Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

▶ 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.

A F	or th	e 2018 calendar year, or tax year begii	nning	, 2018,	and endin	g			, 20		
_		C Name of organization					D Employer ide	entificat	tion numl	oer	
Вс	heck if ap	IRA SOHN CONFERENCE F	OUNDATION, INC.								
X	Addre						20-4694	1054			
	7 '	change Number and street (or P.O. box if mail is	not delivered to street address)		Room/suite		E Telephone n	umber			
	Initial	return 1732 1ST AVE			20395		(917) 78	0 – 25	86		
	Termi	City or town, state or province, country,	and ZIP or foreign postal code								
	Amen						G Gross receip	ts \$	5,	246	,635.
	Applic pendi	F Name and address of principal officer	EVAN SOHN				H(a) Is this a grou	up return	for	Yes	X No
	pendi	1732 1ST AVE20395, NE	W YORK, NY 10128				subordinates H(b) Are all subord		ided?	Yes	☐ No
ī	Tax-ex	empt status: X 501(c)(3) 501(c) () 	7(a)(1) c	or 52	7	If "No," attac			ו ions)	
		te: ► WWW.SOHNCONFERENCE.ORG) ()	. (4)(1)	. 02		H(c) Group exem	otion num	nber 🕨		
_		of organization: X Corporation Trust	Association Other		L Year of	formati	ion: 2006 M			micile:	DE
-	art I	Summary	7 to occidatori		L 1001 01	Tomac	ion: = = = = III	Otato or	rogar dor	mono.	
		Briefly describe the organization's mission of	r most significant activities: Th	HE SC	HN CONF	EREN	CE FOUNDA	TTON	TS		
d)	'	DEDICATED TO THE TREATMENT									
Š		CHILDHOOD DISEASES.									
rus	_										
Governance		Check this box if the organization d	•	•				1 1			4.
	3	Number of voting members of the governing						3			$\frac{4.}{4.}$
ctivities &	4	Number of independent voting members of						4			
<u>viti</u>		Total number of individuals employed in cale						5			4.
cti	6	Total number of volunteers (estimate if neces	sary)					6			4.
⋖		Total unrelated business revenue from Part V						7a			0
	b	Net unrelated business taxable income from	Form 990-T, line 34					7b			0
							Prior Year			ent Ye	
<u>@</u>	8	Contributions and grants (Part VIII, line 1h)		CODY	FOR		2,782,23	_	2		,232
enn	9	Program service revenue (Part VIII, line 2g)			SPECTION			0.			,304
Revenue	10	Investment income (Part VIII, column (A), line		BLIC IN	SPECTION		34,81	.8.		53	,627
Œ	11	Other revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)					L2.			5
	12	Total revenue - add lines 8 through 11 (must					2,817,06	1.	2	,775	,168
	13	Grants and similar amounts paid (Part IX, col	umn (A), lines 1-3)				2,866,22	1.	1	,923	,055
	14	Benefits paid to or for members (Part IX, colu						0.			0
ý	15	Salaries, other compensation, employee ben					205,23	3.		284	,973
Expenses	16a	Professional fundraising fees (Part IX, column					141,50	0.		121	,500
ç	b	Total fundraising expenses (Part IX, column (D), line 25) 121	,500							
Ш		Other expenses (Part IX, column (A), lines 11					408,76	5.		289	,121
		Total expenses. Add lines 13-17 (must equal					3,621,71	9.	2	,618	,649
		Revenue less expenses. Subtract line 18 from					-804,65				,519
or		Troversa loss expenses. Cabilder line to free	1			Begin	ning of Current \		End	of Year	
ets	20	Total assets (Part X, line 16)					2,883,54				,810
Ass Bal	21	Total liabilities (Part X, line 26)					107,97				,629
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21					2,775,56	_	2.		,181
<u> </u>	rt II	Signature Block	Holli lille 20				270700				7 = 0 =
		nalties of perjury, I declare that I have examined th	is return including accompanying	r cebedu	loc and staton	nonte o	nd to the best of	f my kn	owlodgo	and ho	liof it is
		ect, and complete. Declaration of preparer (other than						illy Kill	owieage	and be	ilei, it is
Sig	ın	Signature of officer					 Date				
He		y dignature of dilloci					Date				
		Tune or write name and title									
		Type or print name and title	Duran annula alima akama		D-4-			L DT	IN I		
Paid	d	Print/Type preparer's name	Preparer's signature		Date		Check	if PT			
	parer	JAMES MULROY					self-employ		00024		
	Only	Firm's name ► WITHUMSMITH+BROW	N, PC				2		02709		
		Firm's address ONE TOWER CENTER BLVD 1	4TH FL EAST BRUNSWICK, NJ	08816			Phone no.	732-	828-1	614	
May	the I	RS discuss this return with the preparer show	n above? (see instructions)		<u> </u>			<u> </u>	X Ye		No
For	Pape	rwork Reduction Act Notice, see the separate	e instructions.						Form	990	(2018)

IRA SOHN CONFERENCE FOUNDATION, INC.

Fori	990 (2018)
Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE FOUNDATION SUPPORTS CUTTING-EDGE MEDICAL RESEARCH,
	STATE-OF-THE-ART RESEARCH EQUIPMENT, AND INNOVATIVE PROGRAMS TO
	ENSURE CHILDREN WITH CANCER SURVIVE AND THRIVE.
	MOORE CHIEDREN WITH CANCEL BORVIVE AND THRIVE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	orior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?Yes X No
	f "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,923,055 including grants of \$1,923,055) (Revenue \$)
	THE FOUNDATION WAS ESTABLISHED FOR, BUT NOT LIMITED TO, MEDICAL
	RESEARCH RELATED TO AND IN CONNECTION WITH PEDIATRIC CANCER AND OTHER PEDIATRIC HEALTH CARE CAUSES. THE FOUNDATION ACCOMPLISHES
	ITS OBJECTIVES THROUGH THE OPERATION OF ONE FUND-RAISING ACTIVITY
	THAT TAKES PLACE ONCE A YEAR ENTITILED THE SOHN INVESTMENT
	CONFERENCE. THE ATTENDEES AS WELL AS MANY OF THE SPEAKERS ALL
	CONTRIBUTE TO THE FOUNDATION THROUGH PLEDGES AND/OR CASH DONATION.
	20011112012 10 1112 10012111101 111100011 1212012 11112/OK CILOI 2011111011.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,923,055.

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IRA SOHN CONFERENCE FOUNDATION, INC.

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	90 (2016)			age J
Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		103	
•	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			3.7
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		3.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	.	v	
	Schedule D, Parts XI and XII.	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	426		Х
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
_0	organization's current and former officers, directors, trustees, key employees, and highest compensated			
		23		Х
04-	employees? If "Yes," complete Schedule J	23		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
00	If "Yes," complete Schedule L, Part I	230		- 21
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			3.7
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
	- · · · · · · · · · · · · · · · · · · ·	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Х
•	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31		27		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		27
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		X	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Δ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13			
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	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
τu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	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).			
5 a	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		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
va	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
ч	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management	• • •	• • •	
0000	1011 A. Outerming Body and management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tay year			
1a	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent.			
b	Effect the number of voting members included in line 1a, above, who are independent 1.1.1.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			Х
	any other officer, director, trustee, or key employee?	2		Λ
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken 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 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 Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b		Х
Ŋ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				
100	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 1			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1	(Sec	tion 5	(01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	1000		.5 1(0)
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erect	nolic	, and
13	financial statements available to the public during the tax year.	oi c al	POIIC)	, anu
20		c b		
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ა 📂		

Form **990** (2018)

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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)										
(Δ)	(B)	Position	(D)	(F)	(E)					

					C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one						Reportable	Reportable	Estimated
	hours per week (list any	box, unless person is both an officer and a director/trustee)						compensation from	compensation from related	amount of other
	hours for						· ·	the	organizations	compensation
	related	ndiv r dii	nstit	Officer	Key employee	mple	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ecto	utior	막	mpl	est c	er	(W-2/1099-MISC)		organization
	line)	ı t	nal ti		oye) mg				and related organizations
	,	Individual trustee or director	Institutional trustee		(D	ens				
			ď			Highest compensated employee				
(1)DANIEL NIR	2.00									
PRESIDENT	0.	Х		Х				0.	0.	0.
(2)DOUGLAS HIRSCH	2.00									
CHIEF EXECUTIVE OFFICER	0.	X		Х				0.	0.	0.
(3)EVAN SOHN	2.00									
VICE PRESIDENT/TREASURER	0.	X		Х				0.	0.	0.
(4)GRAHAM DUNCAN	2.00									
DIRECTOR	0.	X						0.	0.	0.
(5)LAUREN BRESLOW	40.00									
EXECUTIVE DIRECTOR	0.			Х				115,385.	0.	0.
(6)JENNIFER SCHIAMBERG	40.00									
GLOBAL MARKETING DIRECTOR	0.					X		122,604.	0.	0.
(7)										
(8)										
(9)										
_(-)										
(10)										
(11)										
(12)										
(13)										
(14)										
(14)										

Form **990** (2018)

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Public Disclosure Copy IRA SOHN CONFERENCE FOUNDATION, INC.

Part VII Section A. Officers, Directors, Tr	ustees Ke	v Fr	nnlo	VP	26	and F	Hia	hest Compensat	ed Employees (c	Page ontinued)	<u>.</u> 8
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not cl unles	Pos heck ss pe	c) ition more	n oth an Highest compensated the is or employee	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		-									
		-									
		-									
1b Sub-total c Total from continuation sheets to Part VII, S	Section A						>	237,989.	0.	(0.
d Total (add lines 1b and 1c)	limited to t	hose					o re	237,989.	0. \$100,000 of		0.
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directo	or, or ch ina	tru Iividi	ual							lo K
For any individual listed on line 1a, is the organization and related organizations grindividual Did any paragon listed on line 4a receive and the following statements of the following sta	eater than	\$15	50,0	00?	' If	"Yes	5,"	complete Schedu	le J for such	4 2	K_
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors										5	K
Complete this table for your five highest concerns ation from the organization. Report of the organization.											

year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 2

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from ta
				function revenue	revenue	under sections 512-514
1a	Federated campaigns 1a					
b	Membership dues 1b					
С		2,509,287.				
d						
e	, ,					
f	All other contributions, gifts, grants, and similar amounts not included above . 1f	150,945.				
ta b c c d e f						
h			2,660,232.			
	 	Business Code	51, 224	61, 004		
2a			61,304.	61,304.		
b						
d						
e						
f	All other program service revenue					
g			61,304.			<u> </u>
3	Investment income (including dividends		58,404.			58,4
4	and other similar amounts)		0.			50,4
5	Royalties		0.			
	(i) Real	(ii) Personal				
6a	Gross rents					
b	Less: rental expenses					
С	` ,					
d	(i) Securities	(ii) Other	0.			
'a	assets other than inventory 1,447,808.					
b						
~	and sales expenses 1,452,585.					
C	,					
d	Net gain or (loss)	▶	-4,777.			-4,7
8a	· ·					
	events (not including \$2,509,287.					
	of contributions reported on line 1c). See Part IV, line 18	1,018,882.				
8a		1,018,882.				
c		▶	0.			
9a	0 0					
	See Part IV, line 19	0.				
b			0.			
10a			0.			
lua	returns and allowances	0.				
b	Less: cost of goods sold b	0.				
c	Net income or (loss) from sales of inventory		0.			
		Business Code	_			
11a	MISCELLANEOUS REVENUE	900099	5.			
b						
d						
e e		▶	5.			
12	Total revenue. See instructions.		2,775,168.	61,304.		53,

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

360	tion 501(c)(3) and 501(c)(4) organizations mus Check if Schedule O contains a resp				
<u>D</u>	not include amounts reported on lines 6b, 7b,			(C)	(D)
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,761,299.	1,761,299.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	161,756.	161,756.		
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	115,385.		115,385.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	146,487.		146,487.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.		1 000	
9	Other employee benefits	1,006.		1,006.	
10	Payroll taxes	22,095.		22,095.	
11	Fees for services (non-employees):	0			
	Management	4,786.		4,786.	
	Legal	93,550.		93,550.	
	Accounting	0.		75,330.	
	Lobbying	121,500.			121,500.
	Professional fundraising services. See Part IV, line 17 Investment management fees	0.			
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,549.		3,549.	
12	Advertising and promotion	461.		461.	
13	Office expenses	33,770.		33,770.	
14	Information technology	3,305.		3,305.	
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	15,515.		15,515.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	4,697.		4,697.	
23	Insurance	4,09/.		4,09/.	
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.)				
•	PUBLIC RELATIONS	39,412.		39,412.	
_	MERCHANT ACCOUNT FEES	24,393.		24,393.	
	FREELANCE DESIGNER	28,817.		28,817.	
	REGISTRATION AND FILING FEES	23,020.		23,020.	
_	All other expenses	13,846.		13,846.	
	Total functional expenses. Add lines 1 through 24e	2,618,649.	1,923,055.	574,094.	121,500.
	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				
	following SOP 98-2 (ASC 958-720)	0.			
	. , , , , , , , , , , , , , , , , , , ,	· I			Form 990 (2018)

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Form 990 (2018) Page **11**

Part X Balance Sheet

	ILA				
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	698,467.	2	806,841.
	3	Pledges and grants receivable, net	9,300.	3	0.
	4	Accounts receivable, net	545.	4	48,945.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Osmalata Bart II at Osha dala I	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
sts	7		0.	7	0.
Assets	-	Notes and loans receivable, net	0.	8	0.
Ã	8	Inventories for sale or use Prepaid expenses and deferred charges ATCH 3	113,360.	9	49,618.
	9	Land huildings and aguinment sector	113,300.	9	15,010.
	iva	Land, buildings, and equipment: cost or			
	_	other basis. Complete Part VI of Schedule D	0	10c	0.
		Less: accumulated depreciation	2,061,869.	10c	2,075,406.
	11	Investments - publicly traded securities ATCH 4	0.		0.
	12	Investments - other securities. See Part IV, line 11	0.		0.
	13	Investments - program-related. See Part IV, line 11	0.		0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	2,883,541.		2,980,810.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	32,459.	16	19,129.
	17	Accounts payable and accrued expenses	32,439.	17	0.
	18	Grants payable	75,515.	18	57,500.
	19	Deferred revenue ATCH 5	75,515.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Liabilities	22	Loans and other payables to current and former officers, directors,			
≣		trustees, key employees, highest compensated employees, and	0		0
Ë		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	0.		0.
	20	of Schedule D	107,974.	25	76,629.
_	26	Total liabilities. Add lines 17 through 25.	107,574.	26	70,025.
es		Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	2,601,947.	27	2,579,181.
3al	28	Temporarily restricted net assets	173,620.	28	325,000.
둳	29	Permanently restricted net assets	0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	2,775,567.	33	2,904,181.
_	34	Total liabilities and net assets/fund balances	2,883,541.	34	2,980,810.
	<u> </u>	Total nabilitios and not according balances,	2,000,011.	J#	Earm QQ0 (2018)

Form **990** (2018)

IRA SOHN CONFERENCE FOUNDATION, INC.

Form 99	90 (2018)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,7	75,1	L68.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,6	18,6	549.
3					519.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,7	75,5	567.
5	Net unrealized gains (losses) on investments	5	-	27,9	905.
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	2,9	04,1	181.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor				
	reviewed on a separate basis, consolidated basis, or both:	•			
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	Х	
~	If "Yes," check a box below to indicate whether the financial statements for the year were aud				
	separate basis, consolidated basis, or both:				
	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	oversiaht			
·	of the audit, review, or compilation of its financial statements and selection of an independent acc	•	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, or				
	Schedule O.				
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in			
Ja	the Single Audit Act and OMB Circular A-133?	c ioitii iii	3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	lergo the			
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	•	3h		

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization IRA SOHN CONFERENCE FOUNDATION, INC. 20-4694054 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).) 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 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. d 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. 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 (v) Amount of monetary (vi) Amount of (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D)

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

Schedule A (Form 990 or 990-EZ) 2018

(E)

Total

Page 2 Schedule A (Form 990 or 990-EZ) 2018

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

IRA SOHN CONFERENCE FOUNDATION, INC.

500	tion A. Public Support	, ,		•	•	,	
		(a) 2014	(b) 2015	(a) 2016	(d) 2017	(a) 2019	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	4 070 607	2 760 702	2 626 704	2 004 600	2 721 526	10,000,300
	include any "unusual grants.")	4,079,607.	3,769,793.	3,626,784.	3,894,609.	2,721,536.	18,092,329.
2	Tax revenues levied for the organization's benefit and either paid						0.
	to or expended on its behalf						
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	4,079,607.	3,769,793.	3,626,784.	3,894,609.	2,721,536.	18,092,329.
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)						792,212.
6	Public support. Subtract line 5 from line 4						17,300,117.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	4,079,607.	3,769,793.	3,626,784.	3,894,609.	2,721,536.	18,092,329.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	38,438.	56,171.	64,511.	43,273.	58,404.	260,797.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	229.	65.	100,009.	12.	5.	100,320.
11	Total support. Add lines 7 through 10						18,453,446.
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea		
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2018 (li	ne 6. column (f	divided by line	11. column (f)).		14	93.75 %
15	Public support percentage from 2017		•			15	95.93 %
16a	331/3% support test - 2018. If the org	ganization did n	ot check the bo	x on line 13, an	d line 14 is 33	1/3 % or more, ch	eck this
	box and stop here. The organization qu	-					
b	331/3% support test - 2017. If the org			_			
	this box and stop here . The organization	on qualifies as a	publicly suppor	ted organizatior	1		▶ □
17a	10%-facts-and-circumstances test - 2	-		-			
	10% or more, and if the organization	meets the "fac	cts-and-circumst	ances" test, che	eck this box ar	nd stop here. Ex	xplain in
	Part VI how the organization meets t					-	•
	organization			•	•		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga	_					
	Explain in Part VI how the organization						-
	supported organization				•	•	
18	Private foundation. If the organization						<u> </u>
	instructions						▶□
						obodulo A (Form 00	

Page 3 Schedule A (Form 990 or 990-EZ) 2018

Part III

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Ccc	ii tile organization falls to qua	illy drider the	e tests listed be	now, piease co	omplete i art	1.)	
	tion A. Public Support	(2) 2014	(b) 2015	(a) 2016	(d) 2017	(a) 2019	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
<i>r</i> a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		+				
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
500	tion P. Total Support						
	tion B. Total Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2013	(6) 2010	(u) 2017	(e) 2010	(i) iotai
9 10 a	Amounts from line 6. Gross income from interest, dividends,						
···	payments received on securities loans,						
	rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
D	,						
	section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,		+				
13	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first soc	nd third fourth	or fifth toy	ear as a soction	501(5)(3)
14	organization, check this box and stop here .	-					` ` ` `
Sac	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,		•	mn (f))		. 15	%
16	Public support percentage from 2017 Sched	. , .	•	. , ,		16	
	tion D. Computation of Investment					10	70
17	Investment income percentage for 2018 (lin			13 column (f))		17	%
18	Investment income percentage for 2017 Sinvestment income percentage from 2017 Sinvestment income percentage from 2017 Sinvestment income percentage from 2018 Sinvestment income percentage from 2018 Sinvestment income percentage for 2018 Sinvestment income percentage for 2018 Sinvestment income percentage for 2018 Sinvestment income percentage from 2018 Sinvestment					18	
	331/3% support tests - 2018. If the org						
. J a	17 is not more than 331/3%, check this						
h	331/3% support tests - 2017. If the organ			•			
D	line 18 is not more than 331/3 %, check						
20			•	•			

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Schedule A (Form 990 or 990-EZ) 2018 Page 4

Part IV **Supporting Organizations**

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

ecti	on A. All Supporting Organizations		V	NI -
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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 Part VI 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 Part VI 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 12a or 12b 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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	40		
	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ).	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 Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," <i>provide detail in</i> Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from assets in which the supporting organization also had an interest? If "Yes" provide detail in Part VI .	9c		

10b Schedule A (Form 990 or 990-EZ) 2018

10a

determine whether the organization had excess business holdings.)

supporting organizations)? If "Yes," answer 10b below.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

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

Public Disclosure Copy IRA SOHN CONFERENCE FOUNDATION, INC.

Schedu	ıle A (Form 990 or 990-EZ) 2018		F	⊃age 5
Part	IV 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)	44.		
	below, the governing body of a supported organization?	11a		
	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		
Secu	on B. Type I Supporting Organizations		Yes	No
			162	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4		
_		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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
occii	on o. Type ii oupporting organizations		Yes	No
			103	140
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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	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		

Schedule A (Form 990 or 990-EZ) 2018

Page 6 Schedule A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 1a a Average monthly value of securities 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) 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 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 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 **Current Year** Section C - Distributable Amount 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 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). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018 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	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
_	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			

Schedule A (Form 990 or 990-EZ) 2018

Breakdown of line 7:

Excess from 2014 . . .

Excess from 2015 . . .

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Schedule A (Form 990 or 990-EZ) 2018 Page **8**

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

SCHEDULE A, PART II -	OTHER INCOME			<u> </u>	ATTACHMENT 1	
DOMEDONE II, TAKI II	OTHER TIVEONE					
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
OTHER INCOME	229.	65.	100,009.	12.	5.	100,320.
TOTALS	229.	65.	100,009.	12.	5.	100,320.

Schedule B (Form 990, 990-EZ, or 990-PF) **Schedule of Contributors**

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service

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

Name of the organization
IRA SOHN CONFERENCE FOUNDATION, INC.

20-4694054

Organization type (check one	e):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization is	covered by the General Rule or a Special Rule .					
	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
•	of filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a ontributions.					
Special Rules						
regulations under s 13, 16a, or 16b, an	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line d that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
contributor, during a contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, contributions exclusively for religious, charitable, etc., purposes, but no such d more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the es to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year					
	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,					

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization IRA SOHN CONFERENCE FOUNDATION, INC.

Employer identification number 20-4694054

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeaea. ,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$75,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization IRA SOHN CONFERENCE FOUNDATION, INC.

Employer identification number 20-4694054

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 72,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Na

ame of organization	IRA	SOHN	CONFERENCE	FOUNDATION,	INC.	Employer identification number
						20-4694054

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

Employer identification number

Name of organization IRA SOHN CONFERENCE FOUNDATION, INC.

				20-4694054					
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the	ne year from any	one contributor.	Complete columns (a) through (e) and					
	the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	year. (Enter this in	formation once. S						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Transf	er of gift						
	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
Part I									
	Transferents name address and	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
	- ITAIISIEIEE S IIAIIIE, audiess, aiiu	ZIF + 4	Kelatio	nsinp of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Transf	er of gift						
	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Transf	er of aift						
	Transferee's name, address, and		Relationship of transferor to transferee						

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

TRA	SOHN CONFERENCE FOUNDATION, INC.	20-4694054
	TI Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	
ıα	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	too di ito.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) and and and account
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	denor advised
5	Did the organization inform all donors and donor advisors in writing that the assets held in funds are the organization's property, subject to the organization's exclusive legal control?	
c	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	• • • • • • • • • • • • • • • • • • • •
6		
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
Da	conferring impermissible private benefit?	
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		a historically important land area
	, , , ,	a certified historic structure
	Preservation of open space	a certified flistofic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	he form of a conservation
2	easement on the last day of the tax year.	Held at the End of the Tax Year
a		2a
b		2b
C		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	2.4
•	3	tod by the organization during the
3	Number of conservation easements modified, transferred, released, extinguished, or terminate to the second	ted by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located December of states where property subject to conservation easement is located December of states where property subject to conservation easement is located December of states where property subject to conservation easement is located December of states where property subject to conservation easement is located December of states where property subject to conservation easement is located December of states where property subject to conservation easement is located December of states where property subject to conservation easement is located December of states where property subject to conservation easement is located December of states where property subject to conservation easement is located December of states where property subject to conservation easement is located December of states where the state of	
5	Does the organization have a written policy regarding the periodic monitoring, inspection violations, and enforcement of the conservation easements it holds?	-
6		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	eservation easements during the year
'	\$\sum_{\text{sum}}\$ = Summarized in the original configuration of the original configurat	iservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	Van Na
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	•
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re-	venue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re works of art, historical treasures, or other similar assets held for public exhibition, education, education of the similar assets held for public exhibition, education of the similar assets held for public exhibition, education of the similar assets held for public exhibition, education of the similar assets held for public exhibition, education of the similar assets held for public exhibition, education of the similar assets held for public exhibition, education of the similar assets held for public exhibition, education of the similar assets held for public exhibition, education of the similar assets held for public exhibition, education of the similar assets held for public exhibition, education of the similar assets held for public exhibition, education of the similar assets held for public exhibition, education of the similar assets held for public exhibition of the similar assets held for the simil	ation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that descr	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev works of art, historical treasures, or other similar assets held for public exhibition, education	
	public service, provide the following amounts relating to these items:	ation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1	 ▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

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

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

IRA SOHN CONFERENCE FOUNDATION, INC. Page 2

Pa	rt Organizations Maintaini							
3	Using the organization's acquisition	on, accession, and	other record	ds, check	c any of	the follow	ving that are a sigr	nificant use of its
	collection items (check all that app	ly):		_				
а	Public exhibition		d	Loan	or exchan	ge progra	ms	
b	Scholarly research		е	Other				
С	Preservation for future gene	rations						
4	Provide a description of the organ	nization's collections	s and expla	in how t	hey furth	er the or	ganization's exemp	t purpose in Part
	XIII.							
5	During the year, did the organization	on solicit or receive	donations o	f art, histo	orical trea	sures, or	other similar	
	assets to be sold to raise funds rath		ained as pa	rt of the o	organizati	on's colle	ction?	Yes No
Pa	rt IV Escrow and Custodial A Complete if the organiza		es" on Forr	n 990, F	Part IV, lir	ne 9, or r	eported an amoui	nt on Form
	990, Part X, line 21.							
1a	Is the organization an agent, truste							
	included on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fol	lowing tab	ole:			
							Amount	
С	Beginning balance					С		
d	Additions during the year					d		
е	Distributions during the year					е		
f	Ending balance							
	Did the organization include an am						_	Yes No
$\overline{}$	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the ex	planation	has been	provided	on Part XIII	
Pa	rt V Endowment Funds.	ation analyses d "V	00" 00 For	∞ 000 F	Oort IV / Iii	10		
	Complete if the organiza						(N T)	
		(a) Current year	(b) Prior	year	(c) 1wo y	ears back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage			e (line 1g,	column (a	a)) held as	:	
а	Board designated or quasi-endown		_%					
	Permanent endowment >	%						
С	Temporarily restricted endowment		1000/					
_	The percentages on lines 2a, 2b, a							
3a	Are there endowment funds not in	the possession of t	ne organiza	tion that	are held a	and admii	nistered for the	Yes No
	organization by:							
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
_	If "Yes" on line 3a(ii), are the relate	-	•					3b
4	Describe in Part XIII the intended urt VI Land, Buildings, and Equ		ation's endo	vment tur	nas.			
Га	Complete if the organize	ation answered "Y	es" on For	m 990, F	Part IV, li	ne 11a.	See Form 990, Pa	rt X, line 10.
	Description of property		r other basis		or other basis			l) Book value
	Land	,	stment)	(0)	ther)	depi	reciation	
ı a b	Buildings							
	Leasehold improvements					+		
c d	-					+		
	Equipment							
Tota	Other	(d) must equal For	m 000 Part	X colum	n (R) line	10c)		

Schedule D (Form 990) 2018

Public Disclosure Copy

IRA SOHN CONFERENCE FOUNDATION, INC.

Schedule D (Form 990) 2018 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	held equity interests		
	meta equity interests [] [] [] [] [] [] []		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII			
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(4)			Oost of cha-of-year market value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	I	
		d "Yes" on Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
(1)			
(2)			
_(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)	<u></u> ▶
Part X	Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 990	0, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ue
(1) Feder	al income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	>	
2 Linkility fo	r upportain tay positions. In Bart VIII, provide the	tout of the feetwate to th	a creanizationle financial atotaments that reports the

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

Schedule D (Form 990) 2018

IRA SOHN CONFERENCE FOUNDATION, INC.

Conoda	(Cili 000) 2010		1 age 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	3,766,145.
2	Amounts included on line 1 but not on Form 990. Part VIII. line 12:		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
c d	Recoveries of prior year grants	-	
e	Add lines 2a through 2d	2e	990,977.
3	Subtract line 2e from line 1	3	2,775,168.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a b	Investment expenses not included on Form 990, Part VIII, line 7b	-	
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,775,168.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	3,637,531.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
c d	Other (Describe in Part XIII.) 2d 1,018,882.	-	
е	Add lines 2a through 2d	2e	1,018,882.
3	Subtract line 2e from line 1	3	2,618,649.
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 7h 4a		
a b	Investment expenses not included on Form 990, Part VIII, line 7b	-	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,618,649.
	Supplemental Information. 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, line	art V. li	ine 4: Part X. line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	PAGE 5		

JSA 8E1271 1.000

Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XIII

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THE FINANCIAL

STATEMENTS DO NOT REFLECT A PROVISION FOR FEDERAL INCOME TAXES. THERE

WERE NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2018 AND 2017. THERE ARE

NO TAX RELATED PENALTIES AND INTEREST RECORDED FOR THE YEARS ENDED

DECEMBER 31, 2018 AND 2017.

SCHEDULE D, PARTS XI AND XII, LINE 2D FUNDRAISING EXPENSES OF \$1,018,882.

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV, line 14I	D.				
	For grantmakers. Does the orga assistance, the grantees' eligibili	ty for the grant	s or assistance	e, and the selection criteri	a used to award the	
	grants or assistance?				<u>.</u>	X Yes No
2	For grantmakers. Describe in I outside the United States.	Part V the orga	anization's pro	ocedures for monitoring t	he use of its grants and	d other assistance
3	Activities per Region. (The follow	ing Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	EUROPE	0.	0.	GRANTMAKING		152,956.
(2)	EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		8,800.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(12) (13)						
(14)						
(15)						
(16)						
(17)	0.11.1.1					
3a b	Subtotal Total from continuation					161,756.
D	sheets to Part I					
С						161,756.

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

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

Page 2

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, othe
				GENERAL					
1)			EUROPE/ICELAND/GREENLAND	OPERATIONS	46,500.	WIRE			
2)			EUROPE/ICELAND/GREENLAND	EQUIPMENT	71,382.	WIRE			
				RESEARCH					
3)			EUROPE/ICELAND/GREENLAND	SUPPORT	25,074.	WIRE			
4 \				RESEARCH	0.000				
4)			EAST ASIA/PACIFIC	SUPPORT RESEARCH	8,800.	WIRE			
5)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	WIRE			
6)									
7)									
8)									
9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									
	ter total number of recipient	organizations listed abo	ove that are recognized as o	charities by the	foreian country re	cognized as tax	x-exempt		•
by	the IRS, or for which the gra ter total number of other org	intee or counsel has pro	vided a section 501(c)(3) ed	quivalency lette	r		•		5.

Schedule F (Form 990) 2018

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

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 Page 4

IRA SOHN CONFERENCE FOUNDATION, INC.

Part	V 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)	Y	es X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign			
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Y	es 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		es X	
	Certain Foreign Corporations (see Instructions for Form 5471)	Y	es 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)	Y	es 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		es X	
6	Foreign Partnerships (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If	Y	es X	No
Ū	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Y	es X	No

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 Page **5**

Dor't V Cumplem

Part V Supplemental Information

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).

FORM 990, PART I, QUESTION 1

THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE AMOOUNT OF GRANTS,

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

GRANTS.

Schedule F (Form 990) 2018

20-4694054

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2018
Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest instructions. Inspection Internal Revenue Service Name of the organization Employer identification number IRA SOHN CONFERENCE FOUNDATION, INC. 20-4694054 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Χ Internet and email solicitations f Solicitation of government grants Х Phone solicitations Special fundraising events C In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees. X | Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 ATTACHMENT 1 2 3 6 8 9 10 121,500 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2018

IRA SOHN CONFERENCE FOUNDATION, INC. Schedule G (Form 990 or 990-FZ) 2018

		e G (Form 990 or 990-EZ) 2018				Page 2
Pa	rt l	Fundraising Events. Completed more than \$15,000 of fundrate events with gross receipts great the second sec	aising event contributi			
			(a) Event #1 SOHN CONFERENCE	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Revenue			(event type)	(event type)	(total number)	col. (c)
	1	Gross receipts	3,589,473.		0.	3,589,473
		Less: Contributions	2,570,591.		0.	2,570,591
	3	Gross income (line 1 minus line 2)	1,018,882.		0.	1,018,882
	4	Cash prizes			0.	
	5	Noncash prizes			0.	
enses	6	Rent/facility costs			0.	
Direct Expenses	7	Food and beverages			0.	
Direct	8	Entertainment			0.	
	9	Other direct expenses	1,018,882.		0.	1,018,882
	11	Direct expense summary. Add lin Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)	<u> </u>	1,018,882
Pa	rt l	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
enses	2	Cash prizes				
≅xpen	3	Noncash prizes				
Direct Exp	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9 a b	l	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:		in each of these state	es?	. Yes No
10a b		Were any of the organization's gaming	g licenses revoked, susp			. Yes No

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IRA SOHN CONFERENCE FOUNDATION, INC.

20-4694054

	IRA SORN CONFERENCE FOUNDATION, INC. 20-4094054	
Sched	lule G (Form 990 or 990-EZ) 2018 Page	3
11	Does the organization conduct gaming activities with nonmembers? Yes Yes No	<u> </u>
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	0
13	Indicate the percentage of gaming activity conducted in:	
а		%
b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ▶	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
L-	revenue? Yes No	O
D	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:	
С	if Yes, enter name and address of the third party:	
	Name ▶	
	Address ►	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶\$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а		
	retain the state gaming license?	0
b		
	or spent in the organization's own exempt activities during the tax year ▶ \$	
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	_

Schedule G (Form 990 or 990-EZ) 2018

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IRA SOHN CONFERENCE FOUNDATION, INC.

20-4694054

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER

ACTIVITY

DID FUNDRAISER HAVE CUSTODY OR CONTROL

OF CONTRIBUTIONS?

FROM ACTIVITY

GROSS RECEIPTS AMOUNT PAID TO (OR RETAINED BY (OR RETAINED BY

FUNDRAISER

AMOUNT PAID TO ORGANIZATION

YES NO

PB EVENTS

DEVELOPMENT

Х

121,500.

241 E 76TH STREET

NEW YORK NY 10021

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization							Employer identification number	
IRA SOHN CONFERENCE FOUNDATION, I	20-4694054							
Part I General Information on Grants a	nd Assistanc	е						
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's process. 	nts or assistand edures for mo	ce?	of grant funds in th	e United States.			X Yes No	
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		_					es" on Form 990,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) DAMON RUNYON CANCER RESEARCH FOUNDATION								
55 BROADWAY, STE 302 NEW YORK, NY 10006	13-1933825	501(C)(3)	432,000.				FELLOWSHIP AWARDS	
(2) NEW YORK GENOME CENTER								
101 6TH AVENUE 7TH FL NEW YORK, NY 10013	80-0631734	501(C)(3)	10,000.				RESEARCH SUPPORT	
(3) THE ROCKEFELLER UNIVERSITY								
1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501(C)(3)	150,000.				RESEARCH SUPPORT	
(4) COLUMBIA UNIVERSITY MEDICAL CENTER								
630 W 168TH STREET NEW YORK, NY 10032	13-6162924	501(C)(3)	500,000.				RESEARCH SUPPORT	
(5) MEMORIAL SLOAN KETTERING CANCER CENTER								
633 THIRD AVE., 28TH FLOOR	13-1624182	501(C)(3)	40,000.				RESEARCH SUPPORT	
(6) THE NEW YORK ACADEMY OF SCIENCES							PEDIATRIC CANCER	
7 WORLD TRADE CENTER NEW YORK, NY 10007	13-1773640	501(C)(3)	150,000.				CONFERENCE	
(7) WEILL CORNELL MEDICAL COLLEGE								
575 LEXINGTON AVE NEW YORK, NY 10022	13-6094042	501(C)(3)	190,000.				RESEARCH SUPPORT	
(8) HACKENSACK UNIVERSITY MEDICAL CENTER								
30 PROSPECT AVE HACKENSACK, NJ 07601	22-1487576	501(C)(3)	176,667.				RESEARCH SUPPORT	
(9) RETT SYNDROME RESEARCH TRUST								
67 UNDER CLIFF ROAD TRUMBULL, CT 06611	26-0687439	501(C)(3)	77,631.				RESEARCH SUPPORT	
(10) EXCELLANCE IN INVESTING CHILDREN'S CAUSES								
PO BOX 22112 SAN FRANCISCO, CA 94122	27-2015422	501(C)(3)	35,000.				GENERAL OPERATIONS	
(11)								
(12)								
2 Enter total number of section 501(c)(3) and	d government	□ organizations lis	sted in the line 1 ta	ble			10.	
3 Enter total number of other organizations li								

JSA 8E1288 1 000

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART IV

THE ORGANIZATION REQUIRES THE GRANTEES TO SUBMIT WRITTEN REPORTS

DETAILING ACHIEVEMENTS AND FINANCIAL UPDATES. ALL GRANTEES SIGN A

CONTRACT WHICH OUTLINES ALL REQUIREMENTS BEFORE THEIR GRANT CHECK IS

DELIVERED.

Schedule I (Form 990) (2018)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization IRA SOHN CONFERENCE FOUNDATION, INC.

PRIOR TO FILING WITH THE IRS.

20-4694054

Employer identification number

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

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

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

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

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CO, CT,

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

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

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

ATTACHMENT 2

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

Public Disclosure Copy Schedule O (Form 990 or 990-EZ) 2018 Page 2 Name of the organization Employer identification number IRA SOHN CONFERENCE FOUNDATION, INC. 20-4694054 ATTACHMENT 2 (CONT'D) 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION COMPASS GROUP - RESTAURANT ASSOCIATES FOOD SERVICES/LABOR 252,575. 130 W 56TH ST NEW YORK, NY 10019 PB EVENTS INC. 116,392. PRO. FUNDRAISING 525 EAST 80TH STREET, SUITE 2A NEW YORK CITY, NY 10075 ATTACHMENT 3 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE PREPAID EXPENSES 113,360. 49,618. TOTALS 113,360. 49,618. ATTACHMENT 4

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

 DESCRIPTION
 BEGINNING BOOK VALUE
 ENDING OR FMV

 MUTUAL FUNDS
 2,061,869.
 2,075,406.
 FMV

ATTACHMENT 5

Public Disclosure Copy

Schedule O (Form 990 or 990-EZ) 2018		Page Z
Name of the organization		Employer identification number
IRA SOHN CONFERENCE FOUNDATION, INC.		20-4694054
		ATTACHMENT 5 (CONT'D)
FORM 990, PART X - DEFERRED REVENUE		
	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
DEFERRED REVENUE	75,515.	57,500.
TOTALS	75,515.	57,500.