Form <b>990</b>
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Department of the Treasury Internal Revenue Service

# COPY FOR PUBLIC DISCLOSURE

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



AF	or th	e 2018 calendar year, or tax year beginning and o	ending		
B c	heck if pplicab	e: C Name of organization		D Employer identifica	ation number
		LYNN SAGE CANCER RESEARCH FOUNDATION			
	Name chang			36-37	27715
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return		300	(312)	926-4216
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,729,515.
	Amen	CHICAGO, IL 60611		H(a) Is this a group ret	
	Applic tion pendi	F Name and address of principal officer: HOLLIS HANOVER		for subordinates?	Yes X No
	-	SAME AS C ABOVE		H(b) Are all subordinates inc	
		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or 527		st. (see instructions)
		te: WWW.LYNNSAGE.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other ►	L Year o	of formation: 1985 M	State of legal domicile: IL
Fa	art I	Summary	י רית האי		CEOUC
e	1	Briefly describe the organization's mission or most significant activities: DEDIC		ONTINUED SCH	
anc		SPIRIT OF LYNN SAGE, THE FOUNDATION SUPPO			•
Activities & Governance	2	Check this box <b>b</b> if the organization discontinued its operations or dispos			79
ğ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			79
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			0
ties		Total number of volunteers (estimate if necessary)			115
ž	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, line 38			0.
		······································		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		774,522.	1,391,916.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		105,417.	124,146.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		287,535.	-154,900.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,167,474.	1,361,162.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		104,277.	556,965.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ _{.}$		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
- ad x		Total fundraising expenses (Part IX, column (D), line 25) <b>51, 28</b>		4.4.0 5.0.0	
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		140,798.	130,386.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		245,075.	687,351.
	19	Revenue less expenses. Subtract line 18 from line 12		922,399.	673,811.
S Or			Beg	ginning of Current Year	End of Year
sset. 3alar	20	Total assets (Part X, line 16)		3,130,485.	2,953,136.
Net Assets (	21	Total liabilities (Part X, line 26)	·····	643,060.	8,547.
		Net assets or fund balances. Subtract line 21 from line 20		2,487,425.	2,944,589.
Pa	nrt II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		D	ate
Here	HOLLIS HANOVER, CHAIR			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid		· · ·		if self-employed
Preparer	Firm's name		Fi	irm's EIN 🕨
Use Only	Firm's address 🕨			
			Р	hone no.
May the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)		Yes No
-				000

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: DEDICATED TO THE COURAGEOUS SPIRIT OF LYNN SAGE, THE FOUNDATION
	SUPPORTS INNOVATIVE CONTRIBUTIONS TO THE UNDERSTANDING, RESEARCH AND
	TREATMENT OF BREAST CANCER, IN PARTNERSHIP WITH NORTHWESTERN MEMORIAL
	HOSPITAL AND THE ROBERT H. LURIE COMPREHENSIVE CANCER CENTER OF
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?Yes 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?
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 \$556,965. including grants of \$556,965. (Revenue \$ FOUNDED IN 1985, THE LYNN SAGE CANCER RESEARCH FOUNDATION (LSCRF) HAS
	RAISED MORE THAN \$34 MILLION TO SUPPORT NORTHWESTERN MEMORIAL HOSPITAL
	SINCE ITS INCEPTION. IN 2016, LSCRF MADE A NEW \$3 MILLION, FOUR-YEAR
	PLEDGE TO CONTINUE SUPPORT OF NORTHWESTERN MEMORIAL HOSPITAL. LSCRF IS
	DEDICATED TO RAISING FUNDS THAT ADVANCE INNOVATIVE RESEARCH PROJECTS,
	EDUCATIONAL PROGRAMS, AND PATIENT CARE INITIATIVES FOR BREAST CANCER
	PATIENTS. AIDED BY THE CONTRIBUTIONS OF PARTNERS AND FRIENDS, LSCRF IS
	ABLE TO PROVIDE SIGNIFICANT SUPPORT TO THE LYNN SAGE BREAST CANCER
	PROGRAM AT THE ROBERT H. LURIE COMPREHENSIVE CANCER CENTER OF
	NORTHWESTERN UNIVERSITY AND TO THE LYNN SAGE COMPREHENSIVE BREAST
	CENTER AT NORTHWESTERN MEMORIAL HOSPITAL. FUNDED PROJECTS MAKE A DIFFERENCE IN UNDERSTANDING BETTER WAYS TO PREVENT, DIAGNOSE AND TREAT
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	
4c	<pre></pre>
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	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	
4c	
4c 4d	
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O.)

Form 990 (2					RESEARCH	FOUNDATION
Part IV	Checklist of R	equired	Schedu	lles		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
~	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		<u></u>
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- 1		
U	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	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 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, VII, 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		<u> </u>
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			37
	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		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		x	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
IZd		12a	x	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
<sup>D</sup>	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or 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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		<b>.</b>	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00-	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		_ <u>_</u>
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
~1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i>	21	x	
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832003 12-31-18

Form 990 (201					FOUNDATION	
Part IV Cl	necklist of Required	Schedu	lles <sub>(continue</sub>	ed)		

			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, 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
h		24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	2.70		<u> </u>
C		04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or 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			
		27		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	21		- 23
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):			v
	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		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	<u> </u>		
02		32		x
22	Schedule N, Part II	32		- 23
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par		1 00		L
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>		
_	l.l.		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	990 (2018) LYNN SAGE CANCER RESEARCH FOUNDATION 36-3727	715	P	<sub>age</sub> 5
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			77
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
_	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
b	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).	_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.	0-		
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a 0h		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a 10b 10b10b 10b 10b10b 10b 10b 10b10b			
11	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         11a			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against			
b	amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
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		
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U				
~				
с 14а		14a		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>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			<u> </u>
.0	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	15		
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.			

Form **990** (2018)

832005 12-31-18

Form 99	0 (2018)
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### LYNN SAGE CANCER RESEARCH FOUNDATION

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. X

				(		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		79			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		79			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship						
	officer, director, trustee, or key employee?				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the		•				
	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 99			1	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asso				5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockhol	ders, 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		0				
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at	the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue (	Code.)				
				ſ		Yes	
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before	e filing the f	orm?	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 confl	icts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," de	scribe				
	in Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13		X
14	Did the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approval	l by ind	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent wi	th a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	ization'	S				
	exempt status with respect to such arrangements?				16b		
Sect	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $ ightarrow IL$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990-1	Gection 5	501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		(		,,		
	X Own website X Another's website X Upon request Other (explain	in Sch	edule ()				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con			licy, and '	financ	ial	
	statements available to the public during the tax year.			- , , en or i			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records				
	RICHARD NICHOLS - 312.926.4216						
		606	11				
							(201

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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.

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

		l	mzu			iper	Jour			(=)
(A)	(B)			Pos	C)			(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per					s both pr/trus		compensation	compensation	amount of
	week						,	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		96	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploy	t com				and related
	line)	Individual trustee or director	In stitutio nal trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) HOLLIS HANOVER	3.00	-		0	×	Ξω	<u>ц</u>			
EXECUTIVE BOARD OF DIR/CHAIR	0.00	x		x				0.	0.	0.
(2) MEREDITH SOREN FREESE	3.00									
EXECUTIVE BOARD OF DIR/VICE CHAIR	0.00	х		х				0.	0.	0.
(3) BRAD JAROL	3.00									
EXECUTIVE BOARD OF DIR/TREASURER	0.00	Х		Х				0.	0.	0.
(4) TOM ORDOVER	3.00									
EXECUTIVE BOARD OF DIR/SECRETARY	0.00	Х		X				0.	0.	0.
(5) JULIE LAMPERT	3.00									
EXECUTIVE BOARD OF DIR/IMMEDIATE PAS	0.00	х		X				0.	0.	0.
(6) ANDREA GORDON*	3.00									
EXECUTIVE BOARD OF DIRECTORS	0.00	Х						0.	0.	0.
(7) CHARLENE LIEBER*	3.00									
EXECUTIVE BOARD OF DIRECTORS	0.00	Х						0.	0.	0.
(8) RONNA ISAACS-SOLMAN	3.00									
EXECUTIVE BOARD OF DIRECTORS	0.00	Х						0.	0.	0.
(9) ASHLEY NETZKY	3.00									
EXECUTIVE BOARD OF DIRECTORS	0.00	Х						0.	0.	0.
(10) BARI ANIXTER MLODINOFF	3.00									
EXECUTIVE BOARD OF DIRECTORS	0.00	Х						0.	0.	0.
(11) JULIE BARRISH	3.00									
EXECUTIVE BOARD OF DIRECTORS	0.00	Х						0.	0.	0.
(12) KIM FEINGOLD	3.00									
EXECUTIVE BOARD OF DIRECTORS	0.00	Х						0.	0.	0.
(13) KRISTIN WOLF	3.00									
EXECUTIVE BOARD OF DIRECTORS	0.00	Х						0.	0.	0.
(14) LIBBY LANGSDORF	3.00								0	
EXECUTIVE BOARD OF DIRECTORS	0.00	Х						0.	0.	0.
(15) LILI ANN ZISOOK*	3.00								0	
EXECUTIVE BOARD OF DIRECTORS	0.00	Х						0.	0.	0.
(16) LOREN PALMER	3.00	37								
EXECUTIVE BOARD OF DIRECTORS	0.00	Х	-	-				0.	0.	0.
(17) SHERI WHITKO	3.00	v						0.	0.	
EXECUTIVE BOARD OF DIRECTORS	0.00	Х						0.	U .	0 . Form <b>990</b> (2018)
832007 12-31-18				_	_					Form <b>330</b> (2018)

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Pert VIII       Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Confined.       (F)       Estimated         Name and the       Average vector       Postion Postion       Postion       Perportable from the provide state of the sector is also of the secto		GE CANCEF	R	RES	EA	RCI	ΗF	70	UNDATION	36-37	27	715	Pa	ige <b>8</b>
Name and title         Average means of the provide state and the proprestate and the provide state and the provide state	Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees,			hest	Co	ompensated Employee	s (continued)				
Number of independent contractors (notuding but not limited to those listed above) who received more than \$100,000 of generation for the organization for the organization in the organization is the organization in the organization is the organization in the organization is the organization in the organization in the organization in the organization is the organization is the organization in the organization is t	(A)	(B)							(D)	(E)			(F)	
Politik per transmission in the matter protection in the matter protection (the matter protection in the matter protection in the matter protection (W2/1090-MISC)     Compensation (W2/1090-MISC)     Compensa	Name and title	Average	(do				han on		Reportable	Reportable		Esti	mate	d
Item         Item <th< td=""><td></td><td>· ·</td><td>box</td><td>, unles</td><td>ss pers</td><td>son is</td><td>both a</td><td>an</td><td>compensation</td><td>compensation</td><td>n  </td><td>amo</td><td>ount c</td><td>of</td></th<>		· ·	box	, unles	ss pers	son is	both a	an	compensation	compensation	n	amo	ount c	of
Incurs for organizations         Incurs for generations           (13)         SEE OFFICE BOARD OF DISECTORS         0.00         X         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.				cer an	d a dir	rector/	/truste	e)		from related		0	ther	
140       SEBRET HORE       3.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00 <td></td> <td></td> <td>ector</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td>I</td> <td></td> <td></td> <td></td>			ector							•	I			
140       SEBRET HORE       3.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00 <td></td> <td></td> <td>or di</td> <td>ee</td> <td></td> <td>3</td> <td>ated</td> <td></td> <td>J J</td> <td>(W-2/1099-MIS</td> <td>C)</td> <td></td> <td></td> <td></td>			or di	ee		3	ated		J J	(W-2/1099-MIS	C)			
140       SEBRET HORE       3.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00 <td></td> <td></td> <td>ustee</td> <td>trust</td> <td></td> <td>Ð</td> <td>bens</td> <td></td> <td>(W-2/1099-MISC)</td> <td></td> <td></td> <td>•</td> <td></td> <td></td>			ustee	trust		Ð	bens		(W-2/1099-MISC)			•		
140       SEBRET HORE       3.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00 <td></td> <td></td> <td>ual tr</td> <td>ional</td> <td></td> <td>ploye</td> <td>t com</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			ual tr	ional		ploye	t com							
140       SEBRET HORE       3.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00 <td></td> <td></td> <td>ndivid</td> <td>nstitul</td> <td>officer</td> <td>ey em</td> <td>mploy</td> <td>ormei</td> <td></td> <td></td> <td></td> <td>orgai</td> <td>iizatic</td> <td>115</td>			ndivid	nstitul	officer	ey em	mploy	ormei				orgai	iizatic	115
(13)       SOPIA ARRAD JORES       3.00       x       0.00       x       0.00       0.00         (20)       #TEPHANIE LIBBER       3.00       x       0.00       0.00       0.00         (20)       #TEPHANIE LIBBER       3.00       x       0.00       0.00       0.00         (21)       #TERCTORE       0.000       X       0.00       0.00       0.00         EXECUTIVE BOAD OF DIRECTORS       0.000       X       0.00       0.000       0.00         EXECUTIVE BOAD OF DIRECTORS       0.000       X       0.000       0.000       0.000         (23)       ANDEA CARAN       3.000       X       0.000       0.000       0.000         (23)       CANDICE STUVER UDERKY       3.000       X       0.000       0.000       0.000         (24)       CHICE TERECTORS       0.000       X       0.000       0.000       0.000         (25)       DANA STUVER       3.000       X       0.000       0.000       0.000         (25)       DANA STUVER       3.000       X       0.000       0.000       0.000         (26)       DATAL ADAD OF DIRECTORS       0.000       X       0.000       0.000       0.000 <td>(18) SHERRI HOKE</td> <td>3.00</td> <td></td> <td></td> <td>0</td> <td><u> </u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(18) SHERRI HOKE	3.00			0	<u> </u>								
(13)       SOPIA ARRAD JORES       3.00       x       0.00       x       0.00       0.00         (20)       #TEPHANIE LIBBER       3.00       x       0.00       0.00       0.00         (20)       #TEPHANIE LIBBER       3.00       x       0.00       0.00       0.00         (21)       #TERCTORE       0.000       X       0.00       0.00       0.00         EXECUTIVE BOAD OF DIRECTORS       0.000       X       0.00       0.00       0.00         EXECUTIVE BOAD OF DIRECTORS       0.000       X       0.00       0.00       0.00         (22)       NOREA CARAN       3.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.0	EXECUTIVE BOARD OF DIRECTORS		х						0.		0.			0.
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(20) STEPERATE LIBERR       3.00       x       0.00       0.00       0.00       0.00       0.00       0.00       0.00 <td>EXECUTIVE BOARD OF DIRECTORS</td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td></td> <td>0.</td> <td></td> <td></td> <td>0.</td>	EXECUTIVE BOARD OF DIRECTORS		x						0.		0.			0.
EXECUTIVE BOAD OF DIRECTORS       0.00 X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
(21) TERRI LIND       3.00       x       0.00       0.00       0.00 <td< td=""><td></td><td></td><td>x</td><td></td><td></td><td></td><td></td><td></td><td>0</td><td></td><td>0</td><td></td><td></td><td>0</td></td<>			x						0		0			0
EXECUTIVE BOARD OF DIRECTORS          0.000       X       0.000       X       0.000       0.000         (22) ANDERE ALBAN       0.000       X       0.000       0.000       0.000         (23) CANDICE SILVER UDESKY       0.000       X       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.0000       0.0000			21			$\rightarrow$					<b>~</b> +			<u> </u>
(22) ANDREA CAHAM       3.00       x       0.00       0.00       x       0.00       0.00       x       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00			v						0					0
UTLL BOARD OF DIESETORS       0.00       X       0.0.0.0.         (23) CANDICE SILVER UDESKY       3.00       0.00       X       0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0			~			-+			0.		<u>••</u>			0.
(23)       CANDICE SILVER UDERY       3.00       X       0.00       X       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00	(								0					0
FULL BOARD OF DIRECTORS       0.00       X       0.00       0.00         (24) CHLOG IFERGAN       3.000       0.00       X       0.00       0.00         (25) DANA SILVER       3.000       X       0.00       0.00       0.00         (26) DATAS SALACCHE GOLDETEIN       3.000       X       0.000       0.000       0.000         (26) DATAS ALACCHE GOLDETEIN       3.000       X       0.000       0.000       0.000         (26) DATAS ALACCHE GOLDETEIN       3.000       X       0.000       0.000       0.000         (26) DATAS ALACCHE GOLDETEIN       3.000       X       0.000       0.000       0.000         1b Sub-total       0.000       X       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.0000       0.0000       0.000			A			$\rightarrow$			0.		<u> </u>			0.
(14)       CHLOE TEERGAN       3.00       x       0.00       0.00         PULL BOARD OF DIRECTORS       0.000       x       0.00       0.00       0.00         (25)       DANN SLIVER       3.00       x       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000									•					~
ULL BOARD OF DIRECTORS       0.00 X       0.00 .0.       0.00 .0.         (25) DAWA SILVER       3.00 X       0.00 X       0.00 .0.         (26) DAYSA SALASCHE COLDSTEIN       3.00 X       0.00 .0.       0.00 .0.         (26) DAYSA SALASCHE COLDSTEIN       3.00 X       0.00 .0.       0.00 .0.         (26) DAYSA SALASCHE COLDSTEIN       3.00 X       0.00 .0.       0.00 .0.         (26) DAYSA SALASCHE COLDSTEIN       3.00 X       0.00 .0.       0.00 .0.         (26) DAYSA SALASCHE COLDSTEIN       3.00 .00 X       0.00 .0.       0.00 .0.         (27) Total from continuation sheets to Part VII, Section A       0.00 .0.       0.00 .0.       0.00 .0.         (27) Total funditions the to Part VII, Section A       0.00 .0.       0.00 .0.       0.00 .0.       0.00 .0.         (20) Total funditions the to Part VII, Section A       0.00 .0.       0.00 .0.       0.00 .0.       0.00 .0.         (20) Total funditions the to Part VII, Section A       0.00 .0.       0.00 .0.       0.00 .0.       0.00 .0.         (30) Did the organization from the organization form the organization from the organization and related organization speater than \$150,0007 if "Yes," complete Schedule J for such individual       4       X         (4) Di any person listed on line 1a, is the sum of reportable compensation from the organization or individual       5			X			_			0.		0.			0.
(25)       DANA SILVER       3.00       X       0.00       X       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00														•
ULL BOARD OF DIRECTORS       0.00       X       0.00       0.00       0.000         (26)       DAYNA SALASCHE GOLDSTEIN       3.000       X       0.000       X       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0.000       0			Х			_			0.		0.			0.
(26)       DAYNA SALASCHE GOLDSTEIN       3.00       x       0.00       x       0.00       0.00       x       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.0														
FULL BOARD OP DIRECTORS       0.00 X       0.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			Х						0.		0.			0.
1b       Sub-total       0.       0.       0.       0.       0.         c       Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(26) DAYNA SALASCHE GOLDSTEIN													
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	FULL BOARD OF DIRECTORS	0.00	Х											
d Total (add lines 1b and 1c)       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	1b Sub-total						🕨	•						
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         5       Exection B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (a)       (b)       (c)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation form the organization       (b)       (c)         1       (A)       (B)       (C)       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>&gt;</b> </td <td>c Total from continuation sheets to Part</td> <td>VII, Section A</td> <td></td> <td></td> <td></td> <td></td> <td> Þ</td> <td>•</td> <td>0.</td> <td></td> <td></td> <td></td> <td></td> <td></td>	c Total from continuation sheets to Part	VII, Section A					Þ	•	0.					
compensation from the organization       0         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors       5       X       5       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       6       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation       Complete the organization?       Complete the organization?       Complete the organization of services       Complete the organization       Complete the organization       Complete t	d Total (add lines 1b and 1c)				<u></u>		🕨		0.		0.			0.
3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? // *Yes, " complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? // *Yes," complete Schedule J for such individual	2 Total number of individuals (including bu	t not limited to th	ose	liste	d ab	ove)	who	re	ceived more than \$100,	000 of reportable				
3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services       6       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services       C       Compensation         1       Complete schedule J Monte       Description of services       C       Compensation         1       Complete schedule J for such person       0       C       Compensation       C         2       Name and business address       NONE       Description of services       Compensation       C	compensation from the organization	•												0
line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensate independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       (B)       (C)         Name and business address       NONE       Description of services         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       0         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2018)												`	<b>Yes</b>	No
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       6       (C)         (A)       (B)       (C)       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       (B)       (C)       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation       (D)         (A)       (B)       (C)       Complete this table of your five highest complete state above who received more than \$100,000 of compensation       (D)         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 0 </td <td>3 Did the organization list any former offic</td> <td>er, director, or tru</td> <td>ustee</td> <td>e, ke</td> <td>y em</td> <td>ploy</td> <td>/ee, c</td> <td>or h</td> <td>nighest compensated er</td> <td>nployee on</td> <td></td> <td></td> <td></td> <td></td>	3 Did the organization list any former offic	er, director, or tru	ustee	e, ke	y em	ploy	/ee, c	or h	nighest compensated er	nployee on				
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	line 1a? If "Yes." complete Schedule J fo	or such individual			-							3		Х
and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	· ·													
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If</i> "Yes," <i>complete Schedule J for such person</i> 5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>&gt;</b> 0         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>&gt;</b> 0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form <b>990</b> (2018)												4		Х
rendered to the organization? If "Yes." complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         0       Compensation       Compensation       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>&gt;</b> 0         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>&gt;</b> 0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2018)				•										
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         0       0       0       Compensation       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2018)												5		Х
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Compensation of the calendar year ending with or within the organization's tax year.       Image: Compensation       Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation from the organization image				01 00		/0/00	<u></u>							
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Compensation of the calendar year ending with or within the organization's tax year.       Image: Compensation       Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation from the organization image	1 Complete this table for your five highest	compensated inc	lepe	nder	nt co	ntrad	ctors	s th	at received more than \$	100.000 of comp	ensat	ion fror	n	
(A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Compensation       Image: Compensation       Image: Compensation       Compensation         Image: Compensation       Image: Compensation       Image: Compensation       Compensation         Image: Compensation       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation       Image: Compensation														
Name and business address       NONE       Description of services       Compensation					<u>g</u>			T				(C)		
2       Total number of independent contractors (including but not limited to those listed above) who received more than         \$100,000 of compensation from the organization ▶ 0         SEE PART VII, SECTION A CONTINUATION SHEETS		ess address	N	ONE	2					ervices	C			า
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2018)								+	-					
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2018)														
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2018)								╈						
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2018)														
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2018)								+						
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2018)														
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2018)								+						
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2018)														
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2018)								+						
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2018)														
\$100,000 of compensation from the organization       ●       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2018)	• Total number of independent work	o (in oly alian a la st	ot !'	mit -	4- 1	ber				we there				
SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2018)	•		ot lir	IIITEO	i to t	-	e iiste	ed a	above) who received mo	ore than				
			ידאדי	יעדד	<u>πτ/</u>	-	CU	יסו	FTPC			O	90 /2	010
			т 1 <b>1</b>	JA	(	01N	511	لندء				rom <b>9</b>	20 (2	.010)

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, ar	nd H	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				ployee		the organization	organizations (W-2/1099-MISC)	compensatior from the
	hours for	direct				d em l		(W-2/1099-MISC)	(00-2/1099-10130)	organization
	related	ee or	stee			nsate		(112/1000 11100)		and related
	organizations	trust	al tru		oyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Indi	Inst	Offi	Key	Ηġ	Fon			
27) DENISE GIBSON	3.00									
ULL BOARD OF DIRECTORS	0.00	X						0.	0.	0
28) DIANE GREENGROSS	3.00								0	
ULL BOARD OF DIRECTORS 29) ELIZABETH FISHMAN-GONSKY	0.00	Х						0.	0.	0
29) ELIZABETH FISHMAN-GONSKY YULL BOARD OF DIRECTORS	3.00	х						0.	0.	0
30) ELLEN JACOBS	3.00	Λ				-		0.	0.	0
ULL BOARD OF DIRECTORS	0.00	х						0.	0.	0
31) INNA ELTERMAN	3.00	Δ						0.	0.	0
ULL BOARD OF DIRECTORS	0.00	х						0.	0.	0
32) JANE WEBER	3.00									
ULL BOARD OF DIRECTORS	0.00	х						0.	0.	C
33) JENNIFER MEYERS	3.00									
ULL BOARD OF DIRECTORS	0.00	х						0.	0.	0
34) JOAN HIMMEL FREEMAN*	3.00									
ULL BOARD OF DIRECTORS	0.00	Х						0.	Ο.	0
35) JOANNA AARON	3.00									
ULL BOARD OF DIRECTORS	0.00	Х						0.	0.	0
36) JULIE ROTH NOVACK	3.00									
ULL BOARD OF DIRECTORS	0.00	Х						0.	0.	0
37) KATE NASH, MD	3.00									
ULL BOARD OF DIRECTORS	0.00	Х						0.	0.	0
38) LAURA BERGER	3.00								0	
ULL BOARD OF DIRECTORS	0.00	Х						0.	0.	0
39) LEONIDAS C. PLATIANIAS, MD, PH	3.00	37						0	0	
ULL BOARD OF DIRECTORS	0.00	Х						0.	0.	0
40) LINDA WEINSTEIN*	3.00	x						0.	0.	0
ULL BOARD OF DIRECTORS 41) LISA SAUL	3.00	Λ						0.	0.	0
ULL BOARD OF DIRECTORS	0.00	х						0.	0.	0
42) LIZA SWEITZER	3.00									0
ULL BOARD OF DIRECTORS	0.00	х						0.	0.	0
43) LORI ROSEN LEIB	3.00								<b>.</b>	<b>u</b>
ULL BOARD OF DIRECTORS	0.00	х						0.	0.	0
44) MEGAN G. (CANNOT PUBLISH)	3.00									
ULL BOARD OF DIRECTORS	0.00	х						0.	0.	0
45) MEGAN LEVIN	3.00									
ULL BOARD OF DIRECTORS	0.00	х						0.	0.	0
46) META BERGER*	3.00									
ULL BOARD OF DIRECTORS	0.00	Х						0.	0.	C

<b>(A)</b> Name and title	<b>(B)</b> Average hours			(C	C)			(D)		<i>(</i> )
Name and title	U U								(E)	(F)
	l houre			Posi				Reportable	Reportable	Estimated
		(C	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week					e		from the	from related organizations	other compensation
	(list any	tor				i plo ye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed em		(W-2/1099-MISC)	()	organization
	related	tee or	ustee			ensat		· · · · ·		and related
	organizations	al trus	nal tr		lo yee	dwoc				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	lnc	- La	<del>1</del> 0	Ke	Ĕ	Fo			
47) MELISSA LEDERER	3.00	v						0.	0.	0
ULL BOARD OF DIRECTORS 48) MELISSA MAZZETTA	0.00	Х						0.	0.	0
ULL BOARD OF DIRECTORS	0.00	x						0.	0.	0
49) MICHELLE FRIEDMAN	3.00	Δ						0.	0.	0
ULL BOARD OF DIRECTORS	0.00	х						0.	0.	0
50) MICHELLE WILLIAMS	3.00							U•	0.	0
ULL BOARD OF DIRECTORS	0.00	х						0.	0.	0
51) MOLLY BETT KOVLER	3.00	Λ						0.	0.	0
ULL BOARD OF DIRECTORS	0.00	х						0.	0.	0
52) NANCY RESNICK	3.00								••	
ULL BOARD OF DIRECTORS	0.00	х						0.	0.	0
53) NICOLE SUGARMAN	3.00								•••	
ULL BOARD OF DIRECTORS	0.00	х						0.	0.	0
54) PENNY NEWBERRY DUNCAN	3.00									
ULL BOARD OF DIRECTORS	0.00	х						0.	0.	0
55) PENNY VAMVAKARIS	3.00									
ULL BOARD OF DIRECTORS	0.00	х						0.	0.	0
56) ROBIN MITCHELL	3.00									
ULL BOARD OF DIRECTORS	0.00	х						0.	Ο.	0
57) ROZ LAX	3.00									
ULL BOARD OF DIRECTORS	0.00	х						0.	Ο.	0
58) SARAH HALACK	3.00									
ULL BOARD OF DIRECTORS	0.00	х						0.	Ο.	0
59) SARNA GOLDENBERG	3.00									
ULL BOARD OF DIRECTORS	0.00	Х						0.	0.	0
60) SHERRIE BINKE GLICKEN	3.00									
ULL BOARD OF DIRECTORS	0.00	Х						0.	0.	0
61) SUE WARSHAUER	3.00									
ULL BOARD OF DIRECTORS	0.00	Х						0.	0.	0
62) SUSAN SILVER ERLEBACHER	3.00									
ULL BOARD OF DIRECTORS	0.00	Х						0.	0.	0
63) VALENTINE ECKER KLUTZNICK	3.00									
ULL BOARD OF DIRECTORS	0.00	Х						0.	0.	0
64) WENDY HELTZER	3.00									
ULL BOARD OF DIRECTORS	0.00	Х						0.	0.	0
65) YAEL RATNER SILVERMAN	3.00	l								
ULL BOARD OF DIRECTORS	0.00	Х						0.	0.	0
66) ZACHARY ZISOOK	3.00								_	
ULL BOARD OF DIRECTORS	0.00	Х						0.	0.	0

Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				plo ye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(00-2/1033-10100)	organization
	related	tee or	istee			en sa te		(		and related
	organizations	I trus	nal tri		oyee	9d mo:				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Ind	su	0ff	Key	Hig	For			
67) KAREN DEBOLT ULL BOARD OF DIRECTORS	3.00	x						0.	0.	0
68) ALLISON ZISOOK GOLDSTEIN	3.00	^						0.	0.	0
ULL BOARD OF DIRECTORS	0.00	х						0.	0.	0
69) KELLEE JOHNSON	3.00								••	•
ULL BOARD OF DIRECTORS	0.00	x						0.	0.	0
70) KRISTIN KLEIN	3.00									
ULL BOARD OF DIRECTORS	0.00	x						0.	0.	0
71) TAYLOR MANDEL	3.00									
ULL BOARD OF DIRECTORS	0.00	Х						0.	0.	0
72) JUDITH R. (CANNOT PUBLISH)	3.00									
ULL BOARD OF DIRECTORS	0.00	Х						0.	0.	0
73) SARAH RUDICH	3.00									
ULL BOARD OF DIRECTORS	0.00	Х						0.	0.	0
74) KATIE SCHWARTZ	3.00							0	0	0
ULL BOARD OF DIRECTORS 75) AUDREY SELIN	0.00	Х						0.	0.	0
ULL BOARD OF DIRECTORS	0.00	x						0.	0.	0
76) KENDRA SHIFFMAN	3.00	~						0.	0.	0
ULL BOARD OF DIRECTORS	0.00	х						0.	0.	0
77) ELLEN SOREN	3.00									
ULL BOARD OF DIRECTORS	0.00	x						0.	0.	0
78) JANIS TROSSMAN	3.00									
ULL BOARD OF DIRECTORS	0.00	x						0.	0.	0
79) LINDA WOLFSON	3.00									
ULL BOARD OF DIRECTORS	0.00	х						0.	0.	0
80) ALICE ABT	3.00									
USTAINING BOARD MEMBERS	0.00	Х						0.	0.	0
81) ARLENE BRONSTEIN	3.00									
USTAINING BOARD MEMBERS	0.00	х						0.	0.	0
82) ARLYN GOODMAN	3.00									
USTAINING BOARD MEMBERS	0.00	Х						0.	0.	0
83) ASHLEY SNITZ	3.00								0	
USTAINING BOARD MEMBERS	0.00	Х						0.	0.	0
84) BARBARA LIEBERMAN	3.00	v							0	_
USTAINING BOARD MEMBERS 85) CAROL BEITLER	0.00	Х	-					0.	0.	0
USTAINING BOARD MEMBERS	0.00	x						0.	0.	0
86) CAROL COHEN	3.00								0.	0
USTAINING BOARD MEMBERS	0.00	x						0.	0.	0
	1 0.00	<b>1</b> 7	I		L	I	L	5.	0.	

(A) Name and title 87) CAROLE RUDOY USTAINING BOARD MEMBERS 88) CINDY LEVY USTAINING BOARD MEMBERS	(B) Average hours per week (list any hours for related organizations below line) 3.00 0.00	Individual trustee or director		(C Posi all t	ition that		ly)	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
87) CAROLE RUDOY USTAINING BOARD MEMBERS 88) CINDY LEVY	hours per week (list any hours for related organizations below line) <b>3.00</b>		heck	all t	that	app	ly)	compensation	compensation	amount of
USTAINING BOARD MEMBERS 88) CINDY LEVY	per week (list any hours for related organizations below line) <b>3.00</b>						ly)		•	
USTAINING BOARD MEMBERS 88) CINDY LEVY	week (list any hours for related organizations below line) <b>3.00</b>	Individual trustee or director	stitutional trustee		e	im ployee		from	from related	other
USTAINING BOARD MEMBERS 88) CINDY LEVY	(list any hours for related organizations below line) <b>3.00</b>	Individual trustee or director	stitutional trustee		9	im ploye			organizationa	
USTAINING BOARD MEMBERS 88) CINDY LEVY	hours for related organizations below line) <b>3.00</b>	Individual trustee or direc	stitutional trustee	,	9	E.		the organization	organizations (W-2/1099-MISC)	compensation from the
USTAINING BOARD MEMBERS 88) CINDY LEVY	related organizations below line) <b>3.00</b>	Individual trustee or	stitutional trustee	,	9	de		(W-2/1099-MISC)	(** 2/1000 1000)	organization
USTAINING BOARD MEMBERS 88) CINDY LEVY	below line) 3.00	Individual trust	stitutional tru	,	e.	en sa te		()		and related
USTAINING BOARD MEMBERS 88) CINDY LEVY	line)	Individua	stitutio		oye	om pe				organizations
USTAINING BOARD MEMBERS 88) CINDY LEVY	3.00	Ind		Officer	Key employee	hest c	Former			
USTAINING BOARD MEMBERS 88) CINDY LEVY			ű	Offi	Key	Hig	For			
88) CINDY LEVY	1 11 1111	37						0	0	0
•	3.00	Х						0.	0.	0
obininine bonne nenedite	0.00	х						0.	0.	0
89) DANA LIEBERMAN PRICE	3.00	Δ						0.	0.	0
USTAINING BOARD MEMBERS	0.00	х						0.	0.	0
90) DALIA RATNER	3.00							<b>3.</b>	<u>.</u>	
USTAINING BOARD MEMBERS	0.00	х						0.	Ο.	0
91) DEBBIE FISHBEIN	3.00									
USTAINING BOARD MEMBERS	0.00	х						0.	Ο.	0
92) EILEEN KAHN STEIN	3.00									
USTAINING BOARD MEMBERS	0.00	Х						0.	0.	0
93) GLORIA KAUFMAN	3.00									
USTAINING BOARD MEMBERS	0.00	Х						0.	0.	0
94) TRACY ANKIN	3.00									
USTAINING BOARD MEMBERS	0.00	Х						0.	0.	0
95) JILL SUPERA	3.00								•	•
USTAINING BOARD MEMBERS	0.00	Х						0.	0.	0
96) JOE BROWN USTAINING BOARD MEMBERS	3.00	х						0.	0.	0
97) JOY GROSSMANN	3.00	Λ						0.	0.	0
USTAINING BOARD MEMBERS	0.00	х						0.	0.	0
98) LARA SHIPP SHIFFMAN	3.00								0.	<b>U</b>
USTAINING BOARD MEMBERS	0.00	х						0.	0.	0
99) LINDA KINZELBERG	3.00									
USTAINING BOARD MEMBERS	0.00	х						0.	Ο.	0
100) LINDA ROBIN	3.00									
USTAINING BOARD MEMBERS	0.00	х						0.	0.	0
101) LINDSEY LISS GELL	3.00									
USTAINING BOARD MEMBERS	0.00	Х						0.	0.	0
102) MARGOT LEVIN-SCHIFF	3.00									
USTAINING BOARD MEMBERS	0.00	Х						0.	0.	0
103) MYRNA BARTELSTEIN	3.00									
USTAINING BOARD MEMBERS	0.00	Х						0.	0.	0
104) NANCY GOLDING	3.00									-
USTAINING BOARD MEMBERS	0.00	Х						0.	0.	0
105) NETTIE ISENBERG	3.00								•	~
USTAINING BOARD MEMBERS	0.00	Х						0.	0.	0
106) NORA SPAK	3.00	v							0	•
USTAINING BOARD MEMBERS	0.00	Х						0.	0.	0

Form 990 LYNN SAGE	E CANCER	R	ES	EA	RC	Н	FO	UNDATION	36-372	7715
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, a	nd H	lighe	est (	Compensated Employe	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	k all i	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				nplo		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ted ei		(W-2/1099-MISC)		organization
	related	Individual trustee or director	Institutional trustee			Highest com pen sated em ployee				and related
	organizations	l trus	nal tr		Key employee	dmo				organizations
	below	vidua	tutio	er	em pl	lest c	Former			
	line)	Indi	Inst	Officer	Key	Hig	Forr			
(107) RICHARD ZISOOK	3.00								•	0
SUSTAINING BOARD MEMBERS	0.00	Х						0.	0.	0.
(108) RUTH WEISBACH	3.00									_
SUSTAINING BOARD MEMBERS	0.00	Х						0.	0.	0.
(109) SAMANTHA KAPLAN	3.00									
SUSTAINING BOARD MEMBERS	0.00	Х						0.	0.	0.
(110) SANDRA MANDELL	3.00									
SUSTAINING BOARD MEMBERS	0.00	х						0.	0.	0.
(111) JUDY KAHN	3.00									
SUSTAINING BOARD MEMBERS	0.00	х						0.	0.	0.
(112) D'RITA ROBINSON	3.00									
SUSTAINING BOARD MEMBERS	0.00	х						0.	0.	0.
	3.00	Λ						0.	0.	0.
(113) JULIE WEINBERGER, MD		37							0	0
SUSTAINING BOARD MEMBERS	0.00	Х			<u> </u>			0.	0.	0.
(114) SARAH NEMEROVSKI	3.00									•
SUSTAINING BOARD MEMBERS	0.00	Х						0.	0.	0.
(115) VICKI P. SINAR	3.00									_
SUSTAINING BOARD MEMBERS	0.00	Х						0.	0.	0.
Total to Part VII, Section A, line 1c										

Form §	990 (2	2018) LYNN	SAGE CAN	CER RESEA	ARCH FOUNDA	ATION	36-3727	715 Page <b>9</b>
Part	: VII	Statement of Rever	lue					
		Check if Schedule O cont	ains a response	or note to any lin				
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		32,150.				
Å, G		Fundraising events		799,401.				
ar Gif		Related organizations						
ns,		Government grants (contribut						
ero	f	All other contributions, gifts, gran						
ie B H H D H		similar amounts not included abo		<u>560,365.</u> 6,050.				
nd		Noncash contributions included in lines			1,391,916.			
<u> </u>	n	Total. Add lines 1a-1f		Business Code	1,351,510.			
	2 a			Business Code				
Program Service Revenue	z a b							
Ser	c							
evel 3	d							
Be	е							
r Pr	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			40,187.			40,187.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 83,959.	(ii) Other				
	h	Less: cost or other basis	05,555.					
	b	and sales expenses	0.					
	c	Gain or (loss)	83,959.					
		Net gain or (loss)	-		83,959.			83,959.
en		Gross income from fundraising including \$799,4	g events (not					
ven		contributions reported on line						
Other Revenue		Part IV, line 18		213,453.				
her	b	Less: direct expenses		368,353.				
ō		Net income or (loss) from func		<b>&gt;</b>	-154,900.			-154,900.
		Gross income from gaming ac	-					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
1	10 a	Gross sales of inventory, less	returns					
		and allowances						
	b	Less: cost of goods sold	b					
F	С	Net income or (loss) from sale						
$\vdash$		Miscellaneous Revenu	e	Business Code				
1	11 a							
	b							
	c d							
		All other revenue						
	е 12	Total revenue. See instructions			1,361,162.	0.	0.	-30,754.
	12-31-			····· ►	_,,	· · · · · ·		Form <b>990</b> (2018

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832009 12-31-18

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Form	990	(201)	8
1 01111	330	1201	0

LYNN SAGE CANCER RESEARCH FOUNDATION Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons			(	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	556,965.	556,965.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits				
11	Payroll taxes Fees for services (non-employees):				
	Management				
a b	Legal				
	Accounting	24,754.		24,754.	
	Lobbying	,,		,,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	21,029.		21,029.	
g		,			
3	column (A) amount, list line 11g expenses on Sch O.)	7,350.		7,350.	
12	Advertising and promotion	,			
13	Office expenses	1,115.		502.	613
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,216.			8,216.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,702.		2,702.	
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 0.)				
а	PUBLICATIONS	31,623.			31,623
b	BANK & CREDIT CARD FEES	19,862.		19,862.	
с	PRINTING	4,805.		1,201.	3,604
d	GIFTS AND AWARDS	4,475.		1,343.	3,132
е	All other expenses	4,455.		362.	4,093
25	Total functional expenses. Add lines 1 through 24e	687,351.	556,965.	79,105.	51,281
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

15

832010 12-31-18

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Form 990 (2018)

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LYNN	SAGE	CANCER	RESEARCH	FOUNDATION

36-3727715 Page 11

Cash - non-interest-bearing         Savings and temporary cash investments         Pledges and grants receivable, net         Accounts receivable, net         Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete         Part II of Schedule L         Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees' beneficiary organizations of section 501(c)(9) voluntary         employees' beneficiary organizations (see instr). Complete Part II of Sch L         Notes and loans receivable, net         Inventories for sale or use         Prepaid expenses and deferred charges         a Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D         10a         10b         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11         Intangible assets	(A) Beginning of year 328,805. 471,406. 2,330,274.	1 2 3 4 5 5 6 7 8 9 9	(B) End of year 646,844. 88,783.
Savings and temporary cash investments         Pledges and grants receivable, net         Accounts receivable, net         Loans and other receivables from current and former officers, directors,         trustees, key employees, and highest compensated employees. Complete         Part II of Schedule L         Loans and other receivables from other disqualified persons (as defined under         section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing         employees' beneficiary organizations of section 501(c)(9) voluntary         employees' beneficiary organizations (see instr). Complete Part II of Sch L         Notes and loans receivable, net         Inventories for sale or use         Prepaid expenses and deferred charges         a       Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D       10a         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11	471,406.	2 3 4 5 5 6 7 8 9 9	
Savings and temporary cash investments         Pledges and grants receivable, net         Accounts receivable, net         Loans and other receivables from current and former officers, directors,         trustees, key employees, and highest compensated employees. Complete         Part II of Schedule L         Loans and other receivables from other disqualified persons (as defined under         section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing         employees' beneficiary organizations of section 501(c)(9) voluntary         employees' beneficiary organizations (see instr). Complete Part II of Sch L         Notes and loans receivable, net         Inventories for sale or use         Prepaid expenses and deferred charges         a       Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D       10a         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11	471,406.	3 4 5 6 7 8 9	
Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11		4 5 6 7 8 9	88,783.
Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11		5 6 7 8 9	88,783.
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11		6 7 8 9	88,783.
Part II of Schedule L         Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L         Notes and loans receivable, net         Inventories for sale or use         Prepaid expenses and deferred charges         Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D         D         Less: accumulated depreciation         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11		6 7 8 9	88,783.
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 instr). Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11		6 7 8 9	88,783.
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 instr). Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11		7 8 9	88,783.
employers and sponsoring organizations of section 501(c)(9) voluntary         employees' beneficiary organizations (see instr). Complete Part II of Sch L         Notes and loans receivable, net         Inventories for sale or use         Prepaid expenses and deferred charges         a Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D         10a         10b         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11		7 8 9	88,783.
employees' beneficiary organizations (see instr). Complete Part II of Sch L         Notes and loans receivable, net         Inventories for sale or use         Prepaid expenses and deferred charges         a Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D         Less: accumulated depreciation         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11		7 8 9	88,783.
Notes and loans receivable, net         Inventories for sale or use         Prepaid expenses and deferred charges         a Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D         D Less: accumulated depreciation         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11		7 8 9	88,783.
Inventories for sale or use Prepaid expenses and deferred charges a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11		89	88,783.
Prepaid expenses and deferred charges         a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D         b Less: accumulated depreciation         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11	2 330 274	9	
a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a         b Less: accumulated depreciation       10b         Investments - publicly traded securities       10b         Investments - other securities. See Part IV, line 11       11	2 330 274		
basis. Complete Part VI of Schedule D       10a         D       Less: accumulated depreciation       10b         Investments - publicly traded securities       Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11	2 330 274	10.	
Less: accumulated depreciation       10b         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11	2 330 274	10-	
Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11	2 330 274	40-	
Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11	1 2 3 3 A 2 7 /	10c	
Investments - program-related. See Part IV, line 11	2,330,274.	11	2,217,509.
		12	
Intangible assets		13	
		14	
Other assets. See Part IV, line 11		15	
Total assets. Add lines 1 through 15 (must equal line 34)	3,130,485.	16	2,953,136.
Accounts payable and accrued expenses	<u> </u>	17	8,547.
Grants payable	643,060.	18	
Deferred revenue		19	
• • •		21	
•			
		24	
		05	
	643 060		8,547.
	045,000.	20	0,547.
	2 473 885.	27	2,944,589.
	13 540		0.
	15,540.		
		23	
-			
		30	
-			
	2,487.425.		2,944,589.
Total net assets or fund balances	_,_,.,,	34	2,953,136.
-	Tax-exempt bond liabilities         Escrow or custodial account liability. Complete Part IV of Schedule D         Loans and other payables to current and former officers, directors, trustees,         key employees, highest compensated employees, and disqualified persons.         Complete Part II of Schedule L         Secured mortgages and notes payable to unrelated third parties         Unsecured notes and loans payable to unrelated third parties         Other liabilities (including federal income tax, payables to related third         parties, and other liabilities not included on lines 17·24). Complete Part X of         Schedule D         Total liabilities. Add lines 17 through 25         Organizations that follow SFAS 117 (ASC 958), check here Imporarily restricted net assets         Temporarily restricted net assets         Permanently restricted net assets         Organizations that do not follow SFAS 117 (ASC 958), check here Imporarily restricted net assets         Organizations that do not follow SFAS 117 (ASC 958), check here Imporarily restricted net assets         Organizations that do not follow SFAS 117 (ASC 958), check here Imporarily restricted net assets         Organizations that do not follow SFAS 117 (ASC 958), check here Imporarily restricted net assets         Organizations that do not follow SFAS 117 (ASC 958), check here Imporarily restricted net assets         Organizations that do not follow SFAS 117 (ASC 958), check here Importing         and c	Tax-exempt bond liabilities         Escrow or custodial account liability. Complete Part IV of Schedule D         Loans and other payables to current and former officers, directors, trustees,         key employees, highest compensated employees, and disqualified persons.         Complete Part II of Schedule L         Secured mortgages and notes payable to unrelated third parties         Unsecured notes and loans payable to unrelated third parties         Other liabilities (including federal income tax, payables to related third         parties, and other liabilities not included on lines 17·24). Complete Part X of         Schedule D         Total liabilities. Add lines 17 through 25         Organizations that follow SFAS 117 (ASC 958), check here ▶  and         complete lines 27 through 29, and lines 33 and 34.         Unrestricted net assets         Termporarily restricted net assets         Organizations that do not follow SFAS 117 (ASC 958), check here ▶  and complete lines 30 through 34.         Capital stock or trust principal, or current funds         Paid-in or capital surplus, or land, building, or equipment fund	Tax-exempt bond liabilities       20         Escrow or custodial account liability. Complete Part IV of Schedule D       21         Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.       22         Secured mortgages and notes payable to unrelated third parties       23         Unsecured notes and loans payable to unrelated third parties       24         Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         Total liabilities. Add lines 17 through 25       643,060. 26         Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗴 and complete lines 27 through 29, and lines 33 and 34.       2,473,885. 27         Unrestricted net assets       29         Organizations that do not follow SFAS 117 (ASC 958), check here ▶        29         organizations that do not follow SFAS 117 (ASC 958), check here ▶        29         Organizations that do not follow SFAS 117 (ASC 958), check here ▶        29         Organizations that do not follow SFAS 117 (ASC 958), check here ▶        30         Paid-in or capital surplus, or land, building, or equipment fund       31         Retained earnings, endowment, accumulated income, or other funds       32         Total net assets or fund balances       2,487,425. 33

Form 990 (2018)

### Part X Balance Sheet

Form	990	(201	8

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total revenue (must equal Part VIII, columm (A), line 12)       1       1, 361, 162.         2       Total expenses (must equal Part VX, columm (A), line 25)       2       687, 351.         3       673, 811.       4       2, 487, 425.         5       Net unrealized gains (losses) on investments       5       -216, 647.         6       0       -2       637, 93.         7       0       0       4       2, 487, 425.         5       Net unrealized gains (losses) on investments       5       -216, 647.         7       0       0       9       0.         10       Net assets or fund balances (explain in Schedule 0)       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, 944, 589.         Part XII       Financial Statements and Reporting       X       X       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         11       Accounting method used to prepare the Form 990:       Cash       X Acc		1990 (2018) LYNN SAGE CANCER RESEARCH FOUNDATION	36-37	27715	Pag	<sub>ge</sub> 12
1       Total revenue (must equal Part VII, column (A), line 12)       1       1, 361, 162.         2       Total expenses (must equal Part IX, column (A), line 25)       2       687, 351.         3       Revenue less expenses. Subtract line 2 from line 1       3       673, 811.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       2, 487, 425.         5       Net unrealized gains (losses) on investments       6       7         6       7       7       8         7       7       8       9       0.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances (explain in Schedule O)       9       0.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances (explain in Schedule O)       9       0.         10       2, 944, 589.       2       8       9         Part XII       Financial Statements and Reporting       X       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       the organization changed its method of accoun	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       687, 351.         3       Revenue less expenses. Subtract line 2 from line 1       3       673, 811.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       2, 487, 425.         5       Net unrealized gains (losses) on investments       5       -216, 647.         6       7       7         7       8       Prior period adjustments       8         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, 944, 589.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       687, 351.         3       Revenue less expenses. Subtract line 2 from line 1       3       673, 811.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       2, 487, 425.         5       Net unrealized gains (losses) on investments       5       -216, 647.         6       7       6         7       8       7         8       9       0.         9       0.       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, 944, 589.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other						
3       Revenue less expenses. Subtract line 2 from line 1       3       673,811.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       2,487,425.         5       Net unrealized gains (losses) on investments       5       -216,647.         6       7       6         7       8       7         8       9       0.         9       0.       9         10       2,944,589.         Year XIII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII         Yes         Yes         Yes         Yes         Other check if Schedule O contains a response or note to any line in this Part XII         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       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes <th>1</th> <th>Total revenue (must equal Part VIII, column (A), line 12)</th> <th>1</th> <th></th> <th></th> <th></th>	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       2,487,425.         5       Net unrealized gains (losses) on investments       5       -216,647.         6       0onated services and use of facilities       6         7       8       7       8         9       Other changes in net assets or fund balances (explain in Schedule 0)       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       2,944,589.         Part XII       Financial Statements and Reporting       X       X       Yes         Check if Schedule O contains a response or note to any line in this Part XII       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X         If "Yes, 'heck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Za       X       Yes       No         1       Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated pasis, or both:	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5       Net unrealized gains (losses) on investments       5       -216,647.         6       6         7       7       8         9       Nestment expenses       7         9       Other changes in net assets or fund balances (explain in Schedule 0)       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       2,944,589.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or a separate basis, consolidated basis, or both:       2b       X       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       2b       X         If "Yes," check a box below to indicate whether the financial	3	Revenue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities       6       7         7       Investment expenses       7       8         8       Prior period adjustments       9       0.         9       Other changes in net assets or fund balances (explain in Schedule 0)       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       2,944,589.         Part XIII       Financial Statements and Reporting       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       9       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         If "Yee," check a box below to indicate whether the financial statements accountant?       Yes       No         1       Accounting method used to prepare the form 990:       Cash       S       Accrual       Other       2a       X         If "Yee," check a box below to indicate whether the financial statements accountant?       Yes       No       2a       X       Yes       No         1       Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basi	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
7       investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule 0)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (E))       10       2,944,589.         Part XII       Financial Statements and Reporting       X       X       Yes         Check if Schedule O contains a response or note to any line in this Part XII       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other        Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         Za       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other        Za       X       X       Za       X       X       Za       X       X       Za       X       X	5	Net unrealized gains (losses) on investments	5	-210	5,6	<u>47.</u>
8       Prior period adjustments       8         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       2,944,589.         Part XII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Z       Z       X         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Za       X       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis       Both consolidated and separate basis       Zb       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X       Zb       X         If "Yes," check a box below to indicate whether the financial statements for the year were audi	6	Donated services and use of facilities	6			
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 2,944,589.   Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII X   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," explain in Schedule O. 2a X   2 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 compiled or reviewed on a separate basis, consolidated basis, or both: 2b X   Separate basis Consolidated basis Both consolidated and separate basis, or both: 2b X   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X   If "Yes," to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a X   b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not un	7	Investment expenses	7			
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       2,944,589.         Part XIII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         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," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process du	8	Prior period adjustments	8			
column (B)       10       2,944,589.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         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," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis.       Doth consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       consolidated basis.       consolidated basis.         b       Were the organization of its financial statements and selection of an independent accountant?       2c       X         If "Yes," to line 2a or 2b, does the organization nequired to undergo an audit or audits as set forth in the Single Audit Act and OMB Circul	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         2a       X       Yes, '' check a box below to indicate whether the 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 compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection or aunindependent accountant?       2c <t< th=""><td>10</td><td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,</td><td></td><td></td><td></td><td></td></t<>	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       I         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversig			10	2,944	4,5	89.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X <tr< th=""><th></th><th></th><th></th><th></th><th>Yes</th><th>No</th></tr<>					Yes	No
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 compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2a       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization di	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       Image: Consolidated audit or audits as set forth in the Single Audit       Image: Consolidated audit or audits? If the organization did not undergo the required audit       Image: Consolidated audit or audits? If the organization did not undergo the required audit       Image: Consolidated audit       Image: Consolidated audit         If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Consolidated audit       Image: Con	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       4       4         c       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b       4		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both:       Image: Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	L
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       Image: Consolidated basis       Image: Consolidated basis       Con		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b						
review, or compilation of its financial statements and selection of an independent accountant?          If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b		review, or compilation of its financial statements and selection of an independent accountant?		2c	X	L
Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b		If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3a		ngle Audit			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Act and OMB Circular A-133?		3a		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2018)

SCHEDU	LE A
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Department of the Treasury

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2018
Open to Public Inspection

٦

Interna	Rever	nue Service		Go to www.irs.gov	/Form990 for instruction	ons and th	ne latest ir	nformation.			Inspection	
Nam	e of t	he organizati									tification num	be
Dee	41	Deerer	LYNN	SAGE CANC	ER RESEARCH H	FOUND	ATION		3	6-3	3727715	
Pa	τι	Reason	for Public (	Charity Status (	All organizations must co	mplete th	is part.) Se	ee instruction	S.			
The o	organ		•		For lines 1 through 12, cl		,					
1		A church, co	nvention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(1	1)(A)(i).				
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 99	90-EZ).)					
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).				
4		A medical res	search organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A	.)(iii). Enter	the h	ospital's name,	,
		city, and stat	e:									
5		An organizat	ion operated fo	or the benefit of a col	lege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in		
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	Х	An organizat	ion that norma	Illy receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from t	ne general j	oublic	described in	
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)								
8					(1)(A)(vi). (Complete Parl	t II.)						
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(i	i <b>x)</b> operate	ed in conju	unction with a	land-grant	colleg	je	
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
		university:	-						-			
10		An organizati	ion that norma	Illy receives: (1) more	than 33 1/3% of its supp	port from a	contributio	ns, members	hip fees, an	d gro	ss receipts fror	m
					t to certain exceptions,							
					(less section 511 tax) fro					-		
				mplete Part III.)	,			, ,			,	
11				. ,	vely to test for public sat	ety. See	section 50	09(a)(4).				
12		0	0		vely for the benefit of, to	•			rrv out the	purpo	oses of one or	
		•	-	-	d in section 509(a)(1) o				•			
				-	f supporting organizatior							
а		7	-	• •	upervised, or controlled		-		-	aivina	I	
					gularly appoint or elect a	• • • •	-					
			•	complete Part IV, Se		, ,					5	
b				-	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hay	vina		
-				-	anization vested in the sa			•		-	ł	
			-	t complete Part IV,		and perce			90 illo ocipi			
с				-	g organization operated	in connect	tion with, a	and functiona	llv integrate	ed with	n.	
Ū			-		). You must complete F				ny mograte	a ma	',	
d		7			orting organization oper				rted organiz	zation	(s)	
			-		ation generally must sati				-			
			-		nplete Part IV, Sections	-		-		1011000	5	
е		7			written determination from				II. Type III			
Ũ	L		•		nally integrated supportir			Type I, Type	n, rype m			
f	Ente		of supported of		any integrated supportin	ig organiz	ation.					
a			• •	n about the supporte	d organization(s)							
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi	) Amount of othe	r
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	suppo	ort (see instructio	ons
<b>-</b>												—
Tota												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

# Schedule A (Form 990 or 990-EZ) 2018 LYNN SAGE CANCER RESEARCH FOUNDATION 36-3727715 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1632956.	1543962.	619,959.	774,522.	1391916.	5963315.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1622056	1542062	(10 050		1201010	F0C221F
	Total. Add lines 1 through 3	1632956.	1543962.	619,959.	774,522.	1391916.	5963315.
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,						1 4 4 0 0 0
	column (f)						144,898.
	Public support. Subtract line 5 from line 4.						5818417.
		(-) 001 (	(1-) 0045	(-) 0010	(1) 0017	(-) 0010	(0) <b>T</b> - + -
	ndar year (or fiscal year beginning in)	(a) 2014 1632956.	(b) 2015 1543962.	(c) 2016 619,959.	(d) 2017 774,522.	(e)2018 1391916.	(f) Total 5963315.
	Amounts from line 4	1032930.	1545902.	019,959.	114,522.	1391910.	<u> </u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	6,903.	18,199.	37,940.	44,700.	40,187.	147,929.
~	and income from similar sources	0,903.	10,199.	57,940.	44,700.	40,10/.	147,929.
9							
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						6111244.
	<b>Total support.</b> Add lines 7 through 10					10	0111244.
	Gross receipts from related activities,		,				
13	First five years. If the Form 990 is for	-			-		
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per					
	Public support percentage for 2018 (I			olumn (f))		14	95.21 %
	Public support percentage from 2017		•			15	94.80 %
	<b>33 1/3% support test - 2018.</b> If the c					· · · · ·	
100	stop here. The organization qualifies						► V
h	33 1/3% support test - 2017. If the c		•			or more, check thi	
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
170	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
Ь	10% -facts-and-circumstances test						
N	more, and if the organization meets th	0					
	organization meets the "facts-and-circ						´ ▶□
18	Private foundation. If the organization						
				., ,		edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 201

832022 10-11-18

# Schedule A (Form 990 or 990-EZ) 2018 LYNN SAGE CANCER RESEARCH FOUNDATION 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.)

Sec	tion A. Public Support	-					
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
1 a	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here	-					
Sec	tion C. Computation of Publi						
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
	tion D. Computation of Inves					•	
17	Investment income percentage for 20		mn (f), divided by	ine 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box ar						
b	<b>33 1/3% support tests - 2017.</b> If the						and
	line 18 is not more than 33 1/3%, che						
	<b>Private foundation.</b> If the organization			•		0	
	3 10-11-18	<u></u>		, c, oncon t			0 or 990-EZ) 2018
20202	·•		20	)	501		

### 17111024 144198 33900.33900

# Schedule A (Form 990 or 990-EZ) 2018 LYNN SAGE CANCER RESEARCH FOUNDATION

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2018

10b

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2018.04030 LYNN SAGE CANCER RESEARCH 33900.31

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Yes No

# Schedule A (Form 990 or 990-EZ) 2018 LYNN SAGE CANCER RESEARCH FOUNDATION 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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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		
Sec	tion 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	-		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c o	L The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> how you supported a government entity (see instr Activities Test. <b>Answer (a) and (b) below.</b>	uctions	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	INU
а	the supported organization(s) to which the organization was responsive? If "Yes." then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

22

832025 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

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	dule A (Form 990 or 990-EZ) 2018 LYNN SAGE CANCER RESEAR			36-3727715 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	•		n Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ted Type III supporting o	rganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

# Schedule A (Form 990 or 990 EZ) 2018 LYNN SAGE CANCER RESEARCH FOUNDATION

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
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	ne organization is responsive		
	(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			
Secti	on 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
	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)			
j	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 <b>Part VI.</b> 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.			
8	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

832027 10-11-18

Schedule A	(Form 990 or 990-EZ)	2018 LYNN	SAGE	CANCER	RESEARCH	FOUNDATIO	N 36-372771	5 Page 8
Part VI	Part IV, Section A, Ii	ines 1, 2, 3b, 30	c, 4b, 4c, 5a	a, 6, 9a, 9b, 9d	c, 11a, 11b, and 1	Ic; Part IV, Section	ne 17a or 17b; Part III, line 12 B, lines 1 and 2; Part IV, Sect 1; Part V, Section B, line 1e;	ion C,
	Section D, lines 5, 6 (See instructions.)	6, and 8; and Pa	irt V, Sectio	n E, lines 2, 5	, and 6. Also comp	blete this part for an	y additional information.	rait v,
832028 10-11-1	8						Schedule A (Form 990 or 99	90-EZ) 2018
	111100 2200	0 22000		20	25		CANCED DECEADOU	

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### Schedule B

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

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

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

OMB No. 1545-0047

2018

Employer identification number

36-3727715
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Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					

LYNN SAGE CANCER RESEARCH FOUNDATION

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

**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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Name of organization

Employer identification number

36-3727715

#### LYNN SAGE CANCER RESEARCH FOUNDATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 37,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 2 X Person Payroll 40,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 40,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) 823452 11-08-18

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

28

Name of organization

Employer identification number

LYNN SAGE CANCER RESEARCH FOUNDATION

36-3727715

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(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
23453 11-08-	18	\$Schedule B (Form	990, 990-EZ, or 990-PF) (2

29

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Schedule I	B (Form 990, 990-EZ, or 990-PF) (2018)		Page <b>4</b>				
Name of o	rganization		Employer identification number				
LYNN S	SAGE CANCER RESEARCH FOU	INDATION	36-3727715				
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious.	) through (e) and the following line entricharitable, etc., contributions of \$1,000 or I	ry. For organizations ess for the year. (Enter this info. once.) \$				
	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship 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) Transfer of gift	· · · · · · · · · · · · · · · · · · ·				
	Transferee's name, address, a	nd ZIP + 4	Relationship 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) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship 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) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
823454 11-08	2-18		Schedule B (Form 990, 990-FZ, or 990-PE) (2018)				

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SCHEDULE D	)
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Department of the Treasury Internal Revenue Service

<del>9</del> 0)

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.



Name of the organization

#### LYNN SAGE CANCER RESEARCH FOUNDATION

Employer identification number 36-3727715

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the								
	organization answered "Yes" on Form 990, Part IV, lin	e 6.							
		(a) Donor advised funds	(b	) Funds and other accounts					
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds	s					
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No					
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used on	ly					
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferrin	g					
_									
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, I	Part IV, I	ne 7.					
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).							
	Preservation of land for public use (e.g., recreation or e	· _							
	Protection of natural habitat	Preservation of a cert	tified his <sup>-</sup>	toric structure					
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a con						
	day of the tax year.			Held at the End of the Tax Year					
			······  -	<u>2a</u>					
			F	<u>2b</u>					
	Number of conservation easements on a certified historic stru-			<u>2c</u>					
d	Number of conservation easements included in (c) acquired a								
	listed in the National Register			2d					
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organiz	ation during the tax					
	year								
4	Number of states where property subject to conservation eas								
5	Does the organization have a written policy regarding the per								
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,								
0		handling of violations, and emotering cons	Scivation	easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva-	tion ease	ements during the year					
•									
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(	h)(4)(B)(i)						
	and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservation								
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the orga	nization's accounting for					
	conservation easements.		-	-					
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Si	nilar Assets.					
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.							
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	nent and	balance sheet works of art,					
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of p	ublic service, provide, in Part XIII,					
	the text of the footnote to its financial statements that describ	bes these items.							
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and bala	ance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of put	blic servi	ce, provide the following amounts					
	relating to these items:								
	(i) Revenue included on Form 990, Part VIII, line 1			► \$					
				► \$					
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	l gain, pr	rovide					
	the following amounts required to be reported under SFAS 1								
	Revenue included on Form 990, Part VIII, line 1			\$					
	Assets included in Form 990, Part X			► \$					
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2018					
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Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	orical Tr	easures, o	r Other	r Similaı	r Assets	continu	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t are a się	gnificant u	se of its o	ollection i	tems	
	(check all that apply):										
а	Public exhibition	d	I 🗌 L	_oan or ex	change progr	ams					
b	Scholarly research	е	. 🗌 (	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how the	ey further t	the organization	on's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	torical trea	asures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizati	on answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	ontributior	ns or other as	sets not i	ncluded				_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:							
									Amount		
С	Beginning balance						. <b>1</b> c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						. <b>1</b> f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or c	custodial acco	ount liabili	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	<b>t V</b> Endowment Funds. Complete i	f the organization an	swered "	'Yes" on F					1		
		(a) Current year	<b>(b)</b> Pi	rior year	(c) Two yea	irs back	(d) Three y	ears back	<b>(e)</b> Four <u>y</u>	years t	Jack
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 of the curr	ent year end balance	e (line 1g	, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that	are held a	and administe	red for th	e organiza	ation	-		
	by:								· '	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Sc	hedule R?	•				3b		
4	Describe in Part XIII the intended uses of the		wment fu	ınds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or o		• •	st or other		ccumulate	ed	<b>(d)</b> Book	value	;
		basis (investr	nent)	Dasis	s (other)	ae	preciation				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										<u> </u>
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, colum	n (B), line	10c.)						0.
								Schedule	D (Form	990)	2018

832052 10-29-18

(a) Description of security or category (including name of security		ne 11b. See Form 990, Part X, lir	Cost or end-of-year market value
			Cost of child of year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Ye			
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.			
Complete if the organization answered "Ye	s" on Form 990. Part IV. li	ne 11d. See Form 990. Part X. lir	ne 15.
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B)   Part X Other Liabilities.	line 15.)		
Complete if the organization answered "Ye	s" on Form 990, Part IV. li	ne 11e or 11f. See Form 990. Pa	rt X, line 25.
(a) Description of liability	,	(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(-)			
(9) otal. <u>(Column (b) must equal Form 990, Part X, col. (B)</u>			

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

832053 10-29-18

17111024 144198 33900.33900

#### Schedule D (Form 990) 2018 LYNN SAGE Part VII Investments - Other Securities LYNN SAGE CANCER RESEARCH FOUNDATION

36-3727715 Page 3

	edule D (Form 990) 2018 LYNN SAGE CANCER RESEARCH FOUND			3727715 Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements Wit	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	1,123,486.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a	-216,647.		
b	Donated services and use of facilities 2b			
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines <b>2a</b> through <b>2d</b>		2e	-216,647.
3	Subtract line <b>2e</b> from line <b>1</b>		3	1,340,133.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	21,029.		
b	Other (Describe in Part XIII.) 4b			
с	Add lines <b>4a</b> and <b>4b</b>		4c	21,029.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,361,162.
Pa	rt XII   Deconciliation of Expenses per Audited Einancial Statements W	ik Evenennen nev E	<b>`</b> - <b>1</b>	
	rt XII Reconciliation of Expenses per Audited Financial Statements W	ith Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ith Expenses per F	retur	
1			tetur	n. 666,322.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         2b			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)			<u>666,322.</u> 0.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)		1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d		1 2e 3	<u>666,322.</u> 0.
1 2 b c d 8 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:		1 2e 3	<u>666,322.</u> 0.
1 2 6 6 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:		1 2e 3	666,322. 0. 666,322.
1 2 d c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	21,029.	1 2e 3	666,322. 0. 666,322. 21,029.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       Investment expenses not included on Form 990, Part VIII, line 7b         4a       Other (Describe in Part XIII.)       4b	21,029.	1 2e 3	666,322. 0. 666,322.

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

PART X, LINE 2:

THE FOUNDATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN
EVALUATING UNCERTAIN TAX POSITIONS. THE GUIDANCE PRESCRIBES RECOGNITION
THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX
POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT
CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE FOUNDATION
FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2018 AND 2017. THE
FOUNDATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL
AND STATE AUTHORITIES.

34

832054 10-29-18

Schedule D	(Form 990) 2018 Supplemental Infor	LYNN	SAGE	CANCER	RESEARCH	FOUNDATION	36-3727715	Page <b>5</b>
Part XIII	Supplemental Infor	mation <sub>(c</sub>	continued)	)				
							Schedule D (Form 9	90) 2018

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SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						ities	OMB No. 1545-0047		
(Form 990 or 990-EZ)						Part IV, line 17, 18, o rm 990-EZ, line 6a.	r 19,	or if the	2018
Denotes the filler Transmission		•	tach to Form 990			-			Open to Public
Department of the Treasury Internal Revenue Service	► Go					the latest information	on.		Inspection
Name of the organization									entification number
Dort L Eundroid			RESEARCH					36-3727	
	complete this part		rganization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-Ez	filers are not
c Phone solici d X In-person so 2 a Did the organizatio	ions email solicitations tations licitations on have a written o ed in Form 990, Pa I highest paid indiv	r oral agreement v art VII) or entity in riduals or entities (	e X Solicitat f Solicitat g X Special vith any individual connection with p	tion of tion of fundra (includ	non-g gover ising of ing of	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Ad	ctivity	(iii) fundr have cr or con contribu	aiser Jstody trol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			.,	
Total 3 List all states in whi or licensing.	ich the organizatio	n is registered or I	icensed to solicit c	ontrib	▶ utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instru	ctions for Form 9	90 or	990-E	Z. S	Sche	dule G (Form §	990 or 990-EZ) 2018

832081 10-03-18

36-3727715 Page 2 Schedule G (Form 990 or 990 EZ) 2018 LYNN SAGE CANCER RESEARCH FOUNDATION Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr		,	•	s greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			GALA	GOLF	1	(add col. (a) through	
			(event type)	(event type)	(total number)	col. <b>(c)</b> )	
Revenue	1	Gross receipts	747,520.	191,032.	74,302.	1,012,854.	
	2	Less: Contributions	577,355.	187,841.	34,205.	799,401	
	3	Gross income (line 1 minus line 2)	170,165.	3,191.	40,097.	213,453	
	4	Cash prizes		2,600.		2,600.	
	5	Noncash prizes	735.	15,682.		16,417.	
Direct Expenses	6	Rent/facility costs	83,195.	53,861.	17,686.	154,742.	
ect Ex	7	Food and beverages	264.		1,295.	1,559.	
ä	8	Entertainment	50,000.		2,570.		
	9	Other direct expenses		13,032.	12,268.	140,465.	
		Direct expense summary. Add lines 4 through			🕨	<u>368,353</u> -154,900	
	rt I	Net income summary. Subtract line 10 from I <b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.		1 990, Part IV, line 19, or r	eported 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					
SS	2	Cash prizes					
xpense	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
	5	Other direct expenses					
		Volunteer labor	Yes %	└── Yes % └── No	└── Yes % └── No		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)				

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Yes

No

No

Sch	edule G (Form 990 or 990-EZ) 2018 LYNN SAGE CANCER RESEARCH FOUNDATION 36-3	372771	D Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
45-		Yes	No
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party $ ightarrow$ \$		
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		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		┌┐
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year <b>s</b> <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I.	rt III lines 9	9b 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	r III, III 03 0,	55, 105,
83208	IS 10-03-18 Schedule G (Forr	n 990 or 99	0-EZ) 2018
	38		

Schedule G	(Form 990 or 990-EZ) Supplemental Inform	LYNN	SAGE	CANCER	RESEARCH	FOUNDATION	36-3727715	Page 4
Part IV	Supplemental Inform	nation	(continued)					
							Schedule G (Form 990 or	990-EZ)

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individual	s in the Uni on Form 990, Pa	ted States		OMB No. 1545-0047			
Department of the Treasury Internal Revenue Service			Open to Public Inspection							
Name of the organization	CANCER R	ESEARCH FOU	-				Employer identification number $36 - 3727715$			
Part I General Information on Grants a										
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance?				-					
Part II Grants and Other Assistance to	Domestic Organiz	zations and Domestic	<b>Governments.</b> C	complete if the org	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any			
recipient that received more than <b>1 (a)</b> Name and address of organization or government	\$5,000. Part II can (b) EIN	be duplicated if additi (c) IRC section (if applicable)	onal space is need (d) Amount of cash grant	ed. (e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance			
NORTHWESTERN MEMORIAL HEALTHCARE 251 E. HURON STREET CHICAGO, IL 60611	37-0960170	501(C)(3)	556,965.	0.			SEE PART IV			
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>	is listed in the line <sup>.</sup>	1 table								

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

#### Schedule I (Form 990) (2018) LYNN SAGE CANCER RESEARCH FOUNDATION

36-3727715

Page 2

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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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 II, LINE 1(H):

GRANTS TO SUPPORT BREAST CANCER RESEARCH.

SCHEDULE I, PART IV:

DURING 2003, THE FOUNDATION ENTERED INTO AN AFFILIATION AGREEMENT WITH

NORTHWESTERN MEMORIAL FOUNDATION (NMF). THE PARTIES HAVE AGREED THAT

NMF WILL BE THE SOLE ORGANIZATION AFFILIATE OF THE LYNN SAGE CANCER

RESEARCH FOUNDATION. BOTH NORTHWESTERN MEMORIAL HOSPITAL (NMH) AND

#### FEINBERG SCHOOL OF MEDICINE AT NORTHWESTERN UNIVERSITY WILL REAMIN AS

Schedule I (Form 990) LY	<u>/NN SAGE CANC</u> ation	ER RESEARCH	I FOUNDATI	ON 30	5-3727715	Page <b>2</b>
THE FOUNDATION'S PRIN	CIPAL ORGANI	ZATIONAL BE	NEFICIARII	ES THROUGH	I GRANTS	
FROM THE FOUNDATION.	ON OCCASION,	THE FOUNDA	TION MAY 1	PROVIDE FI	INANCIAL	
GIFTS OR OTHER ASSIST	ANCE TO CANC	ER SUPPORT (	ORGANIZAT	LONS SUCH	AS Y-ME.	
832291					Schedule I (Fo	orm 990)
04-01-18		42				

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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



Employer identification number 36-3727715

#### FORM 990, PART I, LINE 1

INNOVATIVE CONTRIBUTIONS TO THE UNDERSTANDING, RESEARCH AND TREATMENT

LYNN SAGE CANCER RESEARCH FOUNDATION

OF BREAST CANCER, IN PARTNERSHIP WITH NORTHWESTERN MEMORIAL HOSPITAL

AND THE ROBERT H. LURIE COMPREHENSIVE CANCER CENTER OF NORTHWESTERN

UNIVERSITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

#### NORTHWESTERN UNIVERSITY

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BREAST CANCER. GRANTS: LSCRF AWARDS SEED FUNDING FOR RESEARCH THAT

DEMONSTRATES THE POTENTIAL TO IMPROVE THE DETECTION AND TREATMENT OF

BREAST CANCER. THESE GRANTS HELP RESEARCHERS PURSUE PROMISING IDEAS AND

NOVEL CONCEPTS. FOR PROJECTS THAT DEMONSTRATE GREAT POTENTIAL,

RESEARCHERS CAN THEN PURSUE LARGER GRANTS FROM ORGANIZATIONS AND

GOVERNMENTAL AGENCIES SUCH AS THE NATIONAL CANCER INSTITUTE. THE BREAST

CANCER LEADERSHIP AT NORTHWESTERN ANNUALLY SELECTS THE MOST WORTHY

PROJECTS. FUNDING TO EXPLORE NEW IDEAS IS ESSENTIAL TO FINDING A CURE

FOR BREAST CANCER. FOR EVERY \$1.00 LSCRF HAS AWARDED TO BREAST CANCER

RESEARCH AT NORTHWESTERN, \$4.00 IS AWARDED BY THE NATIONAL CANCER

INSTITUTE AND OTHER GRANTING AGENCIES. FELLOWSHIPS: LSCRF HAS FUNDED 45

FELLOWS IN THE AREAS OF BREAST SURGERY, BREAST IMAGING, BREAST MEDICAL

ONCOLOGY, BREAST RECONSTRUCTION, AND OBSTETRICS AND GYNECOLOGY,

ENSURING THAT THERE ARE MORE PHYSICIANS WHO HAVE SPECIALIZED TRAINING

IN THE RESEARCH AND TREATMENT OF BREAST CANCER. EDUCATION: THE LYNN

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

 832211
 10-10-18

43

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization LYNN SAGE CANCER RESEARCH FOUNDATION	Employer identification number 36-3727715
SAGE BREAST CANCER SYMPOSIUM, WHICH IS NOW ONE OF THE LARG	EST MEDICAL
EDUCATION CONFERENCES IN THE WORLD DEVOTED TO EDUCATING CO	MMUNITY
CLINICIANS ON THE LATEST INFORMATION ON BREAST CANCER. DOC	TORS FROM
OVER 28 COUNTRIES HAVE PARTICIPATED IN THIS 4 DAY CONFEREN	CE.
FORM 990, PART VI, SECTION A, LINE 2:	
FAMILY RELATIONSHIPS INCLUDE:	
JUDY KAHN AND EILEEN KAHN STEIN MOTHER/DAUGHTER	
CHARLENE LIEBER AND STEPHANIE LIEBER MOTHER/DAUGHTER	
ELLEN SOREN AND MEREDITH SOREN FREESE MOTHER/DAUGHTER	
LILI ANN ZISOOK AND RICKY ZISOOK MARRIED	
LILI ANN ZISOOK, RICKY ZISOOK, ALLISON ZISOOK GOLDSTEIN, A	SHLEY SNITZ AND
ZACH ZISOOK FAMILY	
ANDY CAHAN AND MELISSA MAZZETTA MOTHER/DAUGHTER	
SARAH NEMEROVSKI AND TERRI LIND DAUGHTER IN LAW / MOTHER	IN LAW
DANA LIEBERMAN PRICE AND BARBARA LIEBERMAN DAUGHTER / MOT	HER
DALIA RATNER AND YAEL RATNER SILVERMAN MOTHER / DAUGHTER	
RONNA ISAACS-STOLMAN AND JENNIFER MEYERS MOTHER/DAUGHTER	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WILL BE DISTRIBUTED VIA E-MAIL TO ALL BOARD M	EMBERS PRIOR TO
BEING FILED. ALL COMMENTS OR QUESTIONS WILL BE ADDRESSED	IN CONSULTATION
WITH AUDITORS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
LYNN SAGE CANCER RESEARCH FOUNDATION REQUIRES ALL MEMBERS	TO SIGN AND

DISCLOSE THE CONFLICT OF INTEREST POLICY INCLUDED IN EACH MEMBERS DUES

LYNN SAGE CANCER RESEARCH FOUNDATION TRACKS ALL DISCLOSED STATEMENT. 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) 44 2018.04030 LYNN SAGE CANCER RESEARCH 33900.31

PART XII, LINE 2C:							
THE ORGANIZATION HAS NOT CHANG	ED EITHER	ITS	OVERSIG	HT	PROCESS	OR	
SELECTION PROCESS DURING THE	AX YEAR.						
832212 10-10-18					Schedule O	(Form 990 or 99	0-EZ) (2018
11024 144198 33900.33900	4 2018		0 LYNN S	SAGF	E CANCER	R RESEARCH	I 3390(

\_\_\_\_\_

FORM 990, PART VI, SECTION C, LINE 19:

OF JANUARY 1, 2010.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

### CONFLICTS RECEIVED AND REVIEWS ANY POTENTIAL VIOLATERS.

LYNN SAGE CANCER RESEARCH FOUNDATION

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

THEY HAVE BEEN ADDED TO THE LYNN SAGE CANCER RESEARCH FOUNDATION WEBSITE AS