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Form			U

Department of the Treasury Internal Revenue Service

# 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.

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

OMB No. 1545-0047

ΑF	or th	e 2013 calendar year, or tax year beginning and o	ending		
Ba	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre	THE ULMAN CANCER FUND FOR YOUNG ADULTS	S		
	Name	e Doing Business As	52-2	057636	
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Termi ated	921 EAST FORT AVENUE	325	410-	964-0202
	Amen return	ded City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,378,737.
	Applie tion	BALTIMORE, MD 21230		H(a) Is this a group re	eturn
	pendi	<sup>ng</sup> F Name and address of principal officer: BROCK YETSO		for subordinates	? Yes X No
		921 EAST FORT AVENUE, SUITE 325, BALTIM	MORE,	H(b) Are all subordinates ir	ncluded? Yes No
		empt status: 🗶 501(c)(3) 📖 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) c	or 🔄 527	lf "No," attach a	list. (see instructions)
		te: 🕨 WWW.ULMANFUND.ORG		H(c) Group exemption	n number 🕨
κF	orm o	i organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other ►	L Year	of formation: 1997 N	State of legal domicile: MD
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO EN	NHANCE	LIVES BY S	UPPORTING,
anc		EDUCATING AND CONNECTING YOUNG ADULTS, AN	ND THE	IR LOVED ON	ES AFFECTED
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
0 Vē	3	Number of voting members of the governing body (Part VI, line 1a)		3	17
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b) _			17
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	25	
viti	6	Total number of volunteers (estimate if necessary)	6	1500	
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			-576.
_		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		1,296,855.	1,811,487.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-30,794.	1,572.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		198,669.	158,945.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,464,730.	1,972,004.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		39,500.	58,750.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		626,661.	831,548.
ŝns	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	35.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		859,992.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,526,153.	1,846,789.
	19	Revenue less expenses. Subtract line 18 from line 12		-61,423.	125,215.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		552,014.	769,570.
it As	21	Total liabilities (Part X, line 26)		290,904.	390,431.
		Net assets or fund balances. Subtract line 21 from line 20		261,110.	379,139.
	art II	Signature Block			
Und	er pen	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	y 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 Here		E DIRECTOR		Date						
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	MARK STEINBERG			"self-employed P01345125						
Preparer	Firm's name 🕨 HERTZBACH & COME	PANY, P.A.		Firm's EIN 52-1158459						
Use Only	Firm's address 💊 800 RED BROOK BC	DULEVARD, SUITE 300								
OWINGS MILLS, MD 21117 Phone no.410-363-3200										
May the IRS discuss this return with the preparer shown above? (see instructions)										
332001 10-29-13LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2013)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1 990 (2013) THE ULMAN CANCER FUND FOR YOUNG ADULTS 52-2057636 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: A LEADING VOICE IN THE YOUNG ADULT CANCER MOVEMENT, WE ARE WORKING AT
	A GRASSROOTS LEVEL TO SUPPORT, EDUCATE, CONNECT, AND EMPOWER YOUNG
	ADULT CANCER SURVIVORS. SINCE INCEPTION IN 1997, WE HAVE BEEN WORKING
	TIRELESSLY AT BOTH THE COMMUNITY LEVEL AND WITH OUR NATIONAL PARTNERS
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 725,533. including grants of \$ ) (Revenue \$ )
	ONE-ON-ONE PATIENT NAVIGATION: WEBSITE, TOLL-FREE HOTLINE AND
	FACE-TO-FACE INTERACTION IN CANCER CENTERS PROVIDING SUPPORT AND
	NAVIGATION SERVICES FOR YOUNG ADULTS AND FAMILIES AFFECTED BY CANCER
4b	(Code: ) (Expenses \$ 478,192. including grants of \$ ) (Revenue \$ )
40	(Code:) (Expenses \$478,192. including grants of \$) (Revenue \$) (Revenue \$) SUPPORT THROUGH SPORT PROGRAMS & EXPERIENCES THAT UNITE PEOPLE AND
	COMMUNITIES IN THE FIGHT AGAINST CANCER THROUGH SERVICE, EDUCATION AND
	ACTIVATION: TEAM FIGHT, 4K FOR CANCER, HALF FULL TRIATHLON
4c	(Code: ) (Expenses \$ 280,319. including grants of \$ 58,750.) (Revenue \$ )
40	(Code: ) (Expenses \$ 280,319 including grants of \$ 58,750 i) (Revenue \$ ) UNIVERSITY & COMMUNITY OUTREACH SUPPORT PROGRAMS: COLLEGE SCHOLARSHIPS,
	4K FOR CANCER, HELPING OTHERS FIGHT
	· · ·
<u></u>	Other program convisoes (Despribe in Schedule O.)
4d	Other program services (Describe in Schedule O.)         (Expenses \$ 164,894. including grants of \$ ) (Revenue \$ )
4e	(Expenses \$ 164,894 • including grants of \$ ) (Revenue \$ )         Total program service expenses ▶ 1,648,938 •
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Form 990 (			ULMAN	-
Part IV	Checklist	of Required	I Schedu	les

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	~		
5	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	5		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44-	х	
b		11a	- 23	
D		11b		х
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	115		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i>	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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 so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		Х	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Δ	x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
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," <i>complete Schedule L, Part IV</i>	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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?		37	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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	Check if Schedule O contains a response or note to any line in this Part V							
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	16					
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?							
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	25					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions							
3a				3a		Х		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other							
	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		Х		
b	If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accou	nts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	)	5b		Х		
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a								
	any contributions that were not tax deductible as charitable contributions?			6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut							
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a	X X			
b								
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired					
	to file Form 8282?			7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di							
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	he during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the organization make any taxable distributions under section 4966?			9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:	10						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against	116						
10-	amounts due or received from them.)	11b	<u> </u>	10-				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	104 1		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.			13a				
d	Is the organization licensed to issue qualified health plans in more than one state?			134				
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.							
U	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b						
~	Enter the amount of reserves on hand	130 13c						
			l	14a		X		
	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedul			14a				

THE ULMAN CANCER FUND FOR YOUNG ADULTS

Statements Regarding Other IRS Filings and Tax Compliance

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Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			v
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		V	
10	Enter the number of voting members of the governing body at the end of the tax year 1a 17		Yes	No
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year	1		
	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 <b>1b</b>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
-	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
• ••	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	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 reached 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 Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright  ext{MD}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization o	tion: 🕨	•	
	BROCK YETSO - 4109640202			
	921 EAST FORT AVE, SUITE 325, BALTIMORE, MD 21230			
332000	5 10-29-13	Form	990	(2013)
1 - 4	6	1 ~ -		0.1
151	117 795281 13196.001 2013.05000 THE ULMAN CANCER FUND FOR Y	_13]	L96.	• U I

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	1	l	41 1120			npe	1541			(E)
(A)	(B)			Pos	C) ition			(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per		box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week						ŕ	from the	from related	other
	(list any hours for	Individual trustee or director						organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	tee			satec		(W-2/1099-MISC)	(***2/1033*101100)	organization
	organizations	ruste	l trus		/ee	mpen				and related
	below	d ual t	Institutional trustee		Key employee	Highest compensated employee	5			organizations
	line)	ndivi	nstitu	Officer	(ey ei	Highe	ome			5
(1) DIANA ULMAN	1.50	-	_			1.0		~		
FOUNDING MEMBER		x		-				0.	0.	0.
(2) DOUGLAS ULMAN	1.50									
FOUNDING MEMBER		X						0.	0.	0.
(3) CHRIS SPROULE	1.50									
VICE CHAIR		Х		Х				0.	0.	0.
(4) LARRY LETOW	1.50									
CHAIRMAN		Х		Х				0.	0.	0.
(5) ANDY VELIUONA	1.50								_	_
SECRETARY		Х		X				0.	0.	0.
(6) BLAIR HILL	1.50									
TREASURER		Х		Х				0.	0.	0.
(7) CHRIS ZHALIS	1.50								_	_
DIRECTOR		Х						0.	0.	0.
(8) JIM WOOD	1.50								_	_
DIRECTOR		Х						0.	0.	0.
(9) RYAN HANLEY	1.50									
DIRECTOR		Х						0.	0.	0.
(10) JESSICA TANNER	1.50									
DIRECTOR		Х						0.	0.	0.
(11) GWYN REECE	1.50								_	_
DIRECTOR		х						0.	0.	0.
(12) MICHAEL SILVERMAN	1.50									
DIRECTOR	1 50	X						0.	0.	0.
(13) RICH WALEGA	1.50									
DIRECTOR	1 50	X						0.	0.	0.
(14) KIM SHERIDAN	1.50									
DIRECTOR	1 50	X						0.	0.	0.
(15) BARRON STROUD	1.50									
DIRECTOR	1 50	х						0.	0.	0.
(16) GARY LOMBARDO	1.50									
DIRECTOR		X						0.	0.	0.
(17) CHERYL DUVALL	1.50									
DIRECTOR		X						0.	0.	0.
332007 10-29-13						_				Form <b>990</b> (2013)

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Form	990 (2013)	THE ULMAN	I CANCEF	ł	TUP	1D	FC	DR	Y	OUNG ADU	JLTS	52-2	<u>057</u>	636	Pa	age <b>8</b>
Par	t VII Section A. Officers,	Directors, Trust	ees, Key Em	oloy	ees,	, and	l Hi	ghe	st C	Compensated	Employe	es (continued)				
	(A)		(B)			(C	;)			(D)		(E)			(F)	
	Name and title		Average			Posit				Reporta	ble	Reportable	)		imate	d
			hours per	(do not check more than on box, unless person is both a officer and a director/trustee						compens		compensatio	on amo		ount o	of
			week	offic	cer an	d a dir	recto	or/trus	tee)	from	I	from related	b			
			(list any	ector						the		organization		comp	ensa	tion
			hours for	or dir	e			ated		organiza		(W-2/1099-MI	SC)		m the	
			related organizations	istee	truste		æ	pensi		(W-2/1099-	MISC)			u v	nizati	
			below	ual tri	ional		ploye	t com						orgar	relate	
			line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					orgai	nzaik	5113
(18)	BROCK YETSO		40.00				×	1 0								
EXEC	UTIVE DIRECTOR	l l l l l l l l l l l l l l l l l l l				х				107	,712.		0.	3	, 0	81.
(19)	BRIAN SATOLA		40.00								•					
CHIE	F OPERATING OFFICER	ľ				х				85	,692.		Ο.	2	, 3	91.
							_									
										100	10.4					
	Sub-total									193	,404.		0.	5	,4	72.
	Total from continuation s									102	0.		0.			<u> </u>
d	Total (add lines 1b and 1c										,404.		0.	5	5,4	72.
2	Total number of individuals		ot limited to th	ose	liste	ed ab	ove	e) wł	no re	eceived more t	than \$100	,000 of reportab	le			1
	compensation from the org	anization 🕨														<u> </u>
_															Yes	No
3	Did the organization list any			istee	e, ke	y em	nplo	yee,	or	highest compe	ensated e	mployee on				37
	line 1a? If "Yes," complete													3		X
4	For any individual listed on				•							the organization				37
_	and related organizations g	•												4		<u>x</u>
5	Did any person listed on lin		=				-			-			6	_		v
0	rendered to the organizatio		olete Schedule	e J f	or sı	ich p	pers	son .						5		X
	tion B. Independent Contra											<u></u>				
1	Complete this table for you	-	-										npens	ation fro	om	
	the organization. Report co		he calendar ye	ear e	endi	ng w	nth (	or w	itnir	n the organizat		year.		(0)		
	Nam	(A) ne and business a	address	мc	ONE	7				Descri	(B) iption of s	ervices	C	(C) ompen:		n
				IIC		-			-	20001				ompon	oution	
									+							
2	Total number of independe		-	ot lii	mite	d to 1		•	stec	d above) who re	eceived m	ore than				
	\$100,000 of compensation	from the organiz	ation 🕨				(	)							00	
332008 10-29-														Form 9	90 (2	2013)
10-29-	13							8								
								o								

Form 990 (20	13)
Part VIII	60

## THE ULMAN CANCER FUND FOR YOUNG ADULTS

(A)

52-2057636 Page 9

**(C)** Unrelated

/III   Statement of Revenue	
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Check if Schedule O contains a response or note to any line in this Part VIII

a Totale program server evence   a Total Add lines 221   3 Investment income (including dividends, interest, and other similar amounts)   4 Income from investment of tax exempt bond proceeds   5 Royatties   6 a Gross rents   9 O 0.   b Less: cental expenses   0.   29,000.   0.   29,000.   0.   29,000.   0.   29,000.   0.   29,000.   0.   29,000.   0.   29,000.   0.   29,000.   0.   29,000.   0.   29,000.   0.   29,000.   0.   29,000.   16,284.33,463.   -4,381.   -12,442.   9 a Gross income from fundraising events   b Less: circl expenses   b Less: cir						(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D</b> Revenue e from tax sectio 512 -
2 a	1 <u>I</u>					_			
2 a					107 200	-			
2 a       b       b       b       b       b       b       c	Ā				197,362.	2			
2 a       b       b       b       b       b       c						-			
2 a       b       b       b       b       b       b       c				′		-			
2 a       b       b       b       b       b       b       c	er	f			C14 10E				
2 a       b       b       b       b       b       c			similar amounts not included above	<b>  1f  ⊥</b>	,014,123. 	-			
2 a       b       b       b       b       b       b       c						1 011 407			
2 a		h	Total. Add lines 1a-1f						
a dots a dots   a truestment income (including dividends, interest, and other similar amounts)   b income from investment of tax exempt bond proceeds   5 Royatties   6 a Gross rents   9 other and a spenses   0.    0.    0.    0.   0.    0.    0.    0.    0.    0.    0.    0.    10.    0.    11.    11.    0.    12.    13.    14.    15.    15.    16.    16.    16.    16.   16.    16.    17.    17.    18.    19.    19.    10.   10.    10.   10.    10.   10.  <					Business Code				
a dots a dots   a truestment income (including dividends, interest, and other similar amounts)   b income from investment of tax exempt bond proceeds   5 Royatties   6 a Gross rents   9 other and a spenses   0.    0.    0.    0.   0.    0.    0.    0.    0.    0.    0.    0.    10.    0.    11.    11.    0.    12.    13.    14.    15.    15.    16.    16.    16.    16.   16.    16.    17.    17.    18.    19.    19.    10.   10.    10.   10.    10.   10.  <	2								
a dots a dots   a truestment income (including dividends, interest, and other similar amounts)   b income from investment of tax exempt bond proceeds   5 Royatties   6 a Gross rents   9 other and a spenses   0.    0.    0.    0.   0.    0.    0.    0.    0.    0.    0.    0.    10.    0.    11.    11.    0.    12.    13.    14.    15.    15.    16.    16.    16.    16.   16.    16.    17.    17.    18.    19.    19.    10.   10.    10.   10.    10.   10.  <	Ine								
a Total Add lines 2a2t   a Total Add lines 2a2t   b Investment income (including dividends, interest, and other similar amounts)   c Total Add lines 1a11d   b Income from investment of tax exempt bond proceeds   c Royatties   a Gross rents   b Less: rental expenses   c Rental income or (loss)   c Rental income or (loss)   b Less: rental expenses   c Call or (loss)   b Less: cost or other basis and sales expenses   a Gross income from fundrasing events (not including \$	ver								
a Total Add lines 2a2t   a Total Add lines 2a2t   b Investment income (including dividends, interest, and other similar amounts)   c Total Add lines 1a11d   b Income from investment of tax exempt bond proceeds   c Royatties   a Gross rents   b Less: rental expenses   c Rental income or (loss)   c Rental income or (loss)   b Less: rental expenses   c Call or (loss)   b Less: cost or other basis and sales expenses   a Gross income from fundrasing events (not including \$	r L								
a dots a dots   a truestment income (including dividends, interest, and other similar amounts)   b income from investment of tax exempt bond proceeds   5 Royatties   6 a Gross rents   9 other and a spenses   0.    0.    0.    0.   0.    0.    0.    0.    0.    0.    0.    0.    10.    0.    11.    11.    0.    12.    13.    14.    15.    15.    16.    16.    16.    16.   16.    16.    17.    17.    18.    19.    19.    10.   10.    10.   10.    10.   10.  <									
3       Investment income (including dividends, interest, and other similar amounts)       5,953.         4       Income from investment of tax-exempt bond proceeds       5         8       Royalties       (i) Real       (ii) Personal         29,000.       0.       29,000.       29,000.         c       Rental income or (loss)       0.       29,000.       29,000.         d       Net rental income or (loss)       16,286.       29,000.       29,000.         a Gross amount from sales of assets other than inventory       16,284.       33,463.       -4,381.       -4         a Gross income from fundraising events (not including \$197,362. or contributions reported on line 10.) See Part IV, line 18       a 486,428.       129,442.       122         9 a Gross income from gaming activities. See Part IV, line 19       a       a       a 556,986.       129,442.       122         9 a Gross sincome from gaming activities. See Part IV, line 19       a       b       b       b       129,009.       129,009.         9 a Gross sincome from gaming activities. See Part IV, line 19       a       b       129,442.       122         9 a Gross sincome from gaming activities. See Part IV, line 19       a       b       129,009.       129,009.         10 a Gross sales of inventory, less returns and allowances <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
other similar amounts)   4   income from investment of tax-exempt bond proceeds   5   Royalties   6   a Gross rents   b Less: rental expenses   0   0   e Gross income from functions or (loss)   0   0   0   16   29,000.   16,284.   33,463.   -4,381.   -5,986.   -6   -7,99,100,190.   -8   a Gross income from gaming activities.   -9   -9,90099   -1,079.	+								
4       Income from investment of tax exempt bond proceeds         5       Royatties <ul> <li>income from investment of tax exempt bond proceeds</li> <li>Royatties</li> <li>income from investment of tax exempt bond proceeds</li> <li>income from sales of the tax exempt bond proceeds</li> <li>income from sales of tax exempt bond proceeds</li> <li>income from from fundraising events (not including \$ 197, 362. of contributions reported on line 1c). See Part IV, line 18</li> <li>income from gaming activities. See Part IV, line 18</li> <li>a Gross income from gaming activities. See Part IV, line 19</li> <li>b Less: cirect expenses</li> <li>c Net income or (loss) from gaming activities. See Part IV, line 19</li> <li>a dalowances</li> <li>b Less: cost of goods sold</li> <li>b Less: cost of goods sold</li> <li>b Less: cost of goods sold</li> <li>c ROSSTEX ENERGY, L.P</li> <li>d All other revenue</li> <li>Business Code</li> <li>900099</li> <li>-604.</li> <li>-604.</li> <li>-604.</li> <li>-604.</li> <li>-604.</li> <li>-604.</li> <li>-604.</li> <li>-7675.</li> <li>-7675.</li> <li>-7675.</li> <li>-7675.</li> </ul>	3	,				5 953			5,
5       Royalties       (i) Real       (ii) Personal         29,000.       29,000.       29,000.       21         c       Rental income or (loss)       29,000.       29,000.       21         d       Net rental income or (loss)       29,000.       29,000.       21         d       Net rental income or (loss)       (i) Securities       (ii) Other       29,000.       21         a Gross amount from sales of assets other than inventory       (i) East: cost or other basis and sales expenses       (i) East: cost or other basis and sales expenses       16,284. 33,463.       -4,381.       -4         d       Net gain or (loss)       16,284. 33,463.       -4,381.       -4       -4         d       Net gain or (loss)       197,362. or contributions reported on line to). See Part IV, line 18       a 486,428.       486,986.       129,442.       122         9 a Gross income from fundraising events       b Less: direct expenses       b       56,986.       129,442.       122         10 a Gross sales of inventory, less returns and allowances       a       b       900099       1,079.       1,079.         Miscellaneous Revenue       Business Code       900099       1,079.       1,079.       900099       28.       28.         11 a MISCE LINCOME       900	4	L				575551	~		57
6 a Gross rents       29,000.         b Less: rental expenses       0.         c Rental income or (loss)       29,000.         d Net rental income or (loss)       0.         2 n Gross amount from sales of assets other than inventory       0.         b Less: cost or other basis and sales expenses       (i) Securities         a Gross income from fundraising events (not including \$				-	-				
6 a Gross rents       29,000.         b Less: rental expenses       0.         c Rental income or (loss)       0.         d Net rental income or (loss)       29,000.         7 a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         assets other than inventory       16,266.       29,100.       21         b Less: cost or other basis and sales expenses       (ii) Securities       (iii) Other       21         c Gain or (loss)       16,284.       33,463.       -4,381.       -4         d Net gain or (loss)       197,362. or contributions reported on line 1c). See       -4,381.       -4         Part IV, line 18       asset, direct expenses       b Less: circet expenses       b Less: circet expenses       b Less: circet expenses       b Less: circet expenses       b Less: cost of goods sold       b         s Gross sales of inventory, less returns and allowances       a d alowances       b       b       -4         b Less: cost of goods sold       b       -       -       -       -         Miscellaneous Revenue       Business Code       900099       1,079.       -       -         Miscellaneous Revenue       900099       28.       28.       28.       28.         c CROSSTEX ENERGY, L.P		•							
b Less: rental expenses       0.       29,000.       29,000.       29         d Net rental income or (loss)       29,000.       29,000.       29         7 a Gross amount from sales of assets other than inventory       0. Securities       (ii) Other       29,000.       29         b Less: cost or other basis and sales expenses       (ii) Securities       (iii) Other       29,000.       29         c Gain or (loss)       16,284.       33,463.       -4,381.       -4         8 a Gross income from fundraising events including \$	6	a	Gross rents	9,000					
c Rental income or (loss)   d Net rental income or (loss)   7 a Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   a d 16, 284. 33, 463.   c Gain or (loss)   d Net gain or (loss)   6 Net gain or (loss)   16, 284. 33, 463.   c Gain or (loss)   16, 284. 33, 463.   c Gain or (loss)   16, 284. 33, 463.   c Gain or (loss)   16, 284. 33, 463.   -184, 363.   d Net gain or (loss)   16, 284. 33, 463.   -184, 363.   d Net gain or (loss)   17. 362. of   c contributions reported on line to). See   Part IV, line 18   b Less: direct expenses   b 129, 442.   9 Gross sales of inventory, less returns and allowances   and allowances   a   b Less: cost of goods sold   b   11a   MISCellancus Revenue   Miscellancus Revenue   Business Code   11a   MISC   Miscellancus Revenue   Business Code   11a   Miscellancus Revenue <td>ľ</td> <td></td> <td></td> <td>0</td> <td></td> <td>-</td> <td></td> <td></td> <td></td>	ľ			0		-			
d Net rental income or (loss)       29,000.       21         7 a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other       29,000.       21         b Less: cost or other basis and sales expenses       (i) Cher       16,266.29,100.       16,284.33,463.       -4,381.       -4         c Gain or (loss)       16,284.33,463.       -4,381.       -4,381.       -4         d Net gain or (loss)       197,362.of       or       -4,381.       -4         b Less: direct expenses       b       356,986.       129,442.       129         g Gross income from gaming activities. See       a       486,428.       129,442.       129         g Gross income from gaming activities. See       a       b       56,986.       129,442.       129         g Gross income from gaming activities. See       a       b       56,986.       129,442.       129         g Gross income from gaming activities. See       a       b       b       b       129,442.       129         g Gross sales of inventory, less returns and allowances       a       b       b       b       120       1,079.       1,079.         b Less: cost of goods sold       b       b       b       28.       28.       28.       28.				-		-			
7 a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         b Less: cost or other basis and sales expenses       16, 284. 33, 463.       -4, 381.         c Gain or (loss)       -184, 363.       -4, 381.       -4         8 a Gross income from fundraising events (not including \$ 197, 362. of contributions reported on line 1c). See Part IV, line 18       a 486, 428.       -4         b Less: direct expenses       b 356, 986.       129, 442.       129         c Net income or (loss) from fundraising events       b       129, 442.       129         9 a Gross income from gaming activities. See Part IV, line 19       a       a       -4         b Less: direct expenses       b       -       -       -         10 a Gross sales of inventory, less returns and allowances       a       -       -       -         b Less: cost of goods sold       b       -       -       -       -         11 a MISC. INCOME       900099       1,079.       1,079.       -			· · · · · · · · · · · · · · · · · · ·	-		29,000.			29,
assets other than inventory       16, 266. 29, 100.         b Less: cost or other basis       and sales expenses         c Gain or (loss)       -184, 363.         d Net gain or (loss)       -4, 381.         d Net gain or (loss)       -4, 381.         as Gross income from fundraising events (not including \$197, 362. of contributions reported on line 10. See Part IV, line 18       a 486, 428.         b Less: direct expenses       b 356, 986.         c Net income or (loss) from fundraising events       129, 442.         9 a Gross income from gaming activities. See Part IV, line 19       a         a Less: direct expenses       b         b Less: cort expenses       b         c Net income or (loss) from gaming activities. See Part IV, line 19       a         a Gross sales of inventory, less returns and allowances       a         b Less: cort of goods sold       b         c Net income or (loss) from sales of inventory          Miscellaneous Revenue       Business Code         11a MISC. INCOME       900099         b MaGELLAN MIDSTREAM PAR       900099         c CROSSTEX ENERGY, L.P       900099         d All other revenue.       900099         d All other revenue.       12,972,004.         d All other revenue.       12,972,004.	7								- /
b Less: cost or other basis and sales expenses       16, 284. 33, 463. -184, 363.         c Gain or (loss)       -4, 381.         d Net gain or (loss)       -4, 381.         a Gross income from fundraising events (not including \$ 197, 362. of contributions reported on line 1c). See Part IV, line 18       -4, 381.         b Less: direct expenses       b 356, 986.         c Net income or (loss) from fundraising events       129, 442.         9 a Gross income from gaming activities. See Part IV, line 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities. See       a         p a Gross sales of inventory, less returns and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory          Miscellaneous Revenue       Business Code         11 a MISC. INCOME       900099         b MAGELLAN MIDSTREAM PAR c CROSSTEX ENERGY, L.P       900099         d All other revenue       28.         d All other revenue       48.         410 ther revenue       503.         12       Total revenue. See instructions.	1.	u		6,266	. 29,100.	7			
and sales expenses       16,284. 33,463. -184,363.         c Gain or (loss)       -184,363.         d Net gain or (loss)       -184,363.         d Net gain or (loss)       -4,381.         a Gross income from fundraising events (not including \$		b	Less: cost or other basis						
d Net gain or (loss)       -4,381.       -4         8 a Gross income from fundraising events (not including \$ 197,362. of contributions reported on line 1c). See Part IV, line 18       a 486,428.         b Less: direct expenses       b 356,986.         c Net income or (loss) from fundraising events       b 129,442.         9 a Gross income from gaming activities. See Part IV, line 19       a b Less: direct expenses       b 129,442.         10 a Gross sales of inventory, less returns and allowances       a b Less: cost of goods sold       b 10         c Net income or (loss) from sales of inventory       >       >         Miscellaneous Revenue       Business Code       11,079.         MageLLAN MIDSTREAM PAR c CROSSTEX ENERGY, L.P       900099       28.       28.         900099       -604.       -604.       -604.         11 a Misce Intervenue       503.       1,972,004.       1,079.		-	and sales expenses	6,284	. 33,463.				
d Net gain or (loss)       -4,381.       -4         8 a Gross income from fundraising events (not including \$ 197,362. of contributions reported on line 1c). See Part IV, line 18       a 486,428.         b Less: direct expenses       b 356,986.         c Net income or (loss) from fundraising events       b 129,442.         9 a Gross income from gaming activities. See Part IV, line 19       a b Less: direct expenses       b 129,442.         10 a Gross sales of inventory, less returns and allowances       a b Less: cost of goods sold       b 10         c Net income or (loss) from sales of inventory       >       >         Miscellaneous Revenue       Business Code       11,079.         MageLLAN MIDSTREAM PAR c CROSSTEX ENERGY, L.P       900099       28.       28.         900099       -604.       -604.       -604.         11 a Misce Intervenue       503.       1,972,004.       1,079.		с	Gain or (loss)	-18	-4,363.	-			
8 a Gross income from fundraising events (not including \$197, 362. of contributions reported on line 1c). See Part IV, line 18       a 486, 428.         b Less: direct expenses       b 356, 986.         c Net income or (loss) from fundraising events       b 129, 442.         9 a Gross income from gaming activities. See Part IV, line 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities. See Part IV, line 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities       b         10 a Gross sales of inventory, less returns and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       b         Miscellaneous Revenue       Business Code         11 a MISC · INCOME       900099         b MAGELLAN MIDSTREAM PAR       900099         900099       -604.         d All other revenue       -776.			Net gain or (loss)		►	-4,381.			-4,
including \$197, 362. of contributions reported on line 1c). See Part IV, line 18	8								
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See Part IV, line 19   b Less: direct expenses   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   a b   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a MISC. INCOME MAGELLAN MIDSTREAM PAR c   C CROSSTEX ENERGY, L.P 900099   d All other revenue   e Total revenue. See instructions.      12 Total revenue. See instructions.			including \$ 197,362	• of					
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See Part IV, line 19   b Less: direct expenses   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   a b   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a MISC. INCOME MAGELLAN MIDSTREAM PAR c   C CROSSTEX ENERGY, L.P 900099   d All other revenue   e Total revenue. See instructions.      12 Total revenue. See instructions.			contributions reported on line 1c)	See					
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See Part IV, line 19   b Less: direct expenses   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   a b   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a MISC. INCOME MAGELLAN MIDSTREAM PAR c   C CROSSTEX ENERGY, L.P 900099   d All other revenue   e Total revenue. See instructions.      12 Total revenue. See instructions.			Part IV, line 18			,			
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See Part IV, line 19   b Less: direct expenses   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   a b   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a MISC. INCOME MAGELLAN MIDSTREAM PAR c   C CROSSTEX ENERGY, L.P 900099   d All other revenue   e Total revenue. See instructions.      12 Total revenue. See instructions.		b	Less: direct expenses	k	356,986.				
Part IV, line 19 a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   b b   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a MISC · INCOME   b 900099   f 00099   c CROSSTEX ENERGY, L.P   d All other revenue   e Total revenue. See instructions.   12 Total revenue. See instructions.		с	Net income or (loss) from fundrais	ing events	<u></u>	129,442.			129,
b Less: direct expenses b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   b b   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a MISC · INCOME   b 900099   11 a MISC · INCOME   b 900099   c CROSSTEX ENERGY, L · P   d All other revenue   e Total revenue. See instructions.   503.   1,972,004. 1,079.	9	a							
c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a MISC · INCOME   b 900099   11 a MISC · INCOME   b 900099   c CROSSTEX ENERGY, L.P   d All other revenue   e Total revenue. See instructions.   > 1, 972, 004.					a				
10 a Gross sales of inventory, less returns and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       >         Miscellaneous Revenue       Business Code         11 a MISC. INCOME       900099         b MAGELLAN MIDSTREAM PAR       900099         c CROSSTEX ENERGY, L.P       900099         d All other revenue       -604.         e Total. Add lines 11a-11d       >         12 Total revenue. See instructions.       >					<b>b</b>				
and allowances       a         b       Less: cost of goods sold       b         c       Net income or (loss) from sales of inventory       >         Miscellaneous Revenue       Business Code         11 a       MISC · INCOME       900099         b       MAGELLAN MIDSTREAM PAR       900099         c       CROSSTEX ENERGY, L.P       900099         d       All other revenue       -604.         e       Total revenue. See instructions.       1,972,004.       1,079.					·· <u>·····</u>				
b       Less: cost of goods sold       b	10	a							
c Net income or (loss) from sales of inventory         Miscellaneous Revenue       Business Code         11 a       MISC. INCOME       900099       1,079.       1,079.         b       MAGELLAN MIDSTREAM PAR       900099       28.       28.         c       CROSSTEX ENERGY, L.P       900099       -604.       -604.         d       All other revenue       503.       1,972,004.       1,079.       -576.					a	_			
Miscellaneous Revenue       Business Code         11 a       MISC. INCOME       900099       1,079.       1,079.         b       MAGELLAN MIDSTREAM PAR       900099       28.       28.         c       CROSSTEX ENERGY, L.P       900099       -604.       -604.         d       All other revenue       503.       1,972,004.       1,079.       -576.									
11 a       MISC. INCOME       900099       1,079.       1,079.         b       MAGELLAN MIDSTREAM PAR       900099       28.       28.         c       CROSSTEX ENERGY, L.P       900099       -604.       -604.         d       All other revenue       503.       1,079.       -576.         12       Total revenue. See instructions.       1,972,004.       1,079.       -576.	$\vdash$	С		inventory .	<b>&gt;</b>				
b       MAGELLAN MIDSTREAM PAR CROSSTEX ENERGY, L.P       900099       28.       28.         d       All other revenue       900099       -604.       -604.         e       Total. Add lines 11a.11d       ►       503.       1,972,004.       1,079.       -576.       160	<u> </u>						1 070		
c       CROSSTEX ENERGY, L.P       900099       -604.       -604.         d       All other revenue       503.       -576.       160         12       Total revenue. See instructions.       1,972,004.       1,079.       -576.       160	11			MDID			I,0/9.		
d All other revenue       ■       503.         e Total. Add lines 11a-11d       ■       503.         12 Total revenue. See instructions.       ■       1,972,004.       1,079.       -576.       160.									
e Total. Add lines 11a-11d       ►       503.         12       Total revenue. See instructions.       ►       1,972,004.       1,079.       -576.       160						-604.		-604.	
12         Total revenue. See instructions.         ▶         1,972,004.         1,079.         -576.         160									
							1 070	EDC	100
			I otal revenue. See instructions.		🕨	µ,9/2,004.	L,0/9.	-5/6.	

Form 990 (2013)

## 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 respon		-		
o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				·
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	58,750.	58,750.		
Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
Benefits paid to or for members				
5 Compensation of current officers, directors,	100 000	100.000		
trustees, and key employees	198,876.	182,966.	7,955.	7,955.
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
Other salaries and wages	527,689.	484,647.	20,646.	22,396.
B Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
Other employee benefits	47,233.	43,455.	1,889.	1,889.
Payroll taxes	57,750.	53,130.	2,310.	2,310.
Fees for services (non-employees):				
a Management				
b Legal	6,096.	2,371.	3,725.	
c Accounting	18,305.	5,839.	12,466.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17		_		
f Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	12,380.	12,380.		
2 Advertising and promotion	13,368.	5,182.	8,144.	42.
Office expenses     Information technology	13,500.	5,102.	0,111	
3, H				
	87,189.	80,213.	3,488.	3,488.
Occupancy Travel	54,394.	52,389.		2,005.
B Payments of travel or entertainment expenses				_,
for any federal, state, or local public officials				
O Conferences, conventions, and meetings	21,614.	21,257.	357.	
D Interest	1,971.	1,170.	801.	
Payments to affiliates				
2 Depreciation, depletion, and amortization	17,184.		17,184.	
Insurance	13,669.	11,967.	1,702.	
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.)				
a COMMUNITY OUTREACH	509,397.	441,927.	107.	67,363.
b BANK CHARGES	110,470.	107,553.	317.	2,600.
c PRINTING AND PUBLICATIO	20,927.	18,665.	319.	1,943.
d WEBSITE	17,251.	13,437.	3,814.	,
e All other expenses	52,276.	51,640.	192.	444.
Total functional expenses. Add lines 1 through 24e	1,846,789.	1,648,938.	85,416.	112,435.
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 I if following SOP 98-2 (ASC 958-720)	<u>476,317.</u>	384,555.	0.	91,762. Form <b>990</b> (2013)
5 Total functio 5 Joint costs. ( reported in co educational co	nal expenses. Add lines 1 through 24e Complete this line only if the organization olumn (B) joint costs from a combined ampaign and fundraising solicitation.	nal expenses. Add lines 1 through 24e1,846,789.Complete this line only if the organization olumn (B) joint costs from a combined ampaign and fundraising solicitation.47.6,217.	nal expenses. Add lines 1 through 24e1,846,789.1,648,938.Complete this line only if the organization olumn (B) joint costs from a combined ampaign and fundraising solicitation.1	nal expenses. Add lines 1 through 24e1,846,789.1,648,938.85,416.Complete this line only if the organization olumn (B) joint costs from a combined ampaign and fundraising solicitation.476,317.384,555.0.

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## THE ULMAN CANCER FUND FOR YOUNG ADULTS

52-2057636 Page 11

	n 990 () <b>rt X</b>	Balance Sheet	G ADOLIS	52-	205/030 Page 11
ra					
		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	-
	2	Savings and temporary cash investments	178,209.	2	391,937.
	3	Pledges and grants receivable, net	50,184.	3	13,500.
	4	Accounts receivable, net	29,100.	4	1,250.
	5	Loans and other receivables from current and former officers, directors,		· ·	_,
	ľ	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		Ŭ	
	ľ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	7,229.	9	23,701.
		Land, buildings, and equipment: cost or other	· <b>/</b> · ·		
		basis. Complete Part VI of Schedule D 10a 144,892.			
	Ь	Less: accumulated depreciation 10b 50,011.	37,518.	10c	94,881.
	11	Investments - publicly traded securities	243,434.	11	94,881. 237,961.
	12	Investments - other securities. See Part IV, line 11		12	- ,
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	*	14	
	15	Other assets. See Part IV, line 11	6,340.	15	6,340.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	552,014.	16	769,570.
	17	Accounts payable and accrued expenses	95,622.	17	104,727.
	18	Grants payable		18	
	19	Deferred revenue	172,782.	19	275,480.
	20	Tax-exempt bond liabilities	<i>.</i>	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,			
litie		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	22,500.	25	10,224.
	26	Total liabilities. Add lines 17 through 25	290,904.	26	390,431.
		Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright$ $X$ and			
ses		complete lines 27 through 29, and lines 33 and 34.			055 004
anc	27	Unrestricted net assets	216,045.	27	255,904.
Bal	28	Temporarily restricted net assets	45,065.	28	123,235.
pu	29	Permanently restricted net assets		29	
ц		Organizations that do not follow SFAS 117 (ASC 958), check here $\blacktriangleright$			
sor		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	261,110.	32	270 120
-	33	Total net assets or fund balances	552,014.	33	379,139. 769,570.
	34	Total liabilities and net assets/fund balances	JJ2,014.	34	Eorm <b>990</b> (2013)

Form 990 (2013)

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Form 990 (2013)

Form	1990 (2013) THE ULMAN CANCER FUND FOR YOUNG ADULTS	52-205	57636	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,97		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,84		
3	Revenue less expenses. Subtract line 2 from line 1	3			15.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			10.
5	Net unrealized gains (losses) on investments	5	-	9,2	94.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			33.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		5	75.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	37	<u>9,1</u>	39.
Pa	rt XII Financial Statements and Reporting				
	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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
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	d on a			
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	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 requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. <b>3</b> b		
			Eorm	990	(2013)

Form **990** (2013)

332012 10-29-13

(Form 99	DULE A 90 or 990-EZ) of the Treasury nue Service		Complete i	C Charity S if the organization 4947(a)(1) ► Attach to Schedule A (Form 99	is a section nonexempo Form 99	on 501(c)(3 pt charitab 90 or Form	) orga le trus 990-E	nization or a s st. :Z.	section	000	OMB No. 20 Open to Inspe	13	}
Name of t	the organizati			Schedule A (Form 35	0 01 330-L	Lj and its inc	suucuo				r identificat	ion nui	mber
	Ū		ULMAI	N CANCER F	UND F	OR YOU	JNG	ADULTS			2-2057		
Part I	Reason			Status (All organ					tructions				
The organ				cause it is: (For lines									
1 🗂		•		or association of chu	•		-		).				
2	-			<b>)(1)(A)(ii).</b> (Attach S									
3				service organization			n <b>170</b> (	b)(1)(A)(iii).					
4	•	•	•	erated in conjunction			•		)(b)(1)(A)	(iii). Enter	the hospita	l's nam	ie,
	city, and stat		•			•				. ,	•		<i>.</i>
5			for the be	nefit of a college or	university	owned or c	perate	ed by a govern	mental u	nit descril	bed in		
	section 170				-		-						
6	A federal, sta	te, or local g	overnment	t or governmental ur	nit describ	ed in <b>secti</b>	on 170	D(b)(1)(A)(v).					
7 X	An organizati	on that norm	ally receiv	es a substantial par	t of its sup	oport from a	a gove	rnmental unit o	or from th	ne general	l public desc	ribed i	n
	section 170(	b)(1)(A)(vi). (	Complete	Part II.)									
8	A community	trust describ	oed in <b>sec</b>	tion 170(b)(1)(A)(vi)	. (Comple	te Part II.)							
9	An organizati	on that norm	ally receiv	es: (1) more than 33	1/3% of i	its support	from c	ontributions, r	nembers	hip fees, a	and gross re	ceipts	from
	activities rela	ted to its exe	empt funct	ions - subject to cer	tain excep	otions, and	(2) no	more than 33	1/3% of	its suppor	t from gross	invest	ment
	income and u	inrelated bus	siness taxa	able income (less se	ction 511	tax) from b	usines	ses acquired b	by the or	ganization	after June 3	30, 197	5.
	See section	<b>509(a)(2).</b> (Co	omplete Pa	art III.)									
10	An organizati	on organizec	and oper	ated exclusively to t	est for pu	blic safety.	See se	ection 509(a)(4	4).				
11	An organizati	on organizec	and oper	ated exclusively for	the benef	it of, to per	form th	ne functions of	, or to ca	rry out the	e purposes o	of one of	or
	more publicly	supported o	organizatio	ns described in sec	tion 509(a	)(1) or sect	ion 509	9(a)(2). See <b>se</b>	ction 50	9(a)(3). Ch	neck the box	that	
	describes the	e type of sup	porting or	ganization and comp	olete lines	11e throug	h 11h.						
	a 🔄 Type I	b	🗌 Туре	ell c	Type III - F	unctionally	integr	rated	а 📖 ту	/pe III - No	on-functional	ly integ	jrated
e 📖	By checking	this box, I ce	rtify that th	ne organization is no	ot controlle	ed directly	or indir	rectly by one o	r more d	isqualified	l persons ot	her tha	n
	foundation m	anagers and	other than	n one or more public	cly suppor	ted organiz	ations	described in s	section 5	09(a)(1) oi	r section 509	9(a)(2).	
f	If the organiz	ation receive	d a writter	determination from	the IRS t	hat it is a T	ype I, <sup>-</sup>	Type II, or Typ	e III				
	supporting o	ganization, c	check this	box									
g	Since August	: 17, 2006, ha	as the orga	anization accepted a	any gift or	contributio	n from	n any of the fol	lowing pe	ersons?			
	(i) A perso	n who directl	y or indire	ctly controls, either	alone or to	ogether with	n perso	ons described	in (ii) and	d (iii) belov	v,	Yes	No
				ported organization?							11g(i)		
	(ii) A family	member of a	a person d	escribed in (i) above	?						11g(ii)		
	(iii) A 35% d	controlled en	tity of a pe	erson described in (i)	) or (ii) abc	ove?					11g(iii)		L
h	Provide the f	ollowing infor	rmation ab	out the supported o	organizatic	on(s).							
					-						-		
(i) Name	of supported	(ii) EIN		ii) Type of organizatior	' r ´			id you notify the	(vi)	Is the tion in col.	(vii) Amoun	t of mor	netary
orga	anization			described on lines 1-9		listed in you		anization in col. f your support?	(i) organ	nized in the	sup	port	
				above or IRC section (see instructions))	-	g document	(I) U	i your support?		.S.?			
				(,	Yes	No	Ye	es No	Yes	No			
							1						
					_		<b> </b>						
						_	<u> </u>		<b> </b>				
						_			<b> </b>				
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					+	+	+						

Total

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

Schedule A (Form 990 or 990-EZ) 2013

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#### 52-2057636 Page 2 Schedule A (Form 990 or 990-EZ) 2013 THE ULMAN CANCER FUND FOR YOUNG ADULTS Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	359,907.	748,113.	871,093.	1296855.	1604280.	4880248.
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 $\dots$						
4	Total. Add lines 1 through 3	359,907.	748,113.	871,093.	1296855.	1604280.	4880248.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						204,292.
	Public support. Subtract line 5 from line 4.						4675956.
	ction B. Total Support	,					
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	359,907.	748,113.	871,093.	1296855.	1604280.	4880248.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	0 042	12,642.	4 6 2 0	20,303.	24 052	01 561
	and income from similar sources	9,043.	12,042.	4,620.	20,303.	34,953.	81,561.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part IV.)						4961809.
	Total support. Add lines 7 through 10					12	4901009.
12 13			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	d fourth or fifth to	y voar as a soctio		
10	organization, check this box and stop	•			-		
Se	ction C. Computation of Publ		rcentage	<u></u>		<u></u>	
	Public support percentage for 2013 (			column (f))		14	94.24 %
	Public support percentage from 2012			.,,		15	90.93 %
	<b>33 1/3% support test - 2013.</b> If the o						
	stop here. The organization qualifies						► X
b	<b>33 1/3% support test - 2012.</b> If the o						nis box
	and <b>stop here.</b> The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Pa	t IV how the orgar	ization
	meets the "facts-and-circumstances"						
b	0 10% -facts-and-circumstances tes						
	more, and if the organization meets the	he "facts-and-circu	imstances" test, cl	neck this box and	<b>stop here.</b> Explair	in Part IV how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instruction	s ►
					Sche	dule A (Form 990	or 990-EZ) 2013

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#### 52-2057636 Page 3 Schedule A (Form 990 or 990-EZ) 2013 THE ULMAN CANCER FUND FOR YOUNG ADULTS Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
<b>5</b> The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support					·	
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	l					
14 First five years. If the Form 990 is for	<sup>•</sup> the organization <sup>*</sup>	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organ	ization,
						▶∟
Section C. Computation of Publ		-				
15 Public support percentage for 2013 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	9
16 Public support percentage from 2012					16	9
Section D. Computation of Inves	stment Incom	e Percentage				
17 Investment income percentage for 20					17	9
18 Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	9
19a 33 1/3% support tests - 2013. If the	organization did r	not check the box	on line 14, and lin	ie 15 is more than	33 1/3% , and line	17 is not
more than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organiz	zation	▶∟
b 33 1/3% support tests - 2012. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	top here. The org	anization qualifies	as a publicly sup	oorted organizatior	n ►
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see ir	structions	<b>)</b>
332023 09-25-13			15	Sc	hedule A (Form 99	90 or 990-EZ) 201

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<sup>2013.05000</sup> THE ULMAN CANCER FUND FOR Y 13196.01

<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information. (See instructions).
13 Schedule A (Form 990 or 990-E

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service
Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

2013

Name of the organiza	tion	Employer identification number
	THE ULMAN CANCER FUND FOR YOUNG ADULTS	52-2057636
Organization type (cho	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 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	
Check if your organization	tion is covered by the General Rule or a Special Rule.	
Note. Only a section 5	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
General Rule		
For an organiz	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in n	noney or property) from any one

#### **Special Rules**

contributor. Complete Parts I and II.

K For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

52-2057636

## THE ULMAN CANCER FUND FOR YOUNG ADULTS

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
1	UNIVERSITY OF MARYLAND MEDICAL CENTER P.O. BOX 17017	\$ 59,675.	Person X Payroll Noncash
	BALTIMORE, MD 21297	ф <u> </u>	(Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
2	RACING FOR CANCER, INC.		Person X Payroll
	<u>P.O. BOX 79362</u>	\$69,800.	Noncash
	HOUSTON, TX 77279		(Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll On Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash (Complete Part II for noncash contributio

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page <b>3</b>
Name of organization	Employer identification number
THE ULMAN CANCER FUND FOR YOUNG ADULTS	52-2057636

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

	\$	
(b)		
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	000 000.EZ or 000 PE
	Description of noncash property given         (b)         Description of noncash property given         (b)         Description of noncash property given         (b)         Description of noncash property given	(b)       (c)         Description of noncash property given       \$

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
Name of organization

Pane	4
гаие	-

	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and the total of exclusively religious, charitable, et Use duplicate copies of Part III if additior	tc., contributions of <b>\$1,000 or less</b> for	)(7), (8), or (10) organizations that total more than \$1,000 ins completing Part III, enter the year. (Enter this information once.) ▶ \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t 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
	Transferee's name, address, a	(e) Transfer of gif	t 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 gif	[
-	Transferee's name, address, a	IND 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
—   <u>-</u>  -		(e) Transfer of gif	 t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

0)

# **Supplemental Financial Statements**

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

Department of the Treasury	Attach to Form 990.
Internal Revenue Service	Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

**Open to Public** Inspection

OMB No. 1545-0047

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Internal Revenue Service	Information
Name of the organizati	on

THE ULMAN CANCER FUND FOR YOUNG ADULTS

Employer identification number 52-2057636

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	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 u	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	· · ·
_	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education)	prically important land area
	Protection of natural habitat	Preservation of a certified	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structur	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	organization 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		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		-
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		Yes II No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes th	ne organization's accounting for
Da	conservation easements.  rt III Organizations Maintaining Collections or	f Art Historical Trassuras, or Oth	hor Similar Assots
Га	Complete if the organization answered "Yes" to Form		lei Siilliai Assels.
10			ant and balance aboat works of art
Ia	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public ext		
			ce of public service, provide, in Fart All,
h	the text of the footnote to its financial statements that descri		and balance chect works of art biotorical
b	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	ducation, or research in furtherance of publ	ic service, provide the following amounts
	-		► ¢
	(i) Revenues included in Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	asures or other similar assets for financial	
2	-	-	yain, provide
-	the following amounts required to be reported under SFAS 1 Revenues included in Form 990, Part VIII, Jine 1		*
a h	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 🎍
ΙНΔ	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990	Schedule D (Form 990) 2013
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		AN CANCER						52-20			<b>; 2</b>
Pa	t III   Organizations Maintaining C	Collections of A	rt, His	torical	Treasures	s, or Oth	ner Simi	lar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	ds, chec	k any of	the following	that are a	significant	t use of its	collectio	n items	
	(check all that apply):										
а	Public exhibition	c			exchange pro	-					
b	Scholarly research	e	<b>,</b>	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how tl	hey furth	er the organiz	ation's ex	empt purp	oose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical t	reasures, or o	other simil	ar assets	_	-		
	to be sold to raise funds rather than to be m								Yes		lo
Pai	t IV Escrow and Custodial Arran		ete if the	e organiza	ation answere	ed "Yes" to	o Form 99	0, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribu	tions or other	assets no	ot included	t	-		
	on Form 990, Part X?							L	Yes		lo
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance										
	Did the organization include an amount on F								Yes		ю
	If "Yes," explain the arrangement in Part XIII.										
Pa	<b>t V</b> Endowment Funds. Complete i										<u> </u>
		(a) Current year	(b) F	Prior year	(c) 1 wo y	/ears back	(d) Three	years back	<b>(e)</b> Four	years bac	:k
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 cur	rent year end baland		lg, colum	in (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should										
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are he	ld and admini	stered for	the organ	lization	г		
	by:									Yes N	0
	(i) unrelated organizations										
	(ii) related organizations		·····						3a(ii)		
b	If "Yes" to 3a(ii), are the related organization								3b		
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	funds.							
Fai				/ 11							
	Complete if the organization answere								( ) >		
	Description of property	(a) Cost or o basis (investr			ost or other sis (other)		Accumulat epreciatio		( <b>d)</b> Boo	k value	
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				144,892	•	50,0	)11.	9	4,881	- •
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	mn (B), lir	ne 10(c).)			🕨	9	4,881	
								Sobodulo	D /Earm	0001 00	40

Schedule D (Form 990) 2013

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Dout VII Invigotus onto	Other Cesswities					
Schedule D (Form 990) 2013	THE ULMAN	CANCER FUN	D FOR YO	OUNG ADULTS	52-2057636	Page <b>3</b>

## Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

### Part VIII Investments - Program Related.

 Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

 (a) Description of investment
 (b) Book value
 (c) Method of valuation: Cost or end-of-year market value

 (1)
 (2)
 (3)
 (4)

 (5)
 (6)
 (7)

 (8)
 (9)
 (9)

 Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)
 (b) line 13.)

#### Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	►

#### Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	8,568.
(3) DEFERRED RENT	1,656.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶	. 10,224.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

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-	edule D (Form 990) 2013 THE ULMAN CANCER FUND FOR YOUNG ADULTS		2057636 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Returi	າ.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,328,892.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 10,000.		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	10,000.
3	Subtract line 2e from line 1	3	2,318,892.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines <b>4a</b> and <b>4b</b>	4c	-346,888.
-			1 070 004
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	1,972,004.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
			irn.
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses per         Complete if the organization answered "Yes" to 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:	Retu	irn.
Pa 1	Reconciliation of Expenses per Audited Financial Statements With Expenses per         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements	Retu	irn.
Pa 1 2	<b>rt XII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to 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	Retu	irn.
Pa 1 2 a	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per</b> Complete if the organization answered "Yes" to 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		irn.
Pa 1 2 a b	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per</b> Complete if the organization answered "Yes" to 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       10,000.         Prior year adjustments       2b		ırn. 2,212,395.
Pa 1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to 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       10,000.         Prior year adjustments       2b       2c		ırn. 2,212,395. 365,606.
Pa 1 2 a b c d	rt XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to 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       10,000.         Prior year adjustments       2b       2c         Other losses       2c       2d       355,606.	Retu	ırn. 2,212,395.
Pa 1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to 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       10,000.         Prior year adjustments       2b         Other losses       2c       2d         Other (Describe in Part XIII.)       2d       355,606.	Retu 1 2e	ırn. 2,212,395. 365,606.
Pa 1 2 a b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to 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:       2a       10,000.         Donated services and use of facilities       2b       2b         Prior year adjustments       2b       2c         Other losses       2d       355,606.         Add lines 2a through 2d       Subtract line 2e from line 1	Retu 1 2e	ırn. 2,212,395. 365,606.
Pa 1 2 a b c d e 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to 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:       2a       10,000.         Donated services and use of facilities       2b       2b       2b         Other losses       2c       2d       355,606.         Other (Describe in Part XIII.)       2d       355,606.         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:       Image: Amounts included on Form 990, Part IX, line 25, but not on line 1:	Retu 1 2e	ırn. 2,212,395. 365,606.
Pa 1 2 a b c d e 3 4 a b	rt XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to 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:       2a       10,000.         Donated services and use of facilities       2b       2c         Other losses       2c       2d       355,606.         Other (Describe in Part XIII.)       2d       355,606.       355,606.         Add lines 2a through 2d       Subtract line 2e from line 1       4a         Other (Describe in Part XIII.)       4a       4b	Retu 1 2e	rn. 2,212,395. 365,606. 1,846,789. 0.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to 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       10,000.         Prior year adjustments       2b       2c       2d       355,606.         Other losses       2d       355,606.       2d       355,606.         Add lines 2a through 2d       Subtract line 2e from line 1       4a       4b         Mounts included on Form 990, Part VIII, line 7b       4a       4b	1           2e           3	rn. 2,212,395. 365,606. 1,846,789.

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 ORGANIZATION HAS ADOPTED FASB ASC 740, INCOME TAXES,

WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE

ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY

IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WILL BE SUSTAINED ON

EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF

THE POSITION.

BASED ON ITS EVALUATION, THE ORGANIZATION HAS CONCLUDED THAT THERE ARE NO

SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE FINANCIAL

STATEMENTS. NO INTEREST OR PENALTIES HAVE BEEN RECORDED AS A RESULT OF

TAX UNCERTAINTIES. THE TAX YEARS ENDED DECEMBER 31, 2010 THROUGH DECEMBER 332054 09-25-13
Schedule D (Form 990) 2013 24

16151117 795281 13196.001 2013.05000 THE ULMAN CANCER FUND FOR Y 13196.01

Schedule D (Form 990) 2013 THE ULMAN CANCER FUND FOR YOUNG ADULTS Part XIII Supplemental Information (continued)	52-2057636 Page 5
31, 2013 REMAIN OPEN TO EXAMINATION BY TAX JURISDICTIONS TO N	WHICH THE
ORGANIZATION IS SUBJECT.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
OTHER MISCELLANEOUS EXPENSES	-576.
DIRECT EXPENSES OF SPECIAL EVENTS	-341,931.
LOSS ON DISPOSAL OF ASSETS	-4,363.
LOSS ON SALE OF INVESTMENTS	-18.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-346,888.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
LOSS ON DISPOSAL OF ASSETS	4,363.
DIRECT EXPENSES OF SPECIAL EVENTS	341,931.
CHANGE IN INVESTMENT VALUE	9,294.
LOSS ON SALE OF INVESTMENTS	18.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	355,606.

Schedule D (Form 990) 2013

332055 09-25-13

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SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ntal Information Regarding organization answered "Yes" to rganization entered more than \$ Attach to Form 99	Form 9 5,000 0 or Fo	990, P on Fo rm 99	art IV, lines 17, 18, o rm 990-EZ, line 6a. 00-EZ.	or 19	, or if the	OMB No. 1545-0047
Name of the organization		bout Schedule G (Form 990 or 990-EZ	and its	<u>instru</u>	ictions is at <u>www irs g</u>	iov/fc	Employer ic	lentification number
		AN CANCER FUND FOR	ι το	UNG	ADULTS		52-205	
Part I Fundrais required to	complete this par	Complete if the organization answ t.	ered "\	′es" to	o Form 990, Part IV, li	ine 1	7. Form 990-E	Z filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations blicitations on have a written o red in Form 990, P n highest paid indi	<b>f</b> Solicita <b>g</b> Specia or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) pure	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	🗌 Ye	
(i) Name and addres or entity (fund		(ii) Activity	fùnd have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrik	oution	s or has been notified	d it is	exempt from	registration
LHA For Paperwork R	eduction Act Not	ce, see the Instructions for Form	990 or	990-	EZ. S	chec	lule G (Form	990 or 990-EZ) 2013

332081 09-12-13

16151117 795281 13196.001

26

Schedule G (Form 990 or 990-EZ) 2013 THE ULMAN CANCER FUND FOR YOUNG ADULTS 52-2057636 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events HALF FULL BLUE JEANS (add col. (a) through BALL 4 TRIATHLON col. (c)) (event type) (event type) (total number) Revenue 175,882. 172,696. 335,212. 683,790. 1 Gross receipts 70,000 61,450. 65,912. 197,362. 2 Less: Contributions 105,882. 111,246. 269,300. 486,428. Gross income (line 1 minus line 2) 3 4 Cash prizes 1,326. 15,055. 2,438. 18,819. 5 Noncash prizes Direct Expenses 8,521. 2,500. 20,452. 31,473. Rent/facility costs 6 1,394. 39,523. 45,599 86,516. 7 Food and beverages 1,150. 1,150. Entertainment 8 219,028. 121,813. 28,851. 68,364 Other direct expenses 9 356,986. 10 Direct expense summary. Add lines 4 through 9 in column (d) ► 129,442. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No No Direct expense summary. Add lines 2 through 5 in column (d) 7 Net gaming income summary. Subtract line 7 from line 1, column (d) 8 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? \_ Yes No **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_ Yes No **b** If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2013 332082 09-12-13

11 Does the organization operate gaming activities with normanizer? Ye No   12 Is the organization a gantor, benchange of gaming activity contact on: Ye No   13 Indicate the precentage of gaming activity contact on: 3a 5g   14 Decorrentage of gaming activity contact on: 3a 5g   15 An outside field? 3a 5g   16 Enter the name and address of the person who prepares the organization 's gaming/special events books and records:   Name b	Schedule G (Form 990 or 990-EZ) 2013 THE ULMAN CANCER FUND FOR YOUNG ADULTS 52-2	2057	636	Page <b>3</b>
12       Bit enganization a grantor, benefociary or trustee of a tust or a member of a partnership or other entity formed to administer hantable gaming/section space in the statuble gaming/section space in the statuble gaming activity operated in: <ul> <li>Ideal active the percentage of gaming activity operated in:</li> <li>Ideal active the name and address of the person who prepares the organization's gaming/special events books and records:</li> </ul> Name				
13       Indicate the percentage of gaming activity operated in:       13/1       13/2       14/2         14       The organization's facility       13/2       14/2       15/2       15/2         14       Enter the name and address of the person who propases the organization's gaming/special events books and records:       15/2	12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
a The organization's facility	to administer charitable gaming?		Yes	└── No
b An outside facility				
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:         Name ▶				%
Name		13b		%
Address	<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?       Yes       No         b If 'Yes,' enter the amount of gaming revenue received by the organization > 3 and the amount of gaming revenue retained by the third party:       Name >	Name			
b If 'Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ o If 'Yes," enter name and address of the third party: Name ▶	Address			
c gaming revenue relained by the third party. ▶ \$ c If Yes, * enter name and address of the third party: Name ▶			Yes	- No
c If "Yes," enter name and address of the third party:          Name				
Name         Address         Caning manager information:         Name         Gaming manager compensation         Secretorion of services provided         Description of services provided         Description of services provided         Director/officer         Employee         Independent contractor         17         Mandatory distributions:         a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming incomes?         Description of distributions required under state law to make chantable distributed to other exempt organizations or sport in the organization's own evempt activities during that year vistor         Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions), 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions), 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions), 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions), 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions), 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions), 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform				
Address	<b>c</b> If "Yes," enter name and address of the third party:			
Address	Name ►			
16 Gaming manager information:         Name ▶         Gaming manager compensation ▶ \$         Description of services provided ▶         □ Director/officer         □ Director/officer         □ Bit be organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?         17 Mandatory distributions:         a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?         Pert M         Supplemental Information, Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).				
Name	Address			
Name				
Gaming manager compensation ▶ \$	16 Gaming manager information:			
Gaming manager compensation ▶ \$	Nama N			
Description of services provided				
Description of services provided	Gaming manager compensation 🕨 \$			
Director/officer Employee Independent contractor  Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).				
17       Mandatory distributions:         a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?       Image: Comparization required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$         Part IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).         15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).         16c         17c	Description of services provided 🕨			
17       Mandatory distributions:         a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?       Image: Comparization required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$         Part IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).         15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).         16c         17c				
17       Mandatory distributions:         a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?       Image: Comparization required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$         Part IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).         15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).         16c         17c				
17       Mandatory distributions:         a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?       Image: Comparization required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$         Part IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).         15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).         16c         17c				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Ves No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Ves No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	17 Mandatory distributions:			
retain the state gaming license?	•			
organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			Yes	🗌 No
Part IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).         15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).         32008 09-12-13	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).				
		ines 9,	9b, 10	)b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			
	322083 00.12.13 Sabadula C /Earr	n 000 /	or 000	-F7\ 2012

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LHA For Paperwork Reduction	Section     Section     Section     Section     Section     Section					1 (a) Name and address of organization or government	Part II Grants and Other Assi recipient that received	2 Describe in Part IV the organi	1 Does the organization maintain records to substantiate criteria used to award the grants or assistance?	Part I General Information o	Name of the organization THE	Department of the Ireasury Internal Revenue Service	SCHEDULE I (Form 990)
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Enter total number of other organizations listed in the line 1 table	501/c//3) and covernment org				anization (b) EIN	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the orants or assistance?	General Information on Grants and Assistance	THE ULMAN CANCER FU	► Informatic	GI Gov Comple
ons for Form 990.	table	anizatione lietad in the				(c) IRC section if applicable	Organizations in the be duplicated if additic	ring the use of grant f	amount of the grants of		FUND FOR YOUNG	✓ Attach to Form 990. ✓ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 2
		line 1 table				(d) Amount of cash grant	United States. Com onal space is needed	unds in the United S	or assistance, the gra		NG ADULTS	Attach to Form 990 Form 990) and its instruction	er Assistance d Individuals answered "Yes" to
		-				) Amount of non-cash assistance	plete if the organia	tates.	antees' eligibility fo			structions is at <sub>W</sub>	to Organiz in the Unite Form 990, Part P
						(f) Method of valuation (book, FMV, appraisal, other)	zation answered "Ye		or the grants or assi			ww.irs.gov/form990	i <b>izations,</b> ited States rt IV, line 21 or 22.
						(g) Description of non-cash assistance	es" to Form 990, Part IV		stance, and the selecti				
Schedule I (Form 990) (2013)		<b>*</b>				(h) Purpose of grant or assistance	/, line 21, for any				Employer identification number 52-2057636	Inspection	OMB No. 1545-0047

10-29-13

Schedule I (Form 990) (2013) THE ULMAN CANCER FUND FOR YOUNG ADULTS	R FUND FC	DR YOUNG A	DULTS		52-2057636 Page 2
<b>Pr Assist</b> a Iplicated i	i <b>ted States.</b> Comp	olete if the organiza		'es" to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGE SCHOLARSHIPS	4 6	58,750.	°.		
		9			
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. PART I, LINE 2:	quired in Part I, line	92, Part III, column	(b), and any other a	dditional information.	
THE ULMAN CANCER FUND FOR YOUNG AI	ADULTS AWARDS	NDS COMPETITIVE	'ITIVE		
COLLEGE SCHOLARSHIPS ON AN ANNUAL	BASIS IN	SEVERAL C	CATEGORIES	TO YOUNG	
ADULTS WHOSE LIVES HAVE BEEN IMPACTED	ВΥ	CANCER AND	ARE SEEKING	G HIGHER	
EDUCATION. APPLICANTS ARE REQUIRED	ΠO	COMPLETE AN E	EXTENSIVE A	APPLICATION TO	
BE CONSIDERED AND A REVIEW COMMITTEE	EE CONSISTING	OF	VOLUNTEERS,	UCF STAFF &	
BOARD AND DONORS REVIEW APPLICATIONS	ΠO	SELECT RECIP	RECIPIENTS. SC	SCHOLARSHIP	
APPLICATIONS ARE EVALUATED BASED UPON	JPON FINANCIAL	ICIAL NEED	AND THE	APPLICANT'S	
RATION OF CHARACTER AND	POSITIVE SPI	SPIRIT IN THE	FACE OF	A CANCER	Colocial 1 (Earson 000) (2014)
332102 10-29-13		30			Schedule I (Form 990) (2013)

Schedule I (Form 990)         THE         U           Part IV         Supplemental Information	LMAN CANCER	FUND FOR	YOUNG ADULT	S 52-2057636 Pag
DIAGNOSIS.				
32291 5-01-13				Schedule I (Form
51117 795281 13196.001	2013.05	31 000 THE UL	MAN CANCER	FUND FOR Y 13196.

	Complete if t	Fransaction he organization an 28b, or 28c, Attach to Form 99 about Schedule L (Fo	iswere or Fori 0 or Fo	d "Yes m 990- orm 99	s" on Form 990, Pa EZ, Part V, line 38 0-EZ. ▶ See sepa	art IV, 3a or 4 arate i	line 25a, 25b, 2 10b. nstructions.			0	MB No. 20 pen T	<b>1</b> 3	3	
Name of the organization			111 990	01 990-		115 15 0	www.irs.gov/f				spect		umber	
ame of the organization	THE ULM	IAN CANCER	FUN	ID F	OR YOUNG A	ADU	LTS		-	)576			umber	
Part I Excess Ber		actions (section 5												
Complete if the		answered "Yes" on				5b, or	Form 990-EZ, P	art V,	line 40	0b.	(-1)	0	+ 10	
(a) Name of disqualified	d person	(b) Relationship bet person and o			limed	<b>(c)</b> De	scription of trar	isactio	n			es	ected? No	
												$\rightarrow$		
2 Enter the amount of ta		0	•			Ũ	-		• •					
<b>3</b> Enter the amount of ta		a 2 abova raimbur							► \$ ► ¢					
	x, ii ariy, ori iiri		seu by	the of	ganization				φ					
Part II Loans to a	nd/or From	Interested Per	rsons	<b>.</b>										
	-	answered "Yes" on			, Part V, line 38a or	Form	990, Part IV, lir	ne 26;	or if th	he orga	anizati	on		
•		990, Part X, line 5,		2. Dan to or		1 (7	<u> </u>	(		(h) AD	proved		Vritton	
(a) Name of interested person	(b) Relation with organiza		fron	n the ization?	(e) Original principal amount		Balance due		) In ault?	(h) Ap by bo comm	ard or	agre	(i) Written greement?	
				From				Yes	No	Yes		Yes	No	
			_											
						_								
						_								
otal					▶ \$	<u> </u>								
	ssistance	Benefiting Inte	reste	d Pe		r								
	-	answered "Yes" on	Form 9	990, Pa	art IV, line 27.									
(a) Name of interested	d person	(b) Relationship interested per the organiz	son an		<b>(c)</b> Amount of assistance	-	<b>(d)</b> Type assistan				) Purp assist		of	

<sup>332131</sup> 09-25-13 16151117 795281 13196.001

	Complete if the organization answer (a) Name of interested person	red "Yes" on Form 990, Part IV, line 28a, 2 (b) Relationship between interested	8b, or 28c. (c) Amount of	(d) Description of	(e) Sha organiz	aring o
	(a) Name of Interested person	person and the organization	transaction	transaction	rever	nues?
DTOIL	1131 1103		20.000		Yes	No
RICH	WALEGA	BOARD MEMBER	29,000	• SUBLEASE		X
Part V						
	Provide additional information for re	sponses to questions on Schedule L (see	instructions).			
132132				Schedule L (Form 990	or 990-E	E <b>Z) 2</b> 0 <sup>-</sup>
332132 09-25-13		33		Schedule L (Form 990	or 990-E	E <b>Z) 2</b> 0 <sup>.</sup>

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.	<b>2013</b> Open to Public						
Name of the organization	THE ULMAN CANCER FUND FOR YOUNG ADULTS	Employer identification number $52-2057636$						
FORM 990, PAR	T I, LINE 1, DESCRIPTION OF ORGANIZATION MIS							
BY CANCER.								
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:								
TO RAISE AWAR	ENESS OF THE YOUNG ADULT CANCER ISSUE AND EN	SURE ALL YOUNG						
ADULTS AND FA	MILIES IMPACTED BY CANCER HAVE A VOICE AND T	HE RESOURCES						
NECESSARY TO	THRIVE. OUR WORK OVER THE YEARS AND TO PRES	ENT DAY IS						
GUIDED BY BOT	H OUR MISSION, VISION AND VALUES AND PRIORIT	IES AND GOALS						
SET FORTH WIT	HIN OUR STRATEGIC PLAN.							
FORM 990, PAR	T III, LINE 4D, OTHER PROGRAM SERVICES:							
DIRECT PATIEN	T SERVICES & SURVIVORSHIP PROGRAMS FOR YOUNG	ADULT CANCER						
SURVIVORS: SU	SURVIVORS: SUPPORT GROUPS, CANCER TO 5K, GUIDEBOOK, HELPING OTHERS							
FIGHT, PATIEN	T ASSISTANCE FUNDS							
EXPENSES \$ 16	4,894. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.						
FORM 990, PAR	T VI, SECTION A, LINE 1:							
THE EXECUTIVE	THE EXECUTIVE COMMITTEE CONSISTS OF DOUG ULMAN, DIANA ULMAN,							
LARRY LETOW,	LARRY LETOW, CHRISTOPHER SPROULE, BLAIR HILL, AND ANDREW VELIUONA.							
FORM 990, PAR	T VI, SECTION A, LINE 2:							
DOUG ULMAN AN	D DIANA ULMAN ARE BOTH ON THE BOARD OF DIREC	TORS						
FOR THE ORGAN	FOR THE ORGANIZATION. DIANA ULMAN IS DOUG ULMAN'S MOTHER.							
FORM 990, PAR	T VI, SECTION B, LINE 11:							
THE 990 IS DI	STRIBUTED BY EMAIL TO ALL DIRECTORS AND THEN							

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2013)

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 332211

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Schedule O (Form 990 or 990-EZ) (2013)	Page <b>2</b>
Name of the organization THE ULMAN CANCER FUND FOR YOUNG ADULTS	Employer identification number 52-2057636
PRESENTED AND REVIEWED BY THE UCF TREASURER AT A SUBSEQUE	NT BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 12C:	
EMPLOYEES & DIRECTORS ARE REQUIRED TO COMPLETE A CONFLICT	OF
INTEREST FORM PRIOR TO SERVICE. THEY'RE UPDATED EVERY 2	YEARS WHEN
DIRECTORS RENEW THEIR TERMS OR EVERY YEAR WHEN EMPLOYEES	RECEIVE A REVIEW.
WE CONSISTENTLY REVIEW BOARD AND STAFF CONFLICTS DURING R	EGULAR BUSINESS
OPERATIONS AND DECISION MAKING. ANY CONFLICTS ARE BROUGH	T TO THE EXECUTIVE
COMMITTEE OF THE BOARD FOR DISPOSITION. THE EXECUTIVE CO	MMITTEE WILL MAKE
A DETERMINATION AS TO WHETHER A CONFLICT EXISTS AND WHAT	ACTION, IF ANY, IS
APPROPRIATE. THE EXECUTIVE COMMITTEE WILL REPORT THE RES	ULTS OF THE
DELIBERATION TO THE BOARD.	

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE REVIEWS AND DETERMINES COMPENSATION FOR THE EXECUTIVE DIRECTOR BASED ON PERFORMANCE METRICS, ANNUAL REVIEWS AND COMPARABLE DATA. THE EXECUTIVE DIRECTOR DETERMINES COMPENSATION FOR KEY EMPLOYEES USING COMPARABLE DATA, PERFORMANCE METRICS, AND ANNUAL REVIEWS.

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

THEY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

OTHER MISCELLANEOUS EXPENSES

575.

FORM 990, PART XII, LINE 2C

THERE HAS BEEN NO CHANGE IN THE ORGANIZATION'S OVERSIGHT

PROCEDURES.

332212 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

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Schedule O (Form 990 or 9 Name of the organization			a					En	nployer ide	P. entification num 157636
	THE	ULMAN	CANCER	FUND F	'OR YC	UNG AL	OULTS		52-20	157636
							•			
32212 9-04-13					36			Schedule	O (Form 99	90 or 990-EZ) (2
					<h></h>					

Form 8868 (Rev. 1-2014
------------------------

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

<ul> <li>If you a</li> </ul>	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1).							
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).							
	Enter filer's	identifying number, see instructions						
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or						
	THE ULMAN CANCER FUND FOR YOUNG ADULTS	52-2057636						
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. C/O HERTZBACH & COMPANY - 800 RED BROOK BLVD • , SUIT	Social security number (SSN)						
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OWINGS MILLS, MD 21117							

Enter the Return code for the return that this application is for (file a separate application for each return)	 0	1	

Application		n Application			Return		
Is For		Is For		Code			
Form 990 or Form 990-EZ							
Form 990-BL		Form 1041-A		08			
Form 4720 (individual)	03	Form 4720 (other than individual)			09		
Form 990-PF	04	Form 5227		10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11				
Form 990-T (trust other than above)	06	Form 8870					
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.							
■ The books are in the care of ■ 921 EAST FORT A Telephone No. ■ 4109640202	AVE, S	SUITE 325 - BALTIMOR Fax No. ►	E, ]	MD 21230			
• If the organization does not have an office or place of business	s in the Ur	ited States, check this box		►			
<ul> <li>If this is for a Group Return, enter the organization's four digit (box ▶ □ . If it is for part of the group, check this box ▶ □</li> </ul>	and atta	ch a list with the names and EINs of all i					
4 I request an additional 3-month extension of time until	IOVEMI	BER 15, 2014 <sub>.</sub>					
5 For calendar year 2013 , or other tax year beginning		, and ending			<u> </u>		
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Liitial return	Final re	eturn			
Change in accounting period							
7 State in detail why you need the extension							
ADDITIONAL TIME IS NEEDED TO OBTAIN INFORMATION NECESSARY FOR AN							
ACCURATE AND COMPLETE RETURN.							
<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			•		
nonrefundable credits. See instructions.			8a	\$	0.		
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069							
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					•		
previously with Form 8868.	8b	\$	0.				
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using							
EFTPS (Electronic Federal Tax Payment System). See instru	8c	\$	0.				
0		at be completed for Part II only	,				
Under penalties of perjury, I declare that I have examined this form, includi it is true, correct, and complete, and that I am authorized to prepare this for		anying schedules and statements, and to the	best of	f my knowledge and be	lief,		
Signature  Title  EXECUTIVE DIRECTOR Date							

Form 8868 (Rev. 1-2014)

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