

Form **990**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 black lung  
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2006**Open to Public  
Inspection**A** For the 2006 calendar year, or tax year beginning **04/01, 2006, and ending 03/31/2007****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**THE ULMAN CANCER FUND FOR YOUNG ADULTS, INC.**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

**5575 STERRETT PLACE** **340A**

City or town, state or country, and ZIP + 4

**COLUMBIA, MD 21044****D** Employer identification number**52-2057636****E** Telephone number**(410) 964-0202****F** Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No  
(If "No," attach a list. See instructions.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **WWW.ULMANFUND.ORG****J** Organization type (check only one) ▶ ☒ 501(c) (3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ If the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **563,297.****Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds . . . . .	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a) . . . . .	<b>1b</b>		<b>498,054.</b>	
	<b>c</b> Indirect public support (not included on line 1a) . . . . .	<b>1c</b>		<b>28,000.</b>	
	<b>d</b> Government contributions (grants) (not included on line 1a) . . . . .	<b>1d</b>			
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>526,054.</b> noncash \$ )				<b>1e 526,054.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93) . . . . .				<b>2</b>
	<b>3</b> Membership dues and assessments . . . . .				<b>3</b>
	<b>4</b> Interest on savings and temporary cash investments . . . . .				<b>4</b>
	<b>5</b> Dividends and interest from securities . . . . .				<b>5 9,004.</b>
	<b>6a</b> Gross rents . . . . .	<b>6a</b>			
	<b>b</b> Less: rental expenses . . . . .	<b>6b</b>			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a . . . . .				<b>6c</b>	
<b>7</b> Other investment income (describe ▶ )				<b>7</b>	
Expenses	<b>8a</b> Gross amount from sales of assets other than inventory . . . . .	(A) Securities		(B) Other	
		<b>7,490.</b>	<b>8a</b>		
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5,484.</b>	<b>8b</b>	<b>11,147.</b>	
	<b>c</b> Gain or (loss) (attach schedule) . . . . .	<b>2,006.</b>	<b>8c</b>	<b>-11,147.</b>	
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B) . . . . .				<b>8d -9,141.</b>
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ <b>141,548.</b> of STMT 1 contributions reported on line 1b) . . . . .	STMT 2.	<b>9a</b>	<b>20,749.</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .		<b>9b</b>	<b>20,749.</b>	
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a . . . . .				<b>9c</b>
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			
	<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a . . . . .				<b>10c</b>
<b>11</b> Other revenue (from Part VII, line 103) . . . . .				<b>11</b>	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 . . . . .				<b>12 525,917.</b>	
Net Assets	<b>13</b> Program services (from line 44, column (B)) . . . . .			<b>13 333,890.</b>	
	<b>14</b> Management and general (from line 44, column (C)) . . . . .			<b>14 39,095.</b>	
	<b>15</b> Fundraising (from line 44, column (D)) . . . . .			<b>15 60,013.</b>	
	<b>16</b> Payments to affiliates (attach schedule) . . . . .			<b>16</b>	
	<b>17</b> Total expenses. Add lines 16 and 44, column (A) . . . . .			<b>17 432,998.</b>	
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12 . . . . .			<b>18 92,919.</b>		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .			<b>19 272,975.</b>		
<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	STMT 3.		<b>20 27,437.</b>		
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20 . . . . .			<b>21 393,331.</b>		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 15 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule)				
(cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule)				
(cash \$ <u>34,700.</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b> 34,700.	34,700.	STMT 16	
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	<b>25a</b> 66,391.	54,074.	4,328.	7,989.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 98,989.	81,902.	5,730.	11,357.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 10,356.	7,250.	1,346.	1,760.
<b>29</b> Payroll taxes	<b>29</b> 12,184.	8,610.	1,421.	2,153.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 4,805.		4,805.	
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b>			
<b>34</b> Telephone	<b>34</b> 10,198.	8,031.	808.	1,359.
<b>35</b> Postage and shipping	<b>35</b> 8,583.	4,884.	3,699.	
<b>36</b> Occupancy	<b>36</b> 1,166.	816.	152.	198.
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b> 3,816.	3,026.	790.	
<b>39</b> Travel	<b>39</b> 22,241.	22,031.	130.	80.
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 10,205.	6,091.	4,114.	
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 7,457.	5,220.	969.	1,268.
<b>43</b> Other expenses not covered above (itemize):				
a STMT 4	<b>43a</b> 141,907.	97,255.	10,803.	33,849.
b	<b>43b</b>			
c	<b>43c</b>			
d	<b>43d</b>			
e	<b>43e</b>			
f	<b>43f</b>			
g	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	<b>44</b> 432,998.	333,890.	39,095.	60,013.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►SEE STATEMENT 5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SUPPORT/NETWORKING GROUPS FOR YOUNG ADULT CANCER SURVIVORS

LED MY MENTAL HEALTH PROFESSIONALS

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

50,083.

b VISIONALRY GRANTS TO COMMUNITY BASED ORGANIZATIONS SERVING

YOUNG ADULT CANCER SURVIVORS

(Grants and allocations \$ 8,000. ) If this amount includes foreign grants, check here ►

33,389.

**C COLLEGE SCHOLARSHIPS TO YOUNG ADULTS AFFECTED BY CANCER**

(Grants and allocations \$ 26,700. ) If this amount includes foreign grants, check here ►

66,778.

d WEBSITE, TOLL-FREE HOTLINE AND FACE-TO-FACE INTERACTION

PROVIDING SUPPORT AND NAVIGATION SERVICES FOR YOUNG ADULTS

AND FAMILIES AFFECTED BY CANCER

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

100,167.

e Other program services (attach schedule)	SEE STATEMENT 6
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(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

83,473.

**f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . .**

333,890.

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**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45 Cash - non-interest-bearing		45		
	46 Savings and temporary cash investments	105,099.	46	126,194.	
	47a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48a Pledges receivable	48a	78,418.		
	b Less: allowance for doubtful accounts	48b	48c	78,418.	
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53	9,142.	
	54a Investments - publicly-traded securities	STMT. 7. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	136,990.	54a	172,463.
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments - land, buildings, and equipment: basis	55a	53,921.			
b Less: accumulated depreciation (attach schedule)	55b	19,753.	40,748.	55c	34,168.
56 Investments - other (attach schedule)			56		
57a Land, buildings, and equipment: basis	57a				
b Less: accumulated depreciation (attach schedule)	57b		57c		
58 Other assets, including program-related investments (describe <input type="checkbox"/> )			58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		282,837.	59	420,385.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	9,862.	60	22,728.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
65 Other liabilities (describe <input type="checkbox"/> STMT 8 )			65	4,326.	
66 <b>Total liabilities.</b> Add lines 60 through 65		9,862.	66	27,054.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	213,307.	67	266,500.	
	68 Temporarily restricted	59,668.	68	126,831.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		272,975.	73	393,331.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		282,837.	74	420,385.	





**Part VI Other Information (continued)**

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . . . .		
82b	40,617.		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? . . . . .	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	N/A	
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . . .	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	Dues, assessments, and similar amounts from members . . . . .	N/A	
85d	Section 162(e) lobbying and political expenditures . . . . .	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	N/A	
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . . .	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities . . . . .	N/A	
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . . .	N/A	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	N/A	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI . . . . .		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>NONE</u> ; section 4912 <u>NONE</u> ; section 4955 <u>NONE</u> . . . . .		
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .	NONE	
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . .	NONE	
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? . . . . .		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		X
90a	List the states with which a copy of this return is filed <u>MD</u> . . . . .		
90b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) . . . . .	5	
91a	The books are in care of <u>BROCK YETSO</u> Telephone no. <u></u> . . . . .		
	Located at <u>5575 STERRETT PLACE COLUMBIA, MD</u> ZIP + 4 <u>21044</u> . . . . .		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
	If "Yes," enter the name of the foreign country <u></u> . . . . .		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . 91c ☐ ☒ X  
 If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐  
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 92 | N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .					
96 Dividends and interest from securities . . . . .			14	9,004.	
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .			18	-9,141.	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				-137.	
105 Total (add line 104, columns (B), (D), and (E)) . . . . . ▶					-137.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . Yes ☐ No ☒ X

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . Yes ☐ No ☒ X

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here

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

Signature of officer [Signature] Date 2/15/08  
Type or print name and title Stam Friedman President, Board of Directors

Paid Preparer's Use Only

Preparer's signature [Signature] Date 2/13/08 Check if self-employed ☐  
Preparer's SSN or PTIN (See Gen. Inst. X) P00042998  
Firm's name (or yours if self-employed), address, and ZIP + 4 UHY ADVISORS MID-ATLANTIC MD, INC. EIN 26-0794367  
6851 OAK HALL LANE, SUITE 300 Phone no. 410-720-5220  
COLUMBIA, MD 21045

Form 990 (2006)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust)

**Supplementary Information - (See separate instructions.)**

► **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

**2006**

Name of the organization

THE ULMAN CANCER FUND FOR YOUNG ADULTS, INC.

Employer identification number

52-2057636

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Total number of other employees paid over \$50,000 . . . ► NONE

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . . . ► NONE

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services . . . . . ► NONE

**Part III** Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>NONE</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) . . . . .		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? . . . . .		X
b Lending of money or other extension of credit? . . . . .		X
c Furnishing of goods, services, or facilities? . . . . .		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	X	
e Transfer of any part of its income or assets? . . . . .		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . . STMT. 14	X	
b Did the organization have a section 403(b) annuity plan for its employees? . . . . .		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .		X
b Did the organization make any taxable distributions under section 4966? . . . . .		X
c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		X
d Enter the total number of donor advised funds owned at the end of the tax year . . . . . ►	NONE	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ►	NONE	
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ►	NONE	
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ►	NONE	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I     
 ☐ Type II     
 ☐ Type III - Functionally Integrated     
 ☐ Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	44,163.	79,471.	149,826.	97,562.	371,022.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	216,131.				216,131.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,570.	4,892.	4,646.	5,031.	16,139.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	261,864.	84,363.	154,472.	102,593.	603,292.
24 Line 23 minus line 17.	45,733.	84,363.	154,472.	102,593.	387,161.
25 Enter 1% of line 23.	2,619.	844.	1,545.	1,026.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					7,743.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test: Enter line 24, column (e)					387,161.
d Add: Amounts from column (e) for lines:					
18 16,139.					
19					
22 26b					16,139.
e Public support (line 26c minus line 26d total)					371,022.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					95.8314 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
NOT APPLICABLE					
(2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines:					
15 16					
17 20 21					
d Add: Line 27a total, and line 27b total					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____ _____	32d	
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? . . . . .	33a	
b Admissions policies? . . . . .	33b	
c Employment of faculty or administrative staff? . . . . .	33c	
d Scholarships or other financial assistance? . . . . .	33d	
e Educational policies? . . . . .	33e	
f Use of facilities? . . . . .	33f	
g Athletic programs? . . . . .	33g	
h Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____ _____	33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	34a	
b Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ a ☐ if the organization belongs to an affiliated group. Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38	Total lobbying expenditures (add lines 36 and 37) . . . . .	38	
39	Other exempt purpose expenditures . . . . .	39	
40	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . . Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000 . . . . .	41	
42	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
Lobbying nontaxable					
45 amount . . . . .					
Lobbying ceiling amount					
46 (150% of line 45(e)) . .					
47 Total lobbying expenditures					
Grassroots nontaxable					
48 amount . . . . .					
Grassroots ceiling amount					
49 (150% of line 48(e)) . . .					
Grassroots lobbying					
50 expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers . . . . .		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . .		X	
c Media advertisements . . . . .		X	
d Mailings to members, legislators, or the public . . . . .		X	
e Publications, or published or broadcast statements . . . . .		X	
f Grants to other organizations for lobbying purposes . . . . .		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
i Total lobbying expenditures (Add lines c through h.) . . . . .			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.





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

**Schedule of Contributors**

OMB No. 1545-0047

**2006**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization

THE ULMAN CANCER FUND FOR YOUNG ADULTS, INC.

Employer identification number

52-2057636

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

**General Rule -**

☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules -**

☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization THE ULMAN CANCER FUND FOR YOUNG ADULTS, INC.

Employer identification number

52-2057636

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	VARIOUS < \$5,000	301,031.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	KIRK FAMILY FOUNDATION 3745 DORSEY SEARCH CIRCLE ELLICOTT CITY, MD 21042	10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	EVELYN BOLDUC 13237 WESTMEATH LANE CLARKSVILLE, MD 21029	5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	GINDER FAMILY FOUNDATION 31597 TABLE ROCK DR LAGUNA BEACH, CA 92651	5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	FULL HOUSE PRODUCTIONS 301 E 7TH STEET STE 201 CHARLOTTE, NC 28202	5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	IRONMAN KONA COMMUNITY FNDN 43309 US HIGHWAY 19N TARPON SPRINGS, FL 34689	5,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE ULMAN CANCER FUND FOR YOUNG ADULTS, INC.

Employer identification number

52-2057636

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	DEBBIE WORCESTER 245 E 58TH ST, #16A NEW YORK, NY 10022	5,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	TODD MCDONALD WHIMSICAL LAKE CIRCLE B3P 2R2 HALIFAX NS CANADA	6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	SIGMA-TAU PHARMACEUTICALS 800 S FREDERICK AVE #300 GAITHERSBURG, MD 20877	20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	LANCE ARMSTRONG 98 SAN JACINTO #430 AUSTIN, TX 78701	100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	MIRMIRAN FAMILY FOUNDATION 72 LOVETON CIRCLE SPARKS, MD 21152	10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	BRISTOL MYERS-SQUIBB PO BOX 5200 PRINCETON, NJ 08543	15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE ULMAN CANCER FUND FOR YOUNG ADULTS, INC.

Employer identification number

52-2057636

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	ARAGON FAMILY FNDN 78 ST STEVENS SCHOOL RD AUSTIN, TX 78746	10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	NORTHWESTERN UNIVERSITY 1999 CAMPUS DR EVANSTON, IL 60208-2500	8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	PENNINSULA CMT FDN 2440 WEST EL CAMINO REAL, STE 300 MOUNTAIN VIEW, CA 94041-1498	10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	NUSKIN FORCE FOR GOOD 75 W. CENTER STREET PROVO, UT 83601	10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990, PART I - EXCLUDED CONTRIBUTIONS  
=====DESCRIPTION  
-----AMOUNT  
-----

SPECIAL EVENTS

141,548.  
-----

TOTAL

141,548.  
=====

## FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES
SPECIAL EVENTS	20,749.	20,749.
TOTALS	20,749.	20,749.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====DESCRIPTION  
-----AMOUNT  
-----NET UNREALIZED GAIN ON INVESTMENTS  
PRIOR PERIOD ADJUSTMENT

3,885.

23,552.

TOTAL

-----  
27,437.  
=====

## FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADVERTISING	13,538.	13,538.		
BANK CHARGES	1,258.	41.	1,160.	57.
COMMUNITY OUTREACH	78,155.	44,553.	125.	33,477.
DUES AND SUBSCRIPTIONS	2,424.	504.	1,920.	
INSURANCE	1,957.		1,957.	
INTEREST	244.		244.	
NEWSLETTER	9,481.	9,481.		
OFFICE EXPENSES	15,029.	10,670.	4,044.	315.
SCHOLARSHIP	6,411.	6,411.		
SUPPORT GROUP	10,670.	10,670.		
WEB SITE	2,740.	1,387.	1,353.	
TOTALS	141,907.	97,255.	10,803.	33,849.



FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

TO PROVIDE SUPPORT PROGRAMS, EDUCATION AND RESOURCES FREE OF CHARGE  
TO YOUNG ADULTS, THEIR FAMILIES AND FRIENDS, WHO ARE AFFECTED BY  
CANCER.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
LOCAL, REGIONAL AND NATIONAL EDUCATIONAL AND ADVOCACY EFFORTS TO EMPOWER AND INFORM	83,473.	83,473.
TOTALS		

## FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION -----	ENDING BOOK VALUE -----
PREPAID EXPENSE	9,142.
	-----
TOTALS	9,142.
	=====

## FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
OBLIGATION ON CAPITAL LEASE	4,326.
	-----
TOTALS	4,326.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DOUGLAS ULMAN 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	FOUNDING MEMBER 2.00	NONE	NONE	NONE
DIANA ULMAN 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	CHAIR OF THE BOARD 6.00	NONE	NONE	NONE
STEVEN FRIEDMAN 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	PRESIDENT 4.00	NONE	NONE	NONE
KAREN PARKER 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	VICE PRESIDENT 4.00	NONE	NONE	NONE
MICHAEL BAKER 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	TREASURER 2.00	NONE	NONE	NONE
CARMINA VALLE	SECRETARY 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
5575 STERRETT PLACE 340A COLUMBIA, MD 21044				
BROCK YETSO 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	EXECUTIVE DIRECTOR 40.00	59,663.	6,728.	NONE
KEITH BELLIZZI 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	DIRECTOR 1.00	NONE	NONE	NONE
SHARA BOONSHAFT 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	DIRECTOR 1.00	NONE	NONE	NONE
ROCKY BROWN 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	DIRECTOR 1.00	NONE	NONE	NONE
CHRIS CHODNICKI 5575 STERRETT PLACE 340A	DIRECTOR 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS ----- COLUMBIA, MD 21044	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
SHERI COHEN 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	DIRECTOR 1.00	NONE	NONE	NONE
KRISTA ELLIS 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	DIRECTOR 1.00	NONE	NONE	NONE
TAMIKA FELDER 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	DIRECTOR 1.00	NONE	NONE	NONE
JEFF GOLDSCHER 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	DIRECTOR 3.00	NONE	NONE	NONE
ARSH MIRMIRAN 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CHRIS MYERS 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	DIRECTOR 1.00	NONE	NONE	NONE
STEPHEN OLINER 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	DIRECTOR 1.00	NONE	NONE	NONE
EDEN STOTSKY 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	DIRECTOR 1.00	NONE	NONE	NONE
RYAN SVEHLA 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	DIRECTOR 1.00	NONE	NONE	NONE
JACQUELINE ULMAN 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	DIRECTOR 1.00	NONE	NONE	NONE
BRIAN VALLE	DIRECTOR 1.00	NONE	NONE	NONE



## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
5575 STERRETT PLACE 340A COLUMBIA, MD 21044				
ANNE WILLIS 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	DIRECTOR 1.00	NONE	NONE	NONE
DANA YOUNG 5575 STERRETT PLACE 340A COLUMBIA, MD 21044	DIRECTOR 1.00	NONE	NONE	NONE
GRAND TOTALS		59,663.	6,728.	NONE

## SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

=====

EDUCATIONAL SCHOLARSHIPS: APPLICATIONS ARE REVIEWED BY A COMMITTEE OF READERS AND EVALUATED BASED ON FINANCIAL NEED; MEDICAL HARDSHIP; DEDICATION TO COMMUNITY SERVICE; COMMITMENT TO EDUCATIONAL AND PROFESSIONAL GOALS; AND DEMONSTRATION OF HOW THE APPLICANT HAS USED THEIR CANCER EXPERIENCE TO IMPACT THE LIVES OF OTHERS AFFECTED BY CANCER.

VISIONARY GRANTS: APPLICATIONS ARE REVIEWED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR AND PROGRAM & GRANTS MANAGER. PROGRAMS ARE EVALUTATED BASED ON THE FOLLOWING CRITERIA: PROJECTED NUMBER OF YOUNG ADULTS SERVED; INTERVENTION STRENGTH OR "DOSAGE"; FOLLOW-UP WITH CLIENTS AFTER PROGRAM COMPLETION; EVALUATION PLAN. APPLICANT ORGANIZATIONS ARE REQUIRED TO SUBMIT A CURRENT IRS DETERMINATION LETTER; ORGANIZATIONAL BUDGET FOR CURRENT YEAR, INCLUDING INCOME AND EXPENSES; AND THE MOST RECENT ANNUAL REPORT (IF AVAILABLE).

# **Names Address of UCF Scholarship/Grant Winners**

Last Name	First Name	Address1	Address2	City	State	ZIP	Year	Amount
Anderson	Katrina	12248 Lake Valley Drive		Clermont	FL	34711	2006	100
Ayala	Daniel	9401 Southwest Freeway	Suite 430	Houston	TX	77074	2006	1,000
Bryant	Jaymie	178 Bubblecreek Road		Goldendale	WA	98620	2006	1,000
Butler	Crystal	1144 Southgate Road		Madisonville	TN	37354	2006	100
Castle	Karyanne	1024 St. Rt. 314 South		Mansfield	OH	44903	2006	1,000
Ciminello	Adam	12 Wilbur Boulevard		Poughkeepsie	NY	12603	2006	1,000
Cummings	Shelby	4124 SE 30th Avenue		Portland	OR	97202	2006	1,000
Currie	Michelle	2974 Higgins Street		Oceanside	NY	28385	2006	1,000
Dyson	Amber	114 N. Myrtle		Carthage	TX	75633	2005	1,000
Farqui	Paulo	2 Susan Lane		Riverside	CT	06878	2006	1,000
French	Robert	5572 Hwy 76E		Springfield	TN	37172	2006	1,000
Gonzales	Christina	115 Tamarack Drive	PO Box 183	Hercules	CA	94547	2006	100
Iwata	Jordan	419 Ainakula Road		Kula	HI	96790	2006	1,000
Javernick	Lauren	1819 Rutledge Court		Fort Collins	CO	80526	2006	1,000
King	Tyler	4 Acadia Lane		Alton Bay	NH	03810	2006	100
Le	Jasmine	1737 S.Berelania St	Apt. 205B	Honolulu	HI	96826	2006	1,000
McCormick	Mike	640 Lamp Post Lane		Aston	PA	19014	2006	1,000
McCusker	Andrew	28 Hampden Drive		Norwood	MA	02062	2006	1,000
McGinn	Shannon	24 Harbor Inn Road		Bayville	NJ	08721	2006	1,000
Morehart	Lis	3903 W. Michigan Avenue		Battle Creek	MI	49017	2006	1,000
Osborn	Sharia	670 Warren Road		Athaca	NY	14850	2006	1,000
Powell	William	1010 Seasons View Drive		Fenton	MO	63026	2006	100
Readal	Nathaniel	704 S. Curley Street		Baltimore	MD	21224	2006	1,000
Schmit	Kimberly	272 East Hubbard Avenue		Salt Lake City	UT	84111	2006	1,000
Sigmon	Alexandra	440 Perry Road		Troutman	NC	28166	2006	1,000
Smith	Kali	8855 West Virginia Avenue		Lakewood	CO	80226	2006	100
Talbert	Kandis	139 Pennsylvania Avenue		Frederick	MD	21701	2006	1,000
Trieu	Anh	6527 Cameron Road		Morrow	GA	30260	2006	1,000
Turri	Jessica	6503 Baird Lane		Bartlett	TN	38135	2006	1,000
Werner	Laura	520 9th Street		Plaver	WI	34467	2006	1,000
Winsauer	Emily	10220 Overview Drive		Knoxville	TN	37922	2006	1,000
Yuan	Lara	400 W. Orangethorpe Avenu #313A		Fullerton	CA	92832	2006	100

**Names Address of  
UCF Scholarship/Grant Winners**

Zablocki	Akiva	215 West 108th St	Apt. 9	New York	NY	10025	2006	1,000
Gilda's Club		537 North Wells St		Chicago	IL	60610	2006	4,000
Lifelab		295 Lafayette Street		New York	NY	10012	2006	4,000
Total								34,700

**SCHEDULE D**  
**(Form 1041)**

Department of the Treasury  
Internal Revenue Service

# Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No. 1545-0092

**2006**

Name of estate or trust

Employer identification number

THE ULMAN CANCER FUND FOR YOUNG ADULTS, INC.

52-2057636

Note: Form 5227 filers need to complete only Parts I and II.

## Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
1 SEE STATEMENT 1			7,490.	5,484.	2,006.
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				3	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2005 Capital Loss Carryover Worksheet				4	( )
5 Net short-term gain or (loss). Combine lines 1 through 4 in column (f). Enter here and on line 13, column (3) below				5	2,006.

## Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
6					
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts				8	
9 Capital gain distributions				9	
10 Gain from Form 4797, Part I				10	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet				11	( )
12 Net long-term gain or (loss). Combine lines 6 through 11 in column (f). Enter here and on line 14a, column (3) below				12	

## Part III Summary of Parts I and II

Caution: Read the instructions before completing this part.

	(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13		2,006.
14 Net long-term gain or (loss):			
a Total for year	14a		
b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36).	14b		
c 28% rate gain	14c		
15 Total net gain or (loss). Combine lines 13 and 14a	15		2,006.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2006

**Part IV Capital Loss Limitation**16 Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of:

a The loss on line 15, column (3) or

b \$3,000

16 ( )

If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 39 of the instructions to determine your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates** (Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041; line 2b(2), and Form 1041, line 22 is more than zero.)

**Note:** If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V. Otherwise, go to line 17.

17	Enter taxable income from Form 1041, line 22 . . . . .	17	
18	Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero . . . . .	18	
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) . . . . .	19	
20	Add lines 18 and 19 . . . . .	20	
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . . .	21	
22	Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	22	
23	Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	23	
24	Enter the <b>smaller</b> of the amount on line 17 or \$2,050 . . . . .	24	
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23 . . . . .	25	
26	Subtract line 25 from line 24 . . . . .	26	
27	Multiply line 26 by 5% (.05) . . . . .	27	
28	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 through 31; go to line 32. <input type="checkbox"/> No. Enter the <b>smaller</b> of line 17 or line 22 . . . . .	28	
29	Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	29	
30	Subtract line 29 from line 28 . . . . .	30	
31	Multiply line 30 by 15% (.15) . . . . .	31	
32	Figure the tax on the amount on line 23. Use the 2006 Tax Rate Schedule on page 23 of the instructions . . . . .	32	
33	Add lines 27, 31, and 32 . . . . .	33	
34	Figure the tax on the amount on line 17. Use the 2006 Tax Rate Schedule on page 23 of the instructions . . . . .	34	
35	Tax on all taxable income. Enter the <b>smaller</b> of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 . . . . .	35	

Schedule D (Form 1041) 2006

## 52-2057636

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Short-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
VARIOUS SECURITIES	VAR	VAR	7,490.	5,484.	2,006.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			7,490.	5,484.	2,006.
Totals			7,490.	5,484.	2,006.

Name(s) shown on return  
**THE ULMAN CANCER FUND FOR YOUNG ADULTS, INC.**

Identifying number  
**52-2057636**

1 Enter the gross proceeds from sales or exchanges reported to you for 2006 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) . . . . .

1

**Part I**

**Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)**

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2 SEE STATEMENT 1						-11,147.
3 Gain, if any, from Form 4684, line 42 . . . . .						3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .						4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .						5
6 Gain, if any, from line 32, from other than casualty or theft . . . . .						6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: . . . . .						7 -11,147.
Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.						
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						
8 Nonrecaptured net section 1231 losses from prior years (see instructions) . . . . .						8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) . . . . .						9

**Part II**

**Ordinary Gains and Losses (see instructions)**

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):													
11 Loss, if any, from line 7												11	( 11,147.)
12 Gain, if any, from line 7 or amount from line 8, if applicable												12	
13 Gain, if any, from line 31												13	
14 Net gain or (loss) from Form 4684, lines 34 and 41a												14	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36												15	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824												16	
17 Combine lines 10 through 16												17	-11,147.
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:													
a If the loss on line 11 includes a loss from Form 4684, line 38, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 27, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22. Identify as from "Form 4797, line 18a." See instructions												18a	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14												18b	



**Part III** Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255  
(see instructions)

19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B
20	Gross sales price (Note: See line 1 before completing.)	20	
21	Cost or other basis plus expense of sale . . . . .	21	
22	Depreciation (or depletion) allowed or allowable . . . . .	22	
23	Adjusted basis. Subtract line 22 from line 21 . . . . .	23	
24	Total gain. Subtract line 23 from line 20. . . . .	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22 . . . . .	25a	
b	Enter the smaller of line 24 or 25a . . . . .	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975 (see instructions)	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions). . . . .	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d . . . . .	26e	
f	Section 291 amount (corporations only) . . . . .	26f	
g	Add lines 26b, 26e, and 26f . . . . .	26g	
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).		
a	Soil, water, and land clearing expenses . . . . .	27a	
b	Line 27a multiplied by applicable percentage (see instructions) . . . . .	27b	
c	Enter the smaller of line 24 or 27b . . . . .	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions) . . . . .	28a	
b	Enter the smaller of line 24 or 28a . . . . .	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126 (see instructions) . . . . .	29a	
b	Enter the smaller of line 24 or 29a (see instructions)	29b	

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24 . . . . .	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 36. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	32	

**Part IV** Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less  
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years . . . . .	33
34	Recomputed depreciation (see instructions) . . . . .	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . .	35

