

Form 990-EZ

Department of the Treasury  
Internal Revenue Service**Short Form  
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

**2008**Open to Public  
Inspection**A** For the 2008 calendar year, or tax year beginning **APR 1, 2008** and ending **MAR 31, 2009****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ 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)

**10440 LITTLE PATUXENT PARKWAY**

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** Group Exemption  
Number ▶

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

**G** Accounting method: ☐ Cash ☒ Accrual  
Other (specify) ▶

**I** Website: ▶ **WWW.ULMANFUND.ORG****J** Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 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** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **525,988.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	410,057.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	10,249.
	5a	Gross amount from sale of assets other than inventory <b>STMT 4</b>	5a	82,687.
	b	Less: cost or other basis and sales expenses	5b	106,046.
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	-23,359.
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ <b>195,421.</b> of contributions reported on line 1)	6a	22,995.
b	Less: direct expenses other than fundraising expenses	6b	22,995.	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0.	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	396,947.	
Expenses	10	Grants and similar amounts paid (attach schedule) <b>STMT 6</b>	10	32,479.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	281,652.
	13	Professional fees and other payments to independent contractors	13	31,236.
	14	Occupancy, rent, utilities, and maintenance	14	16,465.
	15	Printing, publications, postage, and shipping	15	14,639.
	16	Other expenses (describe ▶ <b>SEE STATEMENT 1</b> )	16	211,916.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	588,387.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-191,440.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	541,750.
	20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 5</b>	20	-10,775.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	339,535.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	284,707.	22 69,882.
23 Land and buildings	38,707.	23 44,963.
24 Other assets (describe ▶ <b>SEE STATEMENT 2</b> )	271,298.	24 258,411.
25 <b>Total assets</b>	594,712.	25 373,256.
26 <b>Total liabilities</b> (describe ▶ <b>SEE STATEMENT 3</b> )	52,962.	26 33,721.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	541,750.	27 339,535.

832171  
12-17-08

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

Form 990-EZ (2008)

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

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>THE ULMAN CANCER FUND FOR YOUNG ADULTS, INC.</b>	Employer identification number <b>52-2057636</b>	
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>10440 LITTLE PATUXENT PARKWAY, NO. G-1</b>	For IRS use only	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. <b>COLUMBIA, MD 21044</b>		

**Check type of return to be filed** (File a separate application for each return):

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**BROCK YETSO**

- The books are in the care of **10440 LITTLE PATUXENT PKWY, STE G1 - COLUMBIA, MD 21044**

Telephone No **410-964-0202**

FAX No

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **FEBRUARY 15, 2010**
- 5 For calendar year , or other tax year beginning **APR 1, 2008** and ending **MAR 31, 2009**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL INFORMATION IS NEEDED TO FILE AN ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>N/A</b>

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Bryanne Challen** Date **11/10/09**

Form 8868 (Rev. 4-2009)

**UHY ADVISORS  
MID-ATLANTIC MD, INC.  
6851 OAK HALL LANE  
SUITE 300  
COLUMBIA, MD 21045**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 SUPPORT/NETWORKING GROUPS FOR YOUNG ADULT CANCER SURVIVORS  
LED BY MENTAL HEALTH PROFESSIONALS.

28a 28,034.

29 PATIENT NAVIGATION: WEBSITE, TOLL-FREE HOTLINE AND  
FACE-TO-FACE INTERACTION PROVIDING SUPPORT AND NAVIGATION  
SERVICES FOR YOUNG ADULTS AND FAMILIES AFFECTED BY CANCER

29a 210,256.

30 VISIONARY GRANTS TO COMMUNITY BASED ORGANIZATIONS SERVING  
YOUNG ADULT CANCER SURVIVORS

30a 23,362.

31 Other program services (attach schedule) SEE STATEMENT 10

31a 205,583.

**32 Total program service expenses (add lines 28a through 31a)**

32	467,235.
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**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911	0.	
section 4912	0.	
section 4955	0.	
b Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed.	MD	
42a The books are in care of	BROCK YETSO	
Located at	10440 LITTLE PATUXENT PKWY, STE G1, COLUMBIA, MD	
Telephone no.	410-964-0202	
ZIP + 4	21044	
b 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)?	42b	X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		
and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2008)

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(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
NONE				
Total number of other employees paid over \$100,000				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

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

Sign Here

Signature of officer

Date

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed

Preparer's Identifying Number (See instr.)

Firm's name (or yours if self-employed)

6851 OAK HALL LANE, STE 300

COLUMBIA, MD 21045

EIN

Phone no.

410-720-5220

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

No

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

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

Employer identification number  
**52-2057636**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ 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 exempt 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 organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the organizations the organization supports.

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2008

THE ULMAN CANCER FUND FOR

Schedule A (Form 990 or 990-EZ) 2008 YOUNG ADULTS, INC.

52-2057636 Page 2

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	79,471.	45,129.	526,054.	920,967.	412,057.	1983678.
2 Tax revenues levied for the organization'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						
4 Total. Add lines 1 - 3	79,471.	45,129.	526,054.	920,967.	412,057.	1983678.
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)						149,299.
6 Public Support. Subtract line 5 from line 4.						1834379.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	79,471.	45,129.	526,054.	920,967.	412,057.	1983678.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,892.	604.	9,004.	10,008.	10,249.	34,757.
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 assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						2018435.
12 Gross receipts from related activities, etc. (see instructions)					12	192,772.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	90.88	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	73.65	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13 and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2008

**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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization'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						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> 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 1% of the total of lines 9-10c, 11 and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3% check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3% check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2008



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the 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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions  
for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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

Employer identification number

52-2057636

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<b>THE APATOW FAMILY FOUNDATION</b> 9100 WILSHIRE BLVD. #400W BEVERLY HILLS, CA 90212	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<b>MICROSOFT GIVING CAMPAIGN</b> PO BOX 7405 PRINCETON, NJ 08543	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<b>ACTIVENETWORK</b> 10182 TELESIS COURT, SUITE 100 SAN DIEGO, CA 92121	\$ 16,497.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<b>THE NEWSOME FOUNDATION</b> PO BOX 39 COLUMBIA, MD 21045	\$ 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	<b>MICROSOFT GIVING CAMPAIGN</b> PO BOX 7405 PRINCETON, NJ 08543	\$ 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	<b>DONALD H KIRK JR</b> 3745 DORSEY SEARCH CIRCLE ELLICOTT CITY, MD 21042	\$ 6,300.	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 instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	PAUL A YOUNG 4600 EAST-WEST HIGHWAY, SUITE 700 BETHESDA, MD 20814	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8	FREDERICK AND LISA BARON 5950 DELOACHE AVE DALLAS, TX 75225	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
9	THE MIRMIRAN FOUNDATION 11-S. EUTAW ST # 1601 BALTIMORE, MD 21201	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
10	LISA HIGGINS HUSSMAN 10215 TARPLEY COURT ELLICOTT CITY, MD 21042	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
11	24 HOURS OF BOOTY INC, 338 S SHARON-AMITY RD, POBOX 270 CHARLOTTE, NC 28211	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
12	COLUMBIA TRIATHLON ASSN. INC. 6662 WINDSOR COURT COLUMBIA, MD 21044	\$ 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 instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	BB&T 306 S MADISON ST WHITEVILLE, NC 28142	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
14	ACTIVITY-BASED SYSTEMS 800 RED BROOK BLVD # 300 OWINGS MILLS, MD 21117	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
15	ENTERPRISE 600 CORPORATE DRIVE ST. LOUIS, MO 63105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
16	COVANCE 3301 KINSMAN BLVD MADISON, WI 53704	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
17	M&T INVESTMENT GROUP PO BOX 62087 BALTIMORE, MD 21264	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
18	THE GREENE TURTLE 8872 MCGRAW RD # C COLUMBIA, MD 21045	\$ 30,429.	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 instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	R. WAYNE NEWSOME  PO BOX 39  COLUMBIA, MD 21045	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	VANGUARD CHARITABLE ENDOWMENT  95 WELLS AVE  NEWTON, MA 02459	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	LANCE ARMSTRONG  98 SAN JACINTO #430  AUSTIN, TX 78701	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	LUNDY FAMILY FOUNDATION  5485 HARPERS FARM RD  COLUMBIA, MD 21044	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	CONTRIBUTIONS <\$5,000    	\$ 193,831.	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.)

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

# 2008

**Open To Public Inspection**

Employer identification number  
52-2057636

<b>Part I</b>	<b>Fundraising Activities.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
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1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations

- b** ☐ Email solicitations

- c** ☐ Phone solicitations

- d** ☐ In-person solicitations

- e ☐ Solicitation of non-government grants

- ☐ Solicitation of government grants

- ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☒ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

**Total**

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**THE ULMAN CANCER FUND FOR**

Schedule G (Form 990 or 990-EZ) 2008 **YOUNG ADULTS, INC.**

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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>THE ELEVEN EVENT</b>	(b) Event #2 <b>TEAM FIGHT / RUN TRI TOG</b>	(c) Other Events <b>2</b>	(d) Total Events (Add col (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	75,267.	65,328.	77,821.	218,416.
	2 Less: Charitable contributions	65,763.	65,328.	64,330.	195,421.
	3 Gross revenue (line 1 minus line 2)	9,504.		13,491.	22,995.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	9,504.		13,491.	22,995.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				( 22,995.)
	9 Net income summary. Combine lines 3 and 8 in column (d)				0.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				( )
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

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?  
b If "No," Explain:

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

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

Schedule G (Form 990 or 990-EZ) 2008

**13** Indicate the percentage of gaming activity operated in:

- a The organization's facility 13a %  
 b An outside facility 13b %

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a Yes No

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**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?

17a Yes No

- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_



FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION	AMOUNT		
SCHOLARSHIP & SUPPORT GROUP	12,105.		
AWARENESS, EDUCATION & ADVPCACU	19,159.		
BANK CHARGES	4,557.		
COMMUNITY OUTREACH	84,216.		
DEPRECIATION	14,755.		
DUES & SUBSCRIPTIONS	2,121.		
INSURANCE	3,664.		
INTEREST	337.		
MEETINGS & CONFERENCES	6,082.		
MISCELLANEOUS	1,152.		
TRAVEL	9,873.		
WEBSITE	5,614.		
PAYROLL TAXES	20,606.		
OFFICE EXPENSES	14,157.		
TELEPHONE	13,518.		
TOTAL TO FORM 990-EZ, LINE 16	211,916.		

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
CONTRIBUTIONS RECEIVABLE	112,714.	58,634.	
INVESTMENTS	158,584.	199,777.	
TOTAL TO FORM 990-EZ, LINE 24	271,298.	258,411.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	49,426.	31,064.	
CAPITAL LEASE OBLIGATION	3,536.	2,657.	
TOTAL TO FORM 990-EZ, LINE 26	52,962.	33,721.	

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FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	4
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	82,687.	106,046.	0.	-23,359.
TO FORM 990-EZ, LINE 5	82,687.	106,046.	0.	-23,359.

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FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-10,775.
TOTAL TO FORM 990-EZ, LINE 20	-10,775.

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FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	6
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP ALLISON BURG 518 2ND STREET SE #3 WASHINGTON, DC 20003	NONE	2,500.
SCHOLARSHIP BAYLEE DECASTRO 80 JUSTIN DR SAN FRANCISCO, CA 94112	NONE	2,500.
SCHOLARSHIP BRIAN BUCKLEY 18408 PARADISE COVE TERR OLNEY, MD 20832	NONE	2,500.
SCHOLARSHIP COREY MCGUIGAN 18 GRAY AVENEU FARMINGTON, NH 03835	NONE	2,500.
SCHOLARSHIP HUNTER DURFEE 11 THAYER AVE TROY, NH 03465	NONE	2,500.
SCHOLARSHIP JASON BRIGHTFIELD 3031 11TH ST NW WASHINGTON, DC 20001	NONE	2,500.
SCHOLARSHIP JENNIFER DAVIS 7300 MALLORY CIRCLE ALEXANDRIA, VA 22315	NONE	2,500.
SCHOLARSHIP KRISTEN MURPHY 3587 CANDLEWOOD TRAIL MARIETTA, GA 30066	NONE	2,500.
SCHOLARSHIP ROBIN SUDA 2706 HARVARD DR WARRINGTON, PA 18976	NONE	2,500.

THE ULMAN CANCER FUND FOR YOUNG ADULTS,		52-2057636
GRANT	NONE	5,000.
LEUKEMIA & LYMPHOMA SOCIETY		
77 WEST PORT PLAZA, SUITE 101		
ST LOUIS, MO 63146		
GRANT	NONE	4,400.
JOE DIMAGGIO CHILDREN'S HOSPITAL		
1000 JOE DIMAGGIO DRIVE		
HOLLYWOOD, FL 33021		
GRANT	NONE	579.
I'M TOO YOUNG FOR THIS		
40 WORTH STREET SUITE 7F		
NEW YORK, NY 10013		
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		32,479.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DOUG ULMAN	FOUNDING MEMBER 1.50	0.	0.	0.
DIANA ULMAN	FOUNDING MEMBER 5.00	0.	0.	0.
STEVE FRIEDMAN	CHAIR 5.00	0.	0.	0.
KAREN PARKER	PRESIDENT 5.00	0.	0.	0.
JEFF GOLDSCHER	VICE PRESIDENT 5.00	0.	0.	0.
DANA YOUNG	TREASURER 1.50	0.	0.	0.
ANNE WILLIS	SECRETARY 1.50	0.	0.	0.
CHRIS CHODNICKI	DIRECTOR 1.50	0.	0.	0.
CHERYL DUVAL	DIRECTOR 1.50	0.	0.	0.
TAMIKA FELDER	DIRECTOR 1.50	0.	0.	0.
DANA GICK	DIRECTOR 1.50	0.	0.	0.
BLAIR HILL	DIRECTOR 1.50	0.	0.	0.
LARRY LETOW	DIRECTOR 1.50	0.	0.	0.
STEPHEN OLINER	DIRECTOR 1.50	0.	0.	0.

## THE ULMAN CANCER FUND FOR YOUNG ADULTS,

52-2057636

EDEN STOTSKY	DIRECTOR			
	1.50	0.	0.	0.
RYAN SVEHLA	DIRECTOR			
	1.50	0.	0.	0.
MICHAEL SILVERMAN	DIRECTOR			
	1.50	0.	0.	0.
ANDREW VEILUONA	DIRECTOR			
	1.50	0.	0.	0.
CARMINA VALLE	DIRECTOR			
	1.50	0.	0.	0.
BROCK YETSO	EXECUTIVE DIRECTOR			
	40.00	75,000.	2,250.	3,930.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		75,000.	2,250.	3,930.

990-EZ PG 2

STATEMENT

9

TO ENHANCE LIVES BY SUPPORTING, EDUCATING AND CONNECTING YOUNG ADULTS, AND  
THEIR LOVED ONES, AFFECTED BY CANCER.



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FORM 990-EZ	OTHER PROGRAM SERVICES	STATEMENT	10
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DESCRIPTION	GRANTS	EXPENSES
COLLEGE SCHOLARSHIPS TO YOUNG ADULTS AFFECTED BY CANCER.	0.	56,068.
LOCAL, REGIONAL AND NATIONAL EDUCATIONAL & ADVOCACY EFFORTS TO EMPOWER AND INFORM PUBLIC ABOUT YOUNG ADULT CANCER ISSUE	0.	149,515.
TOTAL TO FORM 990-EZ, LINE 31		205,583.

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