 |                 |                |               |                  |            |
|           | line 18 is not more than 331/3 %, check                                 |                 |                 |                |               |                  |            |
| 20        | Private foundation If the organization                                  | did not check   | a hov on line   | 1/1 10a or 10h | chack this he | ny and see insti | ructions - |

Schedule A (Form 990 or 990-EZ) 2014 Page 4

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

# S

| -   | ion A. All Supporting Organizations   |    | Yes | No |
|-----|---|----|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1  |     |    |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   | 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.   | 3a |     |    |
| 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 <b>Part VI</b> when and how the organization made the determination.   | 3b |     |    |
| С   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.   | 3с |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.   | 4a |     |    |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b |     |    |
| С   | 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 <b>Part VI</b> 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.   | 4c |     |    |
| 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 <b>Part VI</b> , 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).                                 | 5a |     |    |
| 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?   | 5b |     |    |
| 6   | Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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. | 5c |     |    |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).   | 7  |     |    |
| 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).   | 8  |     |    |
| 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 <b>Part VI</b> .  | 9a |     |    |
| b   | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>  | 9b |     |    |
| С   | Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI.</b>   | 9с |     |    |
| 10a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)   |    |     |    |

(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

10b

organizations)? If "Yes," answer (b) below.

determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2014 Page **5** 

| Part    | V Supporting Organizations (continued)  |         |            |     |
|---------|---|---------|------------|-----|
|         |   |         | Yes        | No  |
| 11      | Has the organization accepted a gift or contribution from any of the following persons?   |         |            |     |
| а       | 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     |            |     |
| Section | 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 <b>Part VI</b> 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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,           |         |            |     |
|         | supervised, or controlled the supporting organization.  |         |            |     |
| Section | on C. Type II Supporting Organizations  | 2       |            |     |
| occii   | on or Type ii oupporting organizations  |         | Yes        | No  |
| 4       | Ware a majority of the argenization's directors or tructors during the tay year also a majority of the directors  |         | 103        | 110 |
| 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)? If "No," describe in <b>Part VI</b> how control   |         |            |     |
|         | or management of the supporting organization was vested in the same persons that controlled or managed  |         |            |     |
|         | the supported organization(s).  | 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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  |         |            |     |
|         | 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  |         |            |     |
| C = =4! | ., -  | 3       |            |     |
|         | on E. Type III Functionally-Integrated Supporting Organizations   |         | ' <b>\</b> |     |
| 1       | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins  | structi | ons):      |     |
| a<br>b  | The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.   |         |            |     |
| C       | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc  | ctions) |            |     |
| ·       | The organization supported a governmental entity. Describe in rank virious year supported a government entity (see matrix   | mono,.  | Yes        | No  |
| 2       | Activities Test. Answer (a) and (b) below.  |         |            |     |
| 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? If "Yes," then in <b>Part VI identify</b>   |         |            |     |
|         | those supported organizations and explain 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 <b>Part VI</b> 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. <i>Answer (a) and (b) below.</i>   |         |            |     |
| 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      |            |     |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ   | nization |                         | Page                        |  |
|--|----------|-------------------------|-----------------------------|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying  |          |                         | estructions All             |  |
| other Type III non-functionally integrated supporting organizations must con   | -        |                         | istructions. All            |  |
| Section A - Adjusted Net Income  |          |                         |                             |  |
| 1 Net short-term capital gain  | 1        |                         | (optional)                  |  |
| 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>b</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-functionall  |          | ted Type III supporting | organization (see           |  |

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Page **7** 

| Part  | Type III Non-Functionally Integrated 509(a)(3)               | Supporting Organizat        | ions (continued)                       |   |
|-------|--|-----------------------------|--|---|
| Secti | on D - Distributions   |                             |  | Current Year                              |
| 1     | Amounts paid to supported organizations to accomplish ex     | kempt purposes              |  |   |
| 2     | Amounts paid to perform activity that directly furthers exer | npt purposes of supporte    | ed                                     |   |
|       | organizations, in excess of income from activity             |                             |  |   |
| 3     | Administrative expenses paid to accomplish exempt purpo      | 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.              |                             |  |   |
| 9     | Distributable amount for 2014 from Section C, line 6         |                             |  |   |
| 10    | Line 8 amount divided by Line 9 amount                       |                             |  |   |
| 5     | Section E - Distribution Allocations (see instructions)      | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
| 1     | Distributable amount for 2014 from Section C, line 6         |                             |  |   |
| 2     | Underdistributions, if any, for years prior to 2014          |                             |  |   |
|       | (reasonable cause required-see instructions)                 |                             |  |   |
| 3     | Excess distributions carryover, if any, to 2014:             |                             |  |   |
| а     |  |                             |  |   |
| b     |  |                             |  |   |
| С     |  |                             |  |   |
| d     |  |                             |  |   |
| е     | From 2013  |                             |  |   |
| f     | Total of lines 3a through e                                  |                             |  |   |
| g     | Applied to underdistributions of prior years                 |                             |  |   |
| h     | Applied to 2014 distributable amount                         |                             |  |   |
| i     | Carryover from 2009 not applied (see instructions)           |                             |  |   |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.            |                             |  |   |
| 4     | Distributions for 2014 from Section                          |                             |  |   |
|       | D, line 7: \$  |                             |  |   |
| а     | Applied to underdistributions of prior years                 |                             |  |   |
|       | Applied to 2014 distributable amount                         |                             |  |   |
| С     | Remainder. Subtract lines 4a and 4b from 4.                  |                             |  |   |
| 5     | Remaining underdistributions for years prior to 2014, if     |                             |  |   |
|       | any. Subtract lines 3g and 4a from line 2 (if amount         |                             |  |   |
|       | greater than zero, see instructions).                        |                             |  |   |
| 6     | Remaining underdistributions for 2014. Subtract lines 3h     |                             |  |   |
|       | and 4b from line 1 (if amount greater than zero, see         |                             |  |   |
|       | instructions).   |                             |  |   |
| 7     | Excess distributions carryover to 2015. Add lines 3j and 4c. |                             |  |   |
| 8     | Breakdown of line 7:   |                             |  |   |
| a     | DICARGOWIT OF HITE 7.  |                             |  |   |
| b     |  |                             |  |   |
| C     |  |                             |  |   |
| d     | Excess from 2013   |                             |  |   |
| e u   | Excess from 2014   |                             |  |   |
| ㅂ     | LAUG33 HUIII 2014  |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2014

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

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

2014

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Information about Schedule B (Form 990, 990-EZ

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

| Name of the organization              |   |              | Employer identification number          |
|---------------------------------------|---|--------------|---|
| IRA SOHN CONFERENCE                   | FOUNDATION, INC.  |              |   |
| C/O SENECA CAPITAL                    |   |              | 20-4694054                              |
| Organization type (check or           |   |              | 20 1001001                              |
| Organization type (check of           | ic).  |              |   |
| Filers of:                            | Section:  |              |   |
| rilers or:                            | Section:  |              |   |
| Farm 000 at 000 F7                    | X 501(c)(3 ) (enter number) organization                                |              |   |
| Form 990 or 990-EZ                    | X 501(c)(3 ) (enter number) organization                                |              |   |
|                                       | 40.47(a)(4) was assessed about the first most supplying the             |              | us dations                              |
|                                       | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a p         | private fou  | indation                                |
|                                       | FOZ a district annual action  |              |   |
|                                       | 527 political organization  |              |   |
| F 000 DF                              |   |              |   |
| Form 990-PF                           | 501(c)(3) exempt private foundation                                     |              |   |
|                                       | 40.47(a)(4) was a second about the first transfer of an arriver         | -4- fd-      | 4:                                      |
|                                       | 4947(a)(1) nonexempt charitable trust treated as a priva                | ate founda   | tion                                    |
|                                       |   |              |   |
|                                       | 501(c)(3) taxable private foundation                                    |              |   |
|                                       |   |              |   |
|                                       |   |              |   |
|                                       | s covered by the <b>General Rule</b> or a <b>Special Rule</b> .         |              |   |
| -                                     | (7), (8), or (10) organization can check boxes for both the General Re  | ule and a S  | Special Rule. See                       |
| instructions.                         |   |              |   |
|                                       |   |              |   |
| General Rule                          |   |              |   |
|                                       |   |              |   |
| For an organization                   | on filing Form 990, 990-EZ, or 990-PF that received, during the yea     | ır, contribu | itions totaling \$5,000                 |
| or more (in money                     | or property) from any one contributor. Complete Parts I and II. Se      | e instructio | ons for determining a                   |
| contributor's total                   | contributions.  |              |   |
|                                       |   |              |   |
| Special Rules                         |   |              |   |
|                                       |   |              |   |
| X For an organization                 | on described in section 501(c)(3) filing Form 990 or 990-EZ that me     | et the 33 1  | /3 % support test of the                |
| regulations under                     | sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (l     | Form 990     | or 990-EZ), Part II, line               |
| 13, 16a, or 16b, a                    | nd that received from any one contributor, during the year, total co    | ntributions  | s of the greater of (1)                 |
| \$5,000 or <b>(2)</b> 2%              | of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ  | Z, line 1. C | omplete Parts I and II.                 |
|                                       |   |              |   |
| For an organization                   | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990  | 0-EZ that r  | eceived from any one                    |
|                                       | g the year, total contributions of more than \$1,000 exclusively for re |              |   |
| literary, or educat                   | ional purposes, or the prevention of cruelty to children or animals. C  | Complete F   | Parts I, II, and III.                   |
|                                       |   |              |   |
| For an organization                   | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990  | 0-EZ that r  | eceived from any one                    |
| _                                     | the year, contributions exclusively for religious, charitable, etc., pu |              |   |
|                                       | ed more than \$1,000. If this box is checked, enter here the total co   | •            |   |
|                                       | r an exclusively religious, charitable, etc., purpose. Do not complete  |              |   |
| = -                                   | lies to this organization because it received nonexclusively religious, | -            | -                                       |
| • • •                                 | more during the year  |              |   |
| 13.2                                  |   |              | • |
| Caution. An organization tha          | at is not covered by the General Rule and/or the Special Rules does     | s not file S | chedule B (Form 990,                    |
| 990-EZ, or 990-PF), but it <b>m</b>   | ust answer "No" on Part IV, line 2, of its Form 990; or check the bo    | ox on line I | H of its Form 990-EZ or on its          |
| · · · · · · · · · · · · · · · · · · · | to certify that it does not meet the filing requirements of Schedule B  |              |   |

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) (2014)

Name of organization IRA SOHN CONFERENCE FOUNDATION, INC.

C/O SENECA CAPITAL

Employer identification number 20-4694054

|            | C/O SENECA CAPITAL   |                                   | 20-4694054  |
|------------|--|-----------------------------------|---|
| Part I     | Contributors (see instructions). Use duplicate copies of F                             | Part I if additional space is nee | ded.  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions        | (d)<br>Type of contribution   |
| 1_         | PERSHING SQUARE CAPITAL MANAGEMENT  ADDRESS AVAILABLE UPON REQUEST  NEW YORK, NY 10022 | \$250,000.                        | Person  Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions        | (d)<br>Type of contribution   |
| 2 _        | DOUGLAS A HIRSCH & HOLLY S ANDERSON  AVAILABLE UPON REQUEST  NEW YORK, NY 10022        | \$100,000.                        | Person  Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions        | (d)<br>Type of contribution   |
| 3 _        | CONTRIBUTIONS  AVAILABLE UPON REQUEST  NEW YORK, NY 10022                              | \$3,629,607.                      | Person  Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions        | (d)<br>Type of contribution   |
| 4 _        | SCOTT SHLEIFER  AVAILABLE UPON REQUEST  NEW YORK, NY 10022                             | \$100,000.<br>-                   | Person  Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions        | (d)<br>Type of contribution   |
|            |  | -<br>-<br>-<br>-                  | Person Payroll Noncash (Complete Part II for noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions        | (d)<br>Type of contribution   |
|            |  | -<br>- \$                         | Person Payroll Noncash (Complete Part II for                            |

noncash contributions.)

Name of organization IRA SOHN CONFERENCE FOUNDATION, INC.

C/O SENECA CAPITAL

Employer identification number

20-4694054

| Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. |
|---|
|---|

| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
|                           |  | \$                                       |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                           |  | \$                                       |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                           |  | \$                                       |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                           |  | \$                                       |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                           |  | \$                                       |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                           |  | \$                                       |                      |

| Name of or                | ganization IRA SOHN CONFERENCE FO   | UNDATION, INC.        |                                       | Employer identification number               |  |  |  |
|---------------------------|---|-----------------------|---------------------------------------|--|--|--|--|
|                           | C/O SENECA CAPITAL  |                       |                                       | 20-4694054                                   |  |  |  |
| Part III                  | Exclusively religious, charitable, etc.   |                       |                                       |  |  |  |  |
|                           | that total more than \$1,000 for the y  |                       |                                       |  |  |  |  |
|                           | following line entry. For organizations   |                       |                                       |  |  |  |  |
|                           | contributions of \$1,000 or less for the Use duplicate copies of Part III if additional transfer of the copies of t |                       |                                       | ee instructions.) $\triangleright \emptyset$ |  |  |  |
| (a) No.                   | ·   | orial space is fieede | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
| `from<br>Part I           | (b) Purpose of gift   | (c) Use               | of gift                               | (d) Description of how gift is held          |  |  |  |
| - 1 4111                  |   |                       |                                       |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   | (e) Transfe           | er of gift                            |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           | Transferee's name, address, an  | d ZIP + 4             | Relatio                               | nship of transferor to transferee            |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
| (a) No.                   |   |                       |                                       |  |  |  |  |
| `from<br>Part I           | (b) Purpose of gift   | (c) Use               | of gift                               | (d) Description of how gift is held          |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           | (e) Transfer of gift  |                       |                                       |  |  |  |  |
|                           | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee  |                       |                                       |  |  |  |  |
|                           | Transferee's fiame, address, an   | u ZIP + 4             | Relatio                               | ionship of transferor to transferee          |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
| (a) No.<br>from           | (b) Purpose of gift   | (c) Use               | of gift                               | (d) Description of how gift is held          |  |  |  |
| Part I                    | (b) Fullpose of gift  | (c) use               | or grit                               | (a) Description of now girt is near          |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   | (e) Transfe           | er of gift                            |  |  |  |  |
|                           |   | (o) Transit           | or or give                            |  |  |  |  |
|                           | Transferee's name, address, an  | d ZIP + 4             | Relatio                               | nship of transferor to transferee            |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
| (a) No                    |   |                       |                                       | T  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use               | of gift                               | (d) Description of how gift is held          |  |  |  |
| <u> </u>                  |   |                       |                                       |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   | (e) Transfe           | er of gift                            |  |  |  |  |
|                           | Transferenta nama address an  | d 71D + 4             | Daletie                               | nghin of transferor to transferor            |  |  |  |
|                           | Transferee's name, address, an  | u                     | Keiatio                               | nship of transferor to transferee            |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |
|                           |   |                       |                                       |  |  |  |  |

# SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Name of the organization IRA SOHN CONFERENCE FOUNDATION, INC. C/O SENECA CAPITAL 20-4694054 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Revenue included in Form 990, Part VIII, line 1

**\$**\_\_\_\_

▶ \$

Page 2 Schedule D (Form 990) 2014

| Pal      | rt III Organizations Maintaining Colle  | ections of                            | Art, Hist   | orical T    | reasur      | es,    | or Oth   | ner Similar      | Asse    | ts (cont     | inued)    |
|----------|---|---------------------------------------|-------------|-------------|-------------|--------|----------|------------------|---------|--------------|-----------|
| 2        | Heing the organization's acquisition coses  | ooion and a                           | othar raggi | do obool    |             | of tha | follou   | ing that are     | o oian  | ificant u    | o of ito  |
| 3        | Using the organization's acquisition, acce collection items (check all that apply): | ssion, and c                          | other recor | us, checi   | c any c     | n the  | IOIIOW   | ing that are     | a sign  | illicant us  | se or its |
| •        | Public exhibition   |                                       | d           | Loan        | or exch     | ango   | program  | me               |         |              |           |
| a<br>b   | Scholarly research  |                                       | e –         |             |             |        |          |                  |         |              |           |
| C        | Preservation for future generations   |                                       | E           | ] Other     |             |        |          |                  |         |              |           |
| 4        | Provide a description of the organization's   | collections                           | and eval    | ain how t   | hov fu      | rthar  | the or   | nanization's e   | vemni   | nurnose      | in Part   |
| 7        | XIII.   | CONCUIONS                             | and expid   | alli ilow t | iley iui    | itilei | the or   | gariization's e  | zvembi  | Purpose      | inian     |
| 5        | During the year, did the organization solicit                                       | or receive o                          | lonations o | fart hist   | orical tr   | easiii | res or i | other similar    |         |              |           |
| Ū        | assets to be sold to raise funds rather than  |                                       |             |             |             |        |          |                  | Г       | Yes          | No        |
| Pai      | rt IV Escrow and Custodial Arrangem   |                                       |             |             |             |        |          |                  |         |              |           |
|          | or reported an amount on Form   |                                       |             |             |             | G. 10  |          |                  |         | , . a        | , 0,      |
|          |   | · · · · · · · · · · · · · · · · · · · |             |             |             |        |          |                  |         |              |           |
| 1a       | Is the organization an agent, trustee, custo  | dian or othe                          | er intermed | liary for c | ontribu     | tions  | or othe  | r assets not     |         |              |           |
|          | included on Form 990, Part X?   |                                       |             |             |             |        |          |                  | [       | Yes          | No        |
| b        |   |                                       |             |             |             |        |          |                  | _       |              |           |
|          |   |                                       |             |             |             |        |          | Amo              | unt     |              |           |
| С        | Beginning balance   |                                       |             |             |             | 1c     |          |                  |         |              |           |
| d        | Additions during the year   |                                       |             |             |             | 1d     |          |                  |         |              |           |
| е        | Distributions during the year   |                                       |             |             |             | 1e     |          |                  |         |              |           |
| f        | Ending balance  |                                       |             |             |             |        |          |                  |         |              |           |
| 2a       | 3   |                                       |             |             |             |        |          |                  |         | Yes          | No No     |
|          | If "Yes," explain the arrangement in Part X   |                                       |             |             |             |        |          |                  |         |              |           |
| Pai      | rt V Endowment Funds. Complete if   |                                       |             |             |             |        |          | i .              |         | ( ) =        |           |
| 4.       | 5   | urrent year                           | (b) Pric    | r year      | (C) Tw      | o year | s back   | (d) Three years  | s back  | (e) Four y   | ears back |
| _        | Beginning of year balance   |                                       |             |             |             |        |          |                  |         |              |           |
| b        | Contributions  Net investment earnings, gains,                                      |                                       |             |             |             |        |          |                  |         |              |           |
| C        |   |                                       |             |             |             |        |          |                  |         |              |           |
| Ь        | Grants or scholarships  |                                       |             |             |             |        |          |                  |         |              |           |
|          |   |                                       |             |             |             |        |          |                  |         |              |           |
| ·        | . '   |                                       |             |             |             |        |          |                  |         |              |           |
| f        | Administrative expenses   |                                       |             |             |             |        |          |                  |         |              |           |
| g        | End of year balance   |                                       |             |             |             |        |          |                  |         |              |           |
| 2        | Provide the estimated percentage of the cu  | rrent year e                          | nd balance  | (line 1g.   | columr      | n (a)) | held as  | :                |         |              |           |
| а        | Board designated or quasi-endowment   | ,                                     | %           | ` 0,        |             | ( //   |          |                  |         |              |           |
| b        | Permanent endowment ▶ %   |                                       | _           |             |             |        |          |                  |         |              |           |
| С        | Temporarily restricted endowment ▶  | %                                     |             |             |             |        |          |                  |         |              |           |
|          | The percentages in lines 2a, 2b, and 2c sh  | •                                     |             |             |             |        |          |                  |         |              |           |
| 3a       | Are there endowment funds not in the poss   | session of th                         | ne organiza | tion that   | are hel     | d and  | d admir  | nistered for the | )       | _            |           |
|          | organization by:  |                                       |             |             |             |        |          |                  |         |              | es No     |
|          | (i) unrelated organizations   |                                       |             |             |             |        |          |                  |         | 3a(i)        |           |
|          | (ii) related organizations  |                                       |             |             |             |        |          |                  |         | 3a(ii)       |           |
| b        |   |                                       |             |             |             |        |          |                  |         | 3b           |           |
| 4        | Describe in Part XIII the intended uses of t  |                                       |             |             |             |        |          |                  |         |              |           |
| Pai      | rt VI Land, Buildings, and Equipment. Complete if the organization ans              | swered "Ye                            | s" to Forn  | n 990. Pa   | art IV.     | line 1 | 1a. Se   | ee Form 990      | ). Part | X. line 1    | 10.       |
|          | Description of property   | (a) Cost or                           | other basis | (b) Cost of | or other ba |        | (c) Acc  | cumulated        |         | l) Book valu |           |
| 1a       | Land  | (invest                               | tment)      | (0          | ther)       |        | depr     | eciation         |         |              |           |
| ı a<br>b | Land Buildings  |                                       |             |             |             | +      |          |                  |         |              |           |
| C        | Leasehold improvements  |                                       |             |             |             | -+     |          |                  |         |              |           |
| d        | Equipment   |                                       |             |             |             | -      |          |                  |         |              |           |
| e        | Other   |                                       |             |             |             | _      |          |                  |         |              |           |
|          | al. Add lines 1a through 1e. (Column (d) mus  |                                       | n 990, Part | X, columr   | n (B), lir  | ne 10i | (c).) _  |                  |         |              |           |

| Schedule D (Fo | · · · · · · · · · · · · · · · · · · ·                                |                                   |   | Page <b>3</b>     |
|----------------|--|-----------------------------------|---|-------------------|
| Part VII       | Investments - Other Securities.                                      | \/    t -   <b>F</b> -    -   000 | Dant IV line 44h Con Farms 000                  | Deat V. Bra. 40   |
|                | Complete if the organization answered                                |                                   |   |                   |
|                | (a) Description of security or category (including name of security) | (b) Book value                    | (c) Method of valua<br>Cost or end-of-year mark |                   |
| (1) Financia   | l derivatives  |                                   |   |                   |
|                | neld equity interests  |                                   |   |                   |
|                |  |                                   |   |                   |
| <u>(A)</u>     |  |                                   |   |                   |
| (B)            |  |                                   |   |                   |
| <u>(C)</u>     |  |                                   |   |                   |
| <u>(D)</u>     |  |                                   |   |                   |
| <u>(E)</u>     |  |                                   |   |                   |
| <u>(F)</u>     |  |                                   |   |                   |
| <del>(O)</del> |  |                                   |   |                   |
|                | (b) must equal Form 990, Part X, col. (B) line 12.) ▶                |                                   |   |                   |
|                | Investments - Program Related.                                       |                                   |   |                   |
|                | Complete if the organization answered                                | "Yes" to Form 990                 | , Part IV, line 11c. See Form 990,              | Part X, line 13.  |
|                | (a) Description of investment  | (b) Book value                    | (c) Method of valua                             |                   |
|                |  |                                   | Cost or end-of-year mark                        | ket value         |
| (1)            |  |                                   |   |                   |
| (2)            |  |                                   |   |                   |
| (3)            |  |                                   |   |                   |
| (4)            |  |                                   |   |                   |
| (5)            |  |                                   |   |                   |
| (6)            |  |                                   |   |                   |
| (7)            |  |                                   |   |                   |
| (8)            |  |                                   |   |                   |
| (9)            | (b) must equal Form 990, Part X, col. (B) line 13.)                  |                                   |   |                   |
| Part IX        | Other Assets.  |                                   |   |                   |
| I dit ix       | Complete if the organization answered                                | "Yes" to Form 990                 | . Part IV. line 11d. See Form 990.              | Part X. line 15.  |
|                |  | scription                         | , ,   | (b) Book value    |
| (1) CONTR      | IBUTIONS RECEIVABLE  |                                   |   | 743,800.          |
| (2) INT.       | AND DIV. RECEIVABLE  |                                   |   | 1,832.            |
| (3) OTHER      | RECEIVABLE   |                                   |   |                   |
| (4)            |  |                                   |   |                   |
| (5)            |  |                                   |   |                   |
| (6)            |  |                                   |   |                   |
| (7)            |  |                                   |   |                   |
| (8)            |  |                                   |   |                   |
| (9)            | (1)  |                                   |   | - 1- 100          |
|                | mn (b) must equal Form 990, Part X, col. (B) li                      | ne 15.)                           | <u></u>   | 745,632           |
| Part X         | Other Liabilities. Complete if the organization answered             | l "Voc" to Form 000               | Part IV line 11e or 11f See For                 | m 000 Part Y      |
|                | line 25.   | 1 163 101 01111 990               | , raitiv, line the or thi. See ron              | 111 990, 1 art X, |
| 1.             | (a) Description of liability   | (b) Book valu                     | IA I  |                   |
|                | al income taxes  | (b) Book vale                     |   |                   |
| (2)            |  |                                   |   |                   |
| (3)            |  |                                   |   |                   |
| (4)            |  |                                   |   |                   |
| (5)            |  |                                   |   |                   |
| (6)            |  |                                   |   |                   |
| (7)            |  |                                   |   |                   |
| (8)            |  |                                   |   |                   |
| (9)            |  |                                   |   |                   |
| Total (Columi  | n (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 4E1270 1.000 138320 702V

Schedule D (Form 990) 2014 Page **4** 

| Part    | Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  | n.       |                     |
|---------|--|----------|---------------------|
| 1       | Total revenue, gains, and other support per audited financial statements   | 1        | 4,236,087.          |
| 2       | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |          | 1,200,00.1          |
| a       | Net unrealized gains (losses) on investments   |          |                     |
| b       | Donated services and use of facilities 2b  | 1        |                     |
| С       | Recoveries of prior year grants 2c   | 1        |                     |
| d       | Other (Describe in Part XIII.)   | 1        |                     |
| е       | Add lines 2a through 2d  | 2e       | -113,344.           |
| 3       | Subtract line 2e from line 1   | 3        | 4,349,431.          |
| 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.) 4b  |          |                     |
| 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        | 4,349,431.          |
| Part    | Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.   | ırn.     |                     |
| 1       | Total expenses and losses per audited financial statements   | 1        | 3,352,400.          |
| 2       | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |          |                     |
| а       | Donated services and use of facilities 2a  |          |                     |
| b       | Prior year adjustments 2b  |          |                     |
| С       | Other losses 2c  |          |                     |
| d       | Other (Describe in Part XIII.)   |          |                     |
| е       | Add lines za through zu  | 2e       |                     |
| 3       | Subtract line 2e from line 1   | 3        | 3,352,400.          |
| 4       | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |          |                     |
|         | Investment expenses not included on Form 990, Part VIII, line 7b  Others (Pagerille in Part VIII)  | - 1      |                     |
| b       | Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b>  | 4 -      |                     |
| с<br>5  | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)   | 4c<br>5  | 3,352,400.          |
| Part    |  | J        | 3,332,400.          |
|         | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; | art V, I | ine 4; Part X, line |
| 2; Part | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the complete this part to provide any additional information.   | nation   | •                   |
| SEE     | PAGE 5   |          |                     |
|         |  |          |                     |
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|         |  |          |                     |

Schedule D (Form 990) 2014 Page 5

# Part XIII Supplemental Information (continued)

PART X, LINE 2:

IRA SOHN CONFERENCE FOUNDATION, INC. (THE "REPORTING ORGANIZATION") ADOPTED THE PROVISIONS OF ASC 740, "INCOME TAXES", ON JANUARY 1, 2009. UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH THE TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE IMPLEMENTATION OF ASC 740 HAD NO IMPACT ON THE REPORTING ORGANIZATION'S FINANCIAL STATEMENTS. THE REPORTING ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE REPORTING ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE REPORTING ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. FOR THE YEAR ENDED DECEMBER 31, 2014, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENT OF ACTIVITIES. THE REPORTING ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY A TAXING AUTHORITY. AS OF DECEMBER 31, 2014, THE REPORTING ORGANIZATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION FOR THE YEARS PRIOR TO 2009.

# **SCHEDULE F** (Form 990)

# Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Form 990, Part IV, line 14b.

Part I

IRA SOHN CONFERENCE FOUNDATION, INC.

Employer identification number

20-4694054 C/O SENECA CAPITAL General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

| 1   | For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other   |                                     |   |   |   |  |  |  |  |  |  |
|-----|--|-------------------------------------|---|---|---|--|--|--|--|--|--|
|     | assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?                 |                                     |   |   |   |  |  |  |  |  |  |
|     | grants or assistance?  |                                     |   |   | L   | Yes No   |  |  |  |  |  |
| 2   | For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. |                                     |   |   |   |  |  |  |  |  |  |
| 3   | Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)   |                                     |   |   |   |  |  |  |  |  |  |
|     | (a) Region   | (b) Number of offices in the region | (c) Number of<br>employees,<br>agents, and<br>independent<br>contractors<br>in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is<br>a program service,<br>describe specific type of<br>service(s) in region | (f) Total expenditures for and investments in region |  |  |  |  |  |
| (1) |  |                                     |   |   |   |  |  |  |  |  |  |
|     |  |                                     |   |   |   |  |  |  |  |  |  |
| (2) |  |                                     |   |   |   |  |  |  |  |  |  |
| (3) |  |                                     |   |   |   |  |  |  |  |  |  |
| (4) |  |                                     |   |   |   |  |  |  |  |  |  |
| (5) |  |                                     |   |   |   |  |  |  |  |  |  |
| (6) |  |                                     |   |   |   |  |  |  |  |  |  |
| (7) |  |                                     |   |   |   |  |  |  |  |  |  |
|     |  |                                     |   |   |   |  |  |  |  |  |  |
| (8) |  |                                     |   |   |   |  |  |  |  |  |  |
| (9) |  |                                     |   |   |   |  |  |  |  |  |  |
| 10) |  |                                     |   |   |   |  |  |  |  |  |  |
| 11) |  |                                     |   |   |   |  |  |  |  |  |  |
| 12) |  |                                     |   |   |   |  |  |  |  |  |  |
| 13) |  |                                     |   |   |   |  |  |  |  |  |  |
| 14) |  |                                     |   |   |   |  |  |  |  |  |  |
|     |  |                                     |   |   |   |  |  |  |  |  |  |
| 15) |  |                                     |   |   |   |  |  |  |  |  |  |
| 16) |  |                                     |   |   |   |  |  |  |  |  |  |
| 17) |  |                                     |   |   |   |  |  |  |  |  |  |
|     | Sub-total  |                                     |   |   |   |  |  |  |  |  |  |
| b   |  |                                     |   |   |   |  |  |  |  |  |  |
| _   | sheets to Part I   |                                     |   |   |   |  |  |  |  |  |  |

<u>Schedule F</u> (Form 990) 2014

| 1    | (a) Name of organization                                       | (b) IRS code<br>section and EIN<br>(if applicable) | (c) Region               | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal,<br>other) |
|------|--|--|--------------------------|----------------------|--------------------------|---------------------------------|---|--|---|
| (1)  |  |  | EUROPE/ICELAND/GREENLAND |                      | 20,000.                  |                                 |   |  |   |
|      |  |  |                          |                      |                          |                                 |   |  |   |
| (2)  |  |  |                          |                      |                          |                                 |   |  |   |
| (3)  |  |  |                          |                      |                          |                                 |   |  |   |
| (4)  |  |  |                          |                      |                          |                                 |   |  |   |
| (5)  |  |  |                          |                      |                          |                                 |   |  |   |
| (6)  |  |  |                          |                      |                          |                                 |   |  |   |
| (7)  |  |  |                          |                      |                          |                                 |   |  |   |
| (8)  |  |  |                          |                      |                          |                                 |   |  |   |
| (9)  |  |  |                          |                      |                          |                                 |   |  |   |
| (10) |  |  |                          |                      |                          |                                 |   |  |   |
| (11) |  |  |                          |                      |                          |                                 |   |  |   |
| (12) |  |  |                          |                      |                          |                                 |   |  |   |
| (13) |  |  |                          |                      |                          |                                 |   |  |   |
| (14) |  |  |                          |                      |                          |                                 |   |  |   |
| (15) |  |  |                          |                      |                          |                                 |   |  |   |
| (16) |  |  |                          |                      |                          |                                 |   |  |   |
|      | ter total number of recipient<br>the IRS, or for which the gra |  |                          |                      |                          |                                 |   |  |   |

Schedule F (Form 990) 2014

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

| (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<br>non-cash<br>assistance | (g) Description<br>of non-cash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal,<br>other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|---|--|---|
| _(1)                            |            |                          |                          |                                 |   |  |   |
| (2)                             |            |                          |                          |                                 |   |  |   |
| _(3)                            |            |                          |                          |                                 |   |  |   |
| _(4)                            |            |                          |                          |                                 |   |  |   |
| _(5)                            |            |                          |                          |                                 |   |  |   |
| (6)                             |            |                          |                          |                                 |   |  |   |
| (7)                             |            |                          |                          |                                 |   |  |   |
| (8)                             |            |                          |                          |                                 |   |  |   |
| (9)                             |            |                          |                          |                                 |   |  |   |
| <u>(10)</u>                     |            |                          |                          |                                 |   |  |   |
| <u>(11)</u>                     |            |                          |                          |                                 |   |  |   |
| <u>(12)</u>                     |            |                          |                          |                                 |   |  |   |
| (13)                            |            |                          |                          |                                 |   |  |   |
| (14)                            |            |                          |                          |                                 |   |  |   |
| <u>(15)</u>                     |            |                          |                          |                                 |   |  |   |
| <u>(16)</u>                     |            |                          |                          |                                 |   |  |   |
| <u>(17)</u>                     |            |                          |                          |                                 |   |  |   |
| <u>(18)</u>                     |            |                          |                          |                                 |   |  |   |

Page 4 Schedule F (Form 990) 2014

#### 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 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; do not 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)  | Yes | X No |

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5** 

# Part V

### **Supplemental Information**

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

PART I, LINE 2:

THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF GRANTS,

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

GRANTS.

### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

| Name       | of the organization IRA SOHN CONF   | ERENCE FOUNDA         | TION,       | INC.                                 |                                   | Employer identification  | on number   |
|------------|---|-----------------------|-------------|--------------------------------------|-----------------------------------|--|---|
| C/O        | C/O SENECA CAPITAL  |                       |             |                                      |                                   | 20-4694054   | 1   |
| Part       | Fundraising Activities. Com<br>Form 990-EZ filers are not                   |                       |             |                                      | "Yes" to Form 9                   | 90, Part IV, line  | 17.   |
| 1          | Indicate whether the organization rais                                      | <u> </u>              |             |                                      | activities. Check a               | all that apply.  |   |
| а          | Mail solicitations  | е                     | Solid       | citation of r                        | non-government g                  | grants   |   |
| b          | Internet and email solicitations  | f                     | Solid       | citation of                          | government grant                  | S  |   |
| С          | Phone solicitations   | g                     | X Spec      | cial fundra                          | ising events                      |  |   |
| d          | In-person solicitations   |                       |             |                                      |                                   |  |   |
|            | Did the organization have a written o or key employees listed in Form 990   | , Part VII) or entity | in connec   | ction with p                         | rofessional fundra                | ising services?  | Yes X No  |
| D          | If "Yes," list the ten highest paid indicompensated at least \$5,000 by the |                       | (rundraise  | ers) pursua                          | ini to agreements                 | under which the  | rundraiser is to be                                     |
|            | (i) Name and address of individual or entity (fundraiser)                   | (ii) Activity         | custody o   | ndraiser have or control of outlons? | (iv) Gross receipts from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col. (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|            |   |                       | Yes         | No                                   |                                   | · ·  |   |
| 1          |   |                       |             |                                      |                                   |  |   |
| 2          |   |                       |             |                                      |                                   |  |   |
| 3          |   |                       |             |                                      |                                   |  |   |
| 4          |   |                       |             |                                      |                                   |  |   |
| 5          |   |                       |             |                                      |                                   |  |   |
| 6          |   |                       |             |                                      |                                   |  |   |
| 7          |   |                       |             |                                      |                                   |  |   |
| 8          |   |                       |             |                                      |                                   |  |   |
| 9          |   |                       |             |                                      |                                   |  |   |
| 10         |   |                       |             |                                      |                                   |  |   |
| Total<br>3 | List all states in which the organiza registration or licensing.            | tion is registered c  | or licensed | ▶<br>d to solicit                    | contributions or                  | has been notified  | it is exempt from                                       |
|            |   |                       |             |                                      |                                   |  |   |
|            |   |                       |             |                                      |                                   |  |   |
|            |   |                       |             |                                      |                                   |  |   |
|            |   |                       |             |                                      |                                   |  |   |
|            |   |                       |             |                                      |                                   |  |   |
|            |   |                       |             |                                      |                                   |  |   |

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

|                 |       | grood recorpte greater than we,er                       | 00.                                   |                         |                        |   |
|-----------------|-------|---|---------------------------------------|-------------------------|------------------------|---|
|                 |       |   | (a) Event #1 FUNDRAISING              | <b>(b)</b> Event #2     | (c) Other events       | (d) Total events<br>(add col. (a) through |
| (I)             |       |   | (event type)                          | (event type)            | (total number)         | col. <b>(c)</b> )                         |
| Jue             |       |   |                                       |                         |                        |   |
| Revenue         | 1     | Gross receipts  | 3,647,807.                            |                         |                        | 3,647,807                                 |
| Re              | 2     | Less: Contributions                                     | 3,647,807.                            |                         |                        | 3,647,807                                 |
|                 | 3     | Gross income (line 1 minus                              |                                       |                         |                        |   |
|                 |       | line 2)   |                                       |                         |                        |   |
|                 | 4     | Cash prizes   |                                       |                         |                        |   |
|                 | 5     | Noncash prizes  |                                       |                         |                        |   |
| enses           | 6     | Rent/facility costs                                     |                                       |                         |                        |   |
| Direct Expenses | 7     | Food and beverages                                      |                                       |                         |                        |   |
| Direc           | 8     | Entertainment   |                                       |                         |                        |   |
|                 | 9     | Other direct expenses                                   |                                       |                         |                        |   |
|                 | 10    | Direct expense summary. Add lines 4                     | 4 through 9 in column (d)             |                         |                        |   |
|                 |       | Net income summary. Subtract line 1                     |                                       |                         |                        |   |
| Pa              | ITT I | Gaming. Complete if the orgathan \$15,000 on Form 990-E | anization answered "Y<br>EZ. line 6a. | es" to Form 990, Par    | t IV, line 19, or repo | rted more                                 |
| Φ               |       |   |                                       | (b) Pull tabs/instant   | (c) Other gaming       | (d) Total gaming (add                     |
| Revenue         |       |   | (a) Bingo                             | bingo/progressive bingo | (c) Other gaining      | col. (a) through col. (c))                |
| Rev             |       | 0   |                                       |                         |                        |   |
|                 | -     | Gross revenue   |                                       |                         |                        |   |
| ses             | 2     | Cash prizes   |                                       |                         |                        |   |
| Expen           | 3     | Noncash prizes  |                                       |                         |                        |   |
| Direct Expenses | 4     | Rent/facility costs                                     |                                       |                         |                        |   |
| _               | 5     | Other direct expenses                                   |                                       |                         |                        |   |
|                 | -     | Other direct expenses                                   | Yes %                                 | Yes %                   | Yes %                  |   |
|                 | 6     | Volunteer labor   | No No                                 | No No                   | No 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)                 | <b>&gt;</b>            |   |
| 9               | Е     | nter the state(s) in which the organizat                | tion conducts gaming ac               | tivities:               |                        |   |
|                 | a Is  | the organization licensed to conduct o                  |                                       | of these states?        |                        | Yes No                                    |
|                 | _     |   |                                       |                         |                        |   |
|                 |       | ere any of the organization's gaming l                  | licenses revoked, suspe               |                         | ng the tax year?       | . Yes No                                  |
|                 | _     |   |                                       |                         |                        |   |
|                 |       |   |                                       |                         |                        |   |

# SCHEDULE I (Form 990)

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

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

Department of the Treasury Internal Revenue Service

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2014

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization TRA SOHN CONF.EREN  | ICE FOUNDA                       | TION, INC.  |                          |                                   |   | Employer identificat                   | ion number                         |
|--|----------------------------------|---|--------------------------|-----------------------------------|---|--|------------------------------------|
| C/O SENECA CAPITAL   | 20-4694054                       | 1   |                          |                                   |   |  |                                    |
| Part I General Information on Grants an  | d Assistanc                      | е   |                          |                                   |   | •                                      |                                    |
| <ol> <li>Does the organization maintain records to s the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> </ol>  | ts or assistand<br>dures for mor | ee?<br>nitoring the use<br><b>ganizations a</b> i | of grant funds in the    | e United States.                  | nplete if the organiz                                       | ation answered "Y                      | X Yes No                           |
| Part IV, line 21, for any recipient the second seco | (b) EIN                          | (c) IRC section if applicable                     | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) ARTWORKS   |                                  |   |                          |                                   |   |  | FUNDING OF THE EXPA                |
| 96 ENGLE ST, SUITE 120, ENGLEWOOD, NJ 07631  | 02-0617654                       | 501(C)(3)   | 50,000.                  |                                   |   |  | SUPPORT                            |
| (2) MEMORIAL SLOAN-KETTERING CANCER CENTER   |                                  |   | ,                        |                                   |   |  | FUNDING FOR PEDIATR                |
| 633 3RD AVE, 28TH FL, NEW YORK, NY 10017   | 13-1624182                       | 501(C)(3)   | 100,000.                 |                                   |   |  | RESEARCH                           |
| (3) CHILDREN'S CANCER AND BLOOD FOUNDATION   |                                  |   |                          |                                   |   |  | FUNDING FOR PEDIATR                |
| 333 E 38TH ST, SUITE 830 NEW YORK, NY 10016  | 13-6019222                       | 501(C)(3)   | 25,000.                  |                                   |   |  | RESEARCH                           |
| (4) DAMON RUNYON CANCER RESEARCH FOUNDATION  |                                  |   |                          |                                   |   |  | FUNDING FOR PEDIATR:               |
| 55 BROADWAY, #302, NEW YORK, NY 10006  | 13-1933825                       | 501(C)(3)   | 1,000,000.               |                                   |   |  | RESEARCH                           |
| (5) ROCKEFELLER UNIVERSITY   |                                  |   |                          |                                   |   |  | FUNDING FOR PEDIATR:               |
| 1230 YORK AVE, NEW YORK, NY 10065  | 13-1624158                       | 501(C)(3)   | 560,000.                 |                                   |   |  | RESEARCH                           |
| (6) COLUMBIA UNIVERSITY MEDICAL CENTER   |                                  |   |                          |                                   |   |  | FUNDING FOR PEDIATR:               |
| 630 W 168TH ST, NEW YORK, NY 10032   | 13-6162924                       | 501(C)(3)   | 83,333.                  |                                   |   |  | RESEARCH                           |
| (7) SUNRISE DAY CAMP   |                                  |   |                          |                                   |   |  | FUNDING OF THE EXPA                |
| 75 COLONIAL SPRINGS ROAD   | 11-2002556                       | 501(C)(3)   | 10,000.                  |                                   |   |  | SUPPORT                            |
| (8) PHOENIX CHILDREN'S HOSPITAL FOUNDATION   |                                  |   |                          |                                   |   |  | FUNDING FOR PEDIATR:               |
| 2929 E CAMELBACK ROAD PHOENIX, AZ 85016  | 74-2421549                       | 501(C)(3)   | 20,000.                  |                                   |   |  | RESEARCH                           |
| (9) NEW YORK GENOME CENTER   |                                  |   |                          |                                   |   |  | FUNDING FOR PEDIATR:               |
| 101 AVENUE OF THE AMERICAS   | 80-0631734                       | 501(C)(3)   | 292,500.                 |                                   |   |  | RESEARCH                           |
| (10) CHAI LIFELINE   |                                  |   |                          |                                   |   |  | FUNDING FOR PEDIATR                |
| 151 WEST 30TH STREET NEW YORK, NY 10001  | 11-2940331                       | 501(C)(3)   | 10,000.                  |                                   |   |  | RESEARCH                           |
| (11)   |                                  |   |                          |                                   |   |  |                                    |
| (12)   |                                  |   |                          |                                   |   |  |                                    |
| 2 Enter total number of section 501(c)(3) an   | d aovernmen                      | t organizations                                   | listed in the line 1 t   | able                              |   | •                                      | 1                                  |

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

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

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Individuals in the United States. 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| _1                              |                          |                          |                                   |   |  |
| _ 2                             |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| _4                              |                          |                          |                                   |   |  |
| _ 5                             |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF GRANTS,

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

GRANTS.

### **SCHEDULE O**

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public

Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

IRA SOHN CONFERENCE FOUNDATION, INC.

Employer identification number 20-4694054

C/O SENECA CAPITAL

FORM

A COPY OF FORM 990 WAS PROVIDED TO THE ORGANIZATION FOR REVIEW PRIOR TO FILING WITH THE IRS.

FORM

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES ANY CONFLICTS OF INTEREST.

FORM

NO COMPENSATION WAS PAID TO THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR,
TOP MANAGEMENT OFFICIAL, OFFICER OR KEY EMPLOYEE.

FORM

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

CA, CT,

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

MN, NH, NJ, NY, NC, PA,

RI, TN, VA, WA, WI,

| Schedule O (Form 990 or 990-EZ) 2014                                   |             |                |                         | Page 2   |  |
|--|-------------|----------------|-------------------------|----------|--|
| Name of the organization IRA SOHN CONFERENCE FOU<br>C/O SENECA CAPITAL | INDATION, I | NC.            | Employer identification | number   |  |
| C/O SENECA CAPITAL   |             |                | ATTACHMENT 2            |          |  |
| FORM 990, PART VIII - INVESTMENT INCOME                                | _           |                |                         |          |  |
|  | (A)         | (B)            | (C)                     | (D)      |  |
|  | TOTAL       | RELATED OR     | UNRELATED               | EXCLUDED |  |
| DESCRIPTION  | REVENUE     | EXEMPT REVENUE | BUSINESS REV.           | REVENUE  |  |
| DIVIDEND INCOME  | 36,062      | 2.             |                         | 36,062.  |  |
| INTEREST INCOME  | 2,376       | 5.             |                         | 2,376.   |  |
| OTHER INCOME   | 229         | ).             |                         | 229.     |  |
| TOTALS =   | 38,667      | <u>7 .</u>     | _                       | 38,667.  |  |
|  |             |                |                         |          |  |
|  |             |                |                         |          |  |
|  |             | A              | TTACHMENT 3             |          |  |
| HODM OOO DADH V DDHDAID HYDHNGHG AMD                                   | DEEEEDDED ( |                |                         |          |  |
| FORM 990, PART X - PREPAID EXPENSES AND                                | DEFERRED C  | CHARGES        |                         |          |  |
|  |             |                | ENDING                  |          |  |
| DESCRIPTION  |             |                | BOOK VALUE              |          |  |
| DEPOSIT FOR CONFERENCE SPACE   |             |                | 2,96                    | 4.       |  |
| TOTALS   |             |                | 2,964.                  |          |  |
|  |             |                |                         | ==       |  |
|  |             |                |                         |          |  |
|  |             | 77.1           | TTACHMENT 4             |          |  |
|  |             | <u>A</u>       | TIACHMENT 4             |          |  |
| FORM 990, PART X - INVESTMENTS - PUBLICA                               | LY TRADED S | SECURITIES     |                         |          |  |
|  |             |                |                         |          |  |
|  |             |                | ENDING                  | COST     |  |
| DESCRIPTION  |             | <u>B</u>       | OOK VALUE               | OR FMV   |  |
| MONEY MARKET   |             |                | 2,465,145.              | COST     |  |
| COMMON STOCK   |             |                | 427,804.                | COST     |  |
|  |             |                |                         |          |  |

TOTALS

2,892,949.