# TAX RETURN FILING INSTRUCTIONS

**FORM 990**

**FOR THE YEAR ENDING**

**DECEMBER 31, 2017**

| Prepared for | INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER  
13100 E. COLFAX AVE. NO. 10  
AURORA, CO  80011 |
|---|---|
| Prepared by | CAUSEY DEMGEN & MOORE PC  
1125 17TH ST., STE 1450  
DENVER, CO  80202 |
| Amount due or refund | NOT APPLICABLE |
| Make check payable to | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | NOT APPLICABLE |
| Return must be mailed on or before | NOT APPLICABLE |
| Special Instructions | THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2018. |
Name of exempt organization
INTERNATIONAL ASSOCIATION FOR THE
STUDY OF LUNG CANCER

Employer identification number
20-0499338

Name and title of officer
TONY MOK, MD
TREASURER

Part I  Type of Return and Return Information  (Whole Dollars Only)
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a  Form 990 check here  X  b  Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b  14,682,666.
2a  Form 990-EZ check here  □  b  Total revenue, if any (Form 990-EZ, line 9) 2b
3a  Form 1120-POL check here  X  b  Total tax (Form 1120-POL, line 22) 3b
4a  Form 990-PF check here  □  b  Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a  Form 8868 check here  □  b  Balance Due (Form 8868, line 3c) 5b

Part II  Declaration and Signature Authorization of Officer
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization’s 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization’s federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization’s electronic return and, if applicable, the organization’s consent to electronic funds withdrawal.

Officer’s PIN: check one box only

X  I authorize CAUSEY DEMGEN & MOORE PC to enter my PIN 47475

Enter five numbers, but do not enter all zeros

as my signature on the organization’s tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

□ As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen.

Officer’s signature  ▶  Date  ▶

Part III  Certification and Authentication
ERO’s EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84412812125

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO’s signature  ▶  Date  ▶

EROMust Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA  For Paperwork Reduction Act Notice, see instructions.

723051  10-11-17
**Return of Organization Exempt From Income Tax**

**A For the 2017 calendar year, or tax year beginning and ending**

**B Name of organization**

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER

**B** Check if applicable:

- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

**C Name of organization**

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER

**D Employer identification number**

20-0499338

**E Telephone number**

(720) 325-2955

**F Name and address of principal officer**

TONY MOK, MD

13100 E. COLFAX AVE., SUITE 10, AURORA, CO 80011

**G Gross receipts**

15,537,997.

**J Website:** www.iaslcl.org

**K Form of organization:** Corporation

**L Year of formation:** 2003

**M State of legal domicile:** CO

**Part I Summary**

1. Briefly describe the organization's mission or most significant activities: TO PROMOTE THE STUDY OF THE ETIOLOGY, EPIDEMIOLOGY, PREVENTION, DIAGNOSIS, TREATMENT AND ALL

2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

   - [ ] No
   - [X] Yes

3. Number of voting members of the governing body (Part VI, line 1a)

   - Prior Year: 1
   - Current Year: 1

4. Number of independent voting members of the governing body (Part VI, line 1b)

   - Prior Year: 0
   - Current Year: 0

5. Total number of individuals employed in calendar year 2017 (Part V, line 2a)

   - Prior Year: 0
   - Current Year: 0

6. Total number of volunteers (estimate if necessary)

   - Prior Year: 0
   - Current Year: 0

7a. Total unrelated business revenue from Part VIII, column (C), line 12

   - Prior Year: 0
   - Current Year: 0

7b. Net unrelated business taxable income from Form 990-T, line 34

   - Prior Year: 0
   - Current Year: 0

8. Contributions and grants (Part VIII, line 1h)

   - Prior Year: 1,047,714
   - Current Year: 959,772

9. Program service revenue (Part VIII, line 2g)

   - Prior Year: 13,911,464
   - Current Year: 13,375,777

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)

    - Prior Year: 325,865
    - Current Year: 325,865

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

    - Prior Year: 21,252
    - Current Year: 21,252

12. Total revenue - add lines 8 through 11

    - Prior Year: 15,161,300
    - Current Year: 14,682,666

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)

    - Prior Year: 460,000
    - Current Year: 665,000

14. Benefits paid to or for members (Part IX, column (A), line 4)

    - Prior Year: 0
    - Current Year: 0

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

    - Prior Year: 0
    - Current Year: 0

16a. Professional fundraising fees (Part IX, column (A), line 11e)

    - Prior Year: 0
    - Current Year: 0

17a. Total fundraising expenses (Part IX, column (D), line 25)

    - Prior Year: 0
    - Current Year: 0

17b. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

    - Prior Year: 10,046,867
    - Current Year: 12,189,218

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

    - Prior Year: 12,780,479
    - Current Year: 14,828,403

19. Revenue less expenses. Subtract line 12 from line 18

    - Prior Year: 2,380,821
    - Current Year: -145,737

20. Total assets (Part X, line 16)

    - Prior Year: 19,749,396
    - Current Year: 19,434,955

21. Total liabilities (Part X, line 26)

    - Prior Year: 5,353,650
    - Current Year: 5,035,650

22. Net assets or fund balances. Subtract line 21 from line 20

    - Prior Year: 14,116,030
    - Current Year: 14,399,305

**Part II Signature Block**

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

**Sign Here**

[ ] Signature of officer

[ ] Signature of officer

**Type or print name and title**

[ ] TONY MOK, MD, TREASURER

**Preparer**

JAMEY L CAMP

CAUSEY DEMGEN & MOORE PC

1125 17TH ST., STE 1450

DENVER, CO 80202

**Preparer’s signature**

[ ] TONY MOK, MD, TREASURER

**Preparer’s signature**

[ ] TONY MOK, MD, TREASURER

**Preparer’s signature**

[ ] TONY MOK, MD, TREASURER

**Preparer’s signature**

[ ] TONY MOK, MD, TREASURER

**Preparer’s signature**

[ ] TONY MOK, MD, TREASURER
1 Briefly describe the organization’s mission:
TO PROMOTE THE STUDY OF THE ETIOLOGY, EPIDEMIOLOGY, PREVENTION, DIAGNOSIS, TREATMENT AND ALL OTHER ASPECTS OF LUNG CANCER AND OTHER THORACIC MALIGNANCIES.
TO PROVIDE EDUCATION AND INFORMATION ABOUT LUNG CANCER AND OTHER

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? □ Yes □ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? □ Yes □ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $665,000, including grants of $665,000) (Revenue $291,929)
FELLOWSHIPS – PROVIDED TO TRAIN NEXT GENERATION OF LUNG CANCER LEADERS. FUNDING FOR IASLC FELLOWSHIP AND YOUNG INVESTIGATOR AWARDS PROVIDES FOR TRAINING OF FELLOWS AND YOUNG INVESTIGATORS WHO WISH TO PURSUE A CAREER IN DIAGNOSIS, TREATMENT, LABORATORY RESEARCH OR OTHER ASPECTS OF LUNG TUMORS.

IASLC FELLOWSHIPS AND YOUNG INVESTIGATOR AWARDS ARE GRANTED FOR TWO YEARS. THE STIPEND FOR AN IASLC GRANT IS $40,000 PER YEAR. FUNDING FOR THE SECOND YEAR IS CONTINGENT UPON A SATISFACTORY PROGRESS REPORT AT THE ONE YEAR MARK.

4b (Code: ) (Expenses $2,289,513, including grants of $ ) (Revenue $2,182,654)
PUBLICATIONS – PROVIDE EDUCATION TO THE WORLD WIDE LUNG CANCER COMMUNITY REGARDING THE LATEST ADVANCES IN LUNG CANCER TREATMENT.

4c (Code: ) (Expenses $10,115,957, including grants of $ ) (Revenue $5,160,171)
MEETING AND WEB SEMINARS TO DISSEMINATE INFORMATION REGARDING THE LATEST ADVANCES IN LUNG CANCER TREATMENT.

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $ ) (Revenue $ )
4e Total program service expenses ≥ $13,070,470.
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td></td>
<td>1X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td>2X</td>
<td></td>
</tr>
<tr>
<td>3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?</td>
<td>3X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. <strong>Section 501(c)(3) organizations.</strong> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?</td>
<td>4X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule C, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?</td>
<td>5X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule C, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?</td>
<td>6X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?</td>
<td>7X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?</td>
<td>8X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,* complete Schedule D, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Did the organization maintain collections of works of art, historical treasures, or other similar assets?</td>
<td>9X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,* complete Schedule D, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Did the organization report an amount in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>10X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VII</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Did the organization report an amount in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>11X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>12aX</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part IX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12b. Did the organization report an amount for other liabilities in Part X, line 25?</td>
<td>12bX</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12c. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>12cX</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VII</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12d. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>12dX</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12e. Did the organization report an amount for foreign liabilities in Part X, line 25?</td>
<td>12eX</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12f. Did the organization report an amount for foreign investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>12fX</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VII</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12g. Did the organization report an amount for foreign investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>12gX</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>13X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part IX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14a. Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>14aX</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
<td>14bX</td>
<td></td>
</tr>
<tr>
<td>14b. Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>14bX</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization?</td>
<td>15X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule F, Parts II and IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals?</td>
<td>16X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule F, Parts III and IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Did the organization report a total of more than $15,000 of expenditures for professional fundraising services on Part IX, column (A), lines 6 and 11e?</td>
<td>17X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule G, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?</td>
<td>18X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule G, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a?</td>
<td>19X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule G, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>---</td>
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<td>-----</td>
</tr>
<tr>
<td>20a</td>
<td>Did the organization operate one or more hospital facilities?</td>
<td>If &quot;Yes,&quot; complete Schedule H</td>
</tr>
<tr>
<td>20b</td>
<td>If &quot;Yes&quot; to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td>X</td>
</tr>
<tr>
<td>21</td>
<td>Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1?</td>
<td>If &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
</tr>
<tr>
<td>22</td>
<td>Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2?</td>
<td>If &quot;Yes,&quot; complete Schedule I, Parts I and III</td>
</tr>
<tr>
<td>23</td>
<td>Did the organization answer &quot;Yes&quot; to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees?</td>
<td>If &quot;Yes,&quot; complete Schedule J</td>
</tr>
<tr>
<td>24a</td>
<td>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002?</td>
<td>If &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No&quot;, go to line 25a</td>
</tr>
<tr>
<td>24b</td>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td>X</td>
</tr>
<tr>
<td>24c</td>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td>X</td>
</tr>
<tr>
<td>24d</td>
<td>Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td>X</td>
</tr>
<tr>
<td>25a</td>
<td>Did the organization engage in an excess benefit transaction with a disqualified person during the year?</td>
<td>If &quot;Yes,&quot; complete Schedule L, Part I</td>
</tr>
<tr>
<td>25b</td>
<td>Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?</td>
<td>If &quot;Yes,&quot; complete Schedule L, Part II</td>
</tr>
<tr>
<td>26</td>
<td>Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?</td>
<td>If &quot;Yes,&quot; complete Schedule L, Part III</td>
</tr>
<tr>
<td>27</td>
<td>Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons?</td>
<td>If &quot;Yes,&quot; complete Schedule L, Part IV</td>
</tr>
<tr>
<td>28a</td>
<td>Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):</td>
<td>A current or former officer, director, trustee, or key employee?</td>
</tr>
<tr>
<td>28b</td>
<td>A family member of a current or former officer, director, trustee, or key employee?</td>
<td>X</td>
</tr>
<tr>
<td>28c</td>
<td>An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner?</td>
<td>X</td>
</tr>
<tr>
<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions?</td>
<td>If &quot;Yes,&quot; complete Schedule M</td>
</tr>
<tr>
<td>30</td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?</td>
<td>If &quot;Yes,&quot; complete Schedule M</td>
</tr>
<tr>
<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations?</td>
<td>If &quot;Yes,&quot; complete Schedule N, Part I</td>
</tr>
<tr>
<td>32</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?</td>
<td>If &quot;Yes,&quot; complete Schedule N, Part II</td>
</tr>
<tr>
<td>33</td>
<td>Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?</td>
<td>If &quot;Yes,&quot; complete Schedule R, Part I</td>
</tr>
<tr>
<td>34</td>
<td>Was the organization related to any tax-exempt or taxable entity?</td>
<td>If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
</tr>
<tr>
<td>35a</td>
<td>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>If &quot;Yes&quot; to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</td>
</tr>
<tr>
<td>35b</td>
<td>If &quot;Yes&quot; to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</td>
<td>If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
</tr>
<tr>
<td>36</td>
<td>Did the organization make any transfers to an exempt non-charitable related organization?</td>
<td>If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
</tr>
<tr>
<td>37</td>
<td>Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes?</td>
<td>If &quot;Yes,&quot; complete Schedule R, Part VI</td>
</tr>
<tr>
<td>38</td>
<td>Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td>Note. All Form 990 filers are required to complete Schedule O</td>
</tr>
</tbody>
</table>
Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of $1,000 or more during the year?

3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O

4a 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)?

b If "Yes," enter the name of the foreign country:


5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
Section A. Governing Body and Management

1a. Enter the number of voting members of the governing body at the end of the tax year
1b. Enter the number of voting members included in line 1a, above, who are independent
2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
3. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?
4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
5. Did the organization become aware during the year of a significant diversion of the organization's assets?
6. Did the organization have members or stockholders?
7a. Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
7b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   a. The governing body?
   b. Each committee with authority to act on behalf of the governing body?
9. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address?

Section B. Policies

10a. Did the organization have local chapters, branches, or affiliates?
   b. If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?
11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
   b. Describe in Schedule O the process, if any, used by the organization to review this Form 990.
12a. Did the organization have a written conflict of interest policy?
   b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
   c. Did the organization regularly and consistently monitor and enforce compliance with the policy?
13. Did the organization have a written whistleblower policy?
14. Did the organization have a written document retention and destruction policy?
15. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
   a. The organization's CEO, Executive Director, or top management official
   b. Other officers or key employees of the organization
16a. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
   b. If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

17. List the states with which a copy of this Form 990 is required to be filed:
18. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
   - Own website
   - Another's website
   - Upon request
   - Other (explain in Schedule O)
19. Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20. State the name, address, and telephone number of the person who possesses the organization's books and records:
   FRED HIRSCH, MD, PHD - 720-325-2951
   13100 E COLFAK AVE, SUITE 10, AURORA, CO 80111
## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization’s current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s current key employees, if any. See instructions for definition of “key employee.”
- List the organization’s five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

### Checklist

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>TONY MOK, MD</td>
<td>10.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>FRED HIRSCH, MD, PHD</td>
<td>30.00</td>
<td>x</td>
<td>0.</td>
<td>286,841.</td>
<td>30,432.</td>
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<tr>
<td>CEO/SECRETARY</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
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<tr>
<td>GIORGIO SCAGLIOTTI, MD, PHD</td>
<td>10.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PRESIDENT</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>TETSUYA MITTSDOMI, MD, PHD</td>
<td>10.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PRESIDENT ELEC</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MICHAEL BOYER, MD</td>
<td>3.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
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<td></td>
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<tr>
<td>JULIE BRAHMER, MD</td>
<td>3.00</td>
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<tr>
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<tr>
<td>DAVID HARPOLE, MD</td>
<td>3.00</td>
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</tr>
<tr>
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</tr>
<tr>
<td>NORIHKO IKEDA, MD, PHD</td>
<td>3.00</td>
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<tr>
<td>DIRECTOR</td>
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<td></td>
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</tr>
<tr>
<td>ENRIQUETA FELIP, PHD</td>
<td>3.00</td>
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<tr>
<td>DIRECTOR</td>
<td></td>
<td>x</td>
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<td></td>
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<tr>
<td>SURESH RAMALINGAM, MD</td>
<td>3.00</td>
<td>x</td>
<td>0.</td>
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<tr>
<td>DIRECTOR</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANNE FRASER, MD</td>
<td>3.00</td>
<td>x</td>
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<tr>
<td>DIRECTOR</td>
<td></td>
<td>x</td>
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<td></td>
<td></td>
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<tr>
<td>PAUL R. VAN SCHIL, MD, PHD</td>
<td>3.00</td>
<td>x</td>
<td>0.</td>
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<tr>
<td>DIRECTOR</td>
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<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROBERT PIRKER, MD</td>
<td>3.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
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<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARTIN RECK, MD, PHD</td>
<td>3.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>DIRECTOR</td>
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<tr>
<td>MIYAKO SATHUCHI, MD, PHD</td>
<td>3.00</td>
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<tr>
<td>DIRECTOR</td>
<td></td>
<td>x</td>
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<td></td>
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</tr>
<tr>
<td>TAKASHI SETO, MD</td>
<td>3.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
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</tr>
<tr>
<td>DIRECTOR</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>HEATHER WAKELEE, MD</td>
<td>3.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) JAMES YANG, MD, PHD</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>(19) MASAYUKI NOGUCHI, MD</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>DIRECTOR</td>
<td></td>
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<tr>
<td>(20) CLARISSA MATHIAS, MD</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(21) PIA HIRSCH</td>
<td>40.00</td>
<td>X</td>
<td>117,896.</td>
<td>0.</td>
<td>17,711.</td>
</tr>
<tr>
<td>DIRECTOR OF EDUCATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(22) JOHN SKADOW</td>
<td>40.00</td>
<td>X</td>
<td>106,090.</td>
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<td>27,564.</td>
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<td>DIRECTOR OF FINANCE</td>
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<tr>
<td>(23) MURRY WYNES</td>
<td>40.00</td>
<td>X</td>
<td>116,084.</td>
<td>0.</td>
<td>11,350.</td>
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<tr>
<td>DIRECTOR OF SCIENTIFIC AFFAIRS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total | 340,070. | 286,841. | 87,057. |

c Total from continuation sheets to Part VII, Section A | 0. | 0. | 0. |

d Total (add lines 1b and 1c) | 340,070. | 286,841. | 87,057. |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization | 3 |

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | Yes | No |

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual | Yes | No |

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | Yes | No |

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDITORIAL RX, INC.</td>
<td>EDITORIAL WORK FOR PUBLICATIONS</td>
<td>893,206.</td>
</tr>
<tr>
<td>3233 ELEANOR WAY, FORT MEYERS, FL 33917</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAIRMONT HOTEL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>101 WILSHIRE BLVD, SANTA MONICA, CA 90401</td>
<td>CONFERENCE HOTEL</td>
<td>618,408.</td>
</tr>
<tr>
<td>INTERNATIONAL CONFERENCE SERVICES, 1201 W. PENDER ST., STE 300, VANCOUVER, BC, CANADA</td>
<td>CONFERENCE MANAGEMENT SERVICES</td>
<td>505,627.</td>
</tr>
<tr>
<td>UNIVERSITY PHYSICIANS INC.</td>
<td>REIMBURSEMENT OF EXPENSES</td>
<td>370,014.</td>
</tr>
<tr>
<td>PO BOX 110247, AURORA, CO 80042-0247</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELSEVIER</td>
<td>PRINTING SERVICES</td>
<td>344,840.</td>
</tr>
<tr>
<td>PO BOX 9546, NEW YORK, NY 10087-4546</td>
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</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization | 5 |
### Part VIII Statement of Revenue

#### Contributions, Gifts, Grants, and Other Similar Amounts

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>A (Total Revenue)</th>
<th>B (Related or Exempt Function Revenue)</th>
<th>C (Unrelated Business Revenue)</th>
<th>D (Revenue Excluded from Tax Under Sections 512-514)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a</td>
<td>Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b</td>
<td>Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c</td>
<td>Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 d</td>
<td>Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 e</td>
<td>Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 f</td>
<td>All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Total. Add lines 1a-1f</td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

#### Program Service Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Business Code</th>
</tr>
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<tbody>
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<td>2 a</td>
<td>MEETING INCOME</td>
<td>541900</td>
</tr>
<tr>
<td>2 b</td>
<td>PUBLICATIONS</td>
<td>541900</td>
</tr>
<tr>
<td>2 c</td>
<td>FELLOWSHIPS</td>
<td>541900</td>
</tr>
<tr>
<td>2 d</td>
<td>WEB SEMINARS</td>
<td>541900</td>
</tr>
<tr>
<td>h</td>
<td>Total. Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>

#### Investment Income (including dividends, interest, and other similar amounts)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>A (Total Revenue)</th>
<th>B (Related or Exempt Function Revenue)</th>
<th>C (Unrelated Business Revenue)</th>
<th>D (Revenue Excluded from Tax Under Sections 512-514)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Income from Investment of Tax-Exempt Bond Proceeds

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>A (Total Revenue)</th>
<th>B (Related or Exempt Function Revenue)</th>
<th>C (Unrelated Business Revenue)</th>
<th>D (Revenue Excluded from Tax Under Sections 512-514)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Royalties

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Other Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>A (Total Revenue)</th>
<th>B (Related or Exempt Function Revenue)</th>
<th>C (Unrelated Business Revenue)</th>
<th>D (Revenue Excluded from Tax Under Sections 512-514)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>A (Total Revenue)</th>
<th>B (Related or Exempt Function Revenue)</th>
<th>C (Unrelated Business Revenue)</th>
<th>D (Revenue Excluded from Tax Under Sections 512-514)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Total. Add lines 11a-11d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Total Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>A (Total Revenue)</th>
<th>B (Related or Exempt Function Revenue)</th>
<th>C (Unrelated Business Revenue)</th>
<th>D (Revenue Excluded from Tax Under Sections 512-514)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part IX Statement of Functional Expenses

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>335,000.</td>
<td>335,000.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td>20,000.</td>
<td>20,000.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>310,000.</td>
<td>310,000.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>404,737.</td>
<td>303,553.</td>
<td>101,184.</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>1,126,304.</td>
<td>844,728.</td>
<td>281,576.</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>443,144.</td>
<td>332,358.</td>
<td>110,786.</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>7,657.</td>
<td>7,657.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>46,835.</td>
<td>46,835.</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td>67,713.</td>
<td>67,713.</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>84,658.</td>
<td>84,658.</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>78,417.</td>
<td>58,813.</td>
<td>19,604.</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>56,136.</td>
<td>42,102.</td>
<td>14,034.</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>223,821.</td>
<td>167,866.</td>
<td>55,955.</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>8,621.</td>
<td>8,621.</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>8,297,013.</td>
<td>7,983,935.</td>
<td>313,078.</td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>138,390.</td>
<td>103,792.</td>
<td>34,598.</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>19,261.</td>
<td>19,261.</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>PUBLICATIONS</td>
<td>1,935,449.</td>
<td>1,935,449.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>COMMITTEES</td>
<td>399,275.</td>
<td>399,275.</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>WEB SEMINARS</td>
<td>168,354.</td>
<td>168,354.</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>185,160.</td>
<td>56,624.</td>
<td>128,536.</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>14,828,403.</td>
<td>13,070,470.</td>
<td>1,757,933.</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Balance Sheet

**Part X**

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>7,228,191.</td>
<td>10,460,425.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>4,979,155.</td>
<td>3,917.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>1,225,844.</td>
<td>794,626.</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>353,535.</td>
<td>877,687.</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>37,181.</td>
<td>21,842.</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>344,186.</td>
<td>1,058,918.</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>1,042,824.</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>513,434.</td>
<td>558,124.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>5,066,870.</td>
<td>5,659,416.</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>19,749,396.</td>
<td>19,434,955.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>1,291,661.</td>
<td>1,181,481.</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>3,753,961.</td>
<td>3,504,439.</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>587,744.</td>
<td>349,730.</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>5,633,366.</td>
<td>5,035,650.</td>
</tr>
</tbody>
</table>

#### Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>14,116,030.</td>
<td>14,399,305.</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>14,116,030.</td>
<td>14,399,305.</td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>19,749,396.</td>
<td>19,434,955.</td>
</tr>
</tbody>
</table>

Form 990 (2017)
**Part XI Reconciliation of Net Assets**

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>14,682,666</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>14,828,403</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>-145,737</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>14,116,030</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>429,014</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>-2</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>14,399,305</td>
</tr>
</tbody>
</table>

**Part XII Financial Statements and Reporting**

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Cash</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Accrual</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Other</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Consolidated basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Consolidated basis</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Both consolidated and separate basis</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part I: Reason for Public Charity Status

All organizations must complete this part. See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state; if any.
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)(vii) of the Code. (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10. An organization that normally receives: (1) more than 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 Part III.)


12. 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f. Enter the number of supported organizations

g. Provide the following information about the supported organization(s).

(i) Name of supported organization

(ii) EIN

(iii) Type of organization (described on lines 1-10 above (see instructions))

(iv) Is the organization listed in your governing document? Yes No

(v) Amount of monetary support (see instructions)

(vi) Amount of other support (see instructions)

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017
Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants.”)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C. Computation of Public Support Percentage

| Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2017. 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 |         |         |
| 16b 33 1/3% support test - 2016. 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 |         |         |
| 17a 10% - facts-and-circumstances test - 2017. 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 VI how the organization meets the “facts-and-circumstances” test. The organization qualifies as a publicly supported organization |         |         |
| 17b 10% - facts-and-circumstances test - 2016. 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 VI how the organization meets the “facts-and-circumstances” test. The organization qualifies as a publicly supported organization |         |         |
| 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 |         |         |
### Section A. Public Support

**Calendar year (or fiscal year beginning in):**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>795,240</td>
<td>1,064,804</td>
<td>784,563</td>
<td>1,047,714</td>
<td>1,251,701</td>
</tr>
<tr>
<td>2</td>
<td>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</td>
<td>10,204,479</td>
<td>4,105,370</td>
<td>13,879,388</td>
<td>13,911,465</td>
<td>13,083,848</td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Total. Add lines 1 through 5</td>
<td>10,999,719</td>
<td>5,170,174</td>
<td>14,663,951</td>
<td>14,959,179</td>
<td>14,335,549</td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7b</td>
<td>Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>Public support. (Subtract line 7c from line 6)</td>
<td>60,128,572</td>
<td>60,128,572</td>
<td>60,128,572</td>
<td>60,128,572</td>
<td>60,128,572</td>
</tr>
</tbody>
</table>

### Section B. Total Support

**Calendar year (or fiscal year beginning in):**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td>10,999,719</td>
<td>5,170,174</td>
<td>14,663,951</td>
<td>14,959,179</td>
<td>14,335,549</td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>119,471</td>
<td>148,179</td>
<td>151,809</td>
<td>202,124</td>
<td>347,114</td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>119,471</td>
<td>148,179</td>
<td>151,809</td>
<td>202,124</td>
<td>347,114</td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>119,471</td>
<td>148,179</td>
<td>151,809</td>
<td>202,124</td>
<td>347,114</td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13</td>
<td>Total support. (Add lines 9, 10c, 11, and 12)</td>
<td>11,119,190</td>
<td>5,318,353</td>
<td>14,815,760</td>
<td>15,161,303</td>
<td>14,682,663</td>
</tr>
<tr>
<td>14</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

15 | Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | | | | | | 98.41 % |
16 | Public support percentage from 2016 Schedule A, Part III, line 15 | | | | | | 98.68 % |

### Section D. Computation of Investment Income Percentage

17 | Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | | | | | | 1.59 % |
18 | Investment income percentage from 2016 Schedule A, Part III, line 17 | | | | | | 1.32 % |
19a | 33 1/3% support tests - 2017. 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 | | | | | | X |
19b | 33 1/3% support tests - 2016. 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 | | | | | | X |
20 | Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | | | | | |
Section A. All Supporting Organizations

1 Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
   b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
   c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
   b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
   c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
   b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?
   c Substitutions only. Was the substitution the result of an event beyond the organization’s control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If "Yes," provide detail in Part VI.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
   b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
   c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
   b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
<table>
<thead>
<tr>
<th>Part IV</th>
<th>Supporting Organizations (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Has the organization accepted a gift or contribution from any of the following persons?</td>
</tr>
<tr>
<td>a</td>
<td>A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</td>
</tr>
<tr>
<td>b</td>
<td>A family member of a person described in (a) above?</td>
</tr>
<tr>
<td>c</td>
<td>A 35% controlled entity of a person described in (a) or (b) above? If “Yes” to a, b, or c, provide detail in Part VI.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B. Type I Supporting Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section C. Type II Supporting Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section D. All Type III Supporting Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section E. Type III Functionally Integrated Supporting Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>a</td>
</tr>
<tr>
<td>b</td>
</tr>
<tr>
<td>c</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>a</td>
</tr>
<tr>
<td>b</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>a</td>
</tr>
<tr>
<td>b</td>
</tr>
</tbody>
</table>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 [ ] Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount</strong>. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
</tbody>
</table>

[ ] Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017
### Section D - Distributions

<table>
<thead>
<tr>
<th>Current Year</th>
<th>Distributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2017</th>
<th>(iii) Distributable Amount for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2017 (reasonable cause required - explain in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2017</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2013</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2014</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2015</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2016</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2012 not applied (see instructions)</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2017 from Section D, line 7: $</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2018. Add lines 3j and 4c.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2013</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2014</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2015</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2016</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2017</td>
<td></td>
</tr>
</tbody>
</table>
Part VI  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
## Schedule B

(Form 990, 990-EZ, or 990-PF)

### Department of the Treasury

Internal Revenue Service

### 2017

**Name of the organization**

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER

**Employer identification number**

20-0499338

### Organization type (check one):

- [ ] 501(c)(3) (enter number) organization
- [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- [ ] 527 political organization
- [ ] 501(c)(3) exempt private foundation
- [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
- [ ] 501(c)(3) taxable private foundation

### Filers of:

- [X] Form 990 or 990-EZ
- [ ] Form 990-PF

### Section:

- [X] 501(c)(3) (enter number) organization
- [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- [ ] 527 political organization
- [ ] 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

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

### Special Rules

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

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

### Caution:

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.  Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
## Part I: Contributors

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
</table>
| 1   | BONNIE J ADDARIO LUNG CANCER FOUNDATION  
1100 INDUSTRIAL ROAD #1  
SAN CARLOS, CA 94070 | $37,500. | Person [x]  
Payroll [ ]  
Noncash [ ] |
| 2   | LUNG CANCER FOUNDATION OF AMERICA  
15 S FRANKLIN ST,  
NEW ULM, MN 56073 | $100,000. | Person [x]  
Payroll [ ]  
Noncash [ ] |
| 3   | PREVENT CANCER FOUNDATION  
1600 DUKE ST STE 500  
ALEXANDRIA, VA 22314 | $40,000. | Person [x]  
Payroll [ ]  
Noncash [ ] |
|     |                            | $                | Person [ ]  
Payroll [ ]  
Noncash [ ] |
|     |                            | $                | Person [ ]  
Payroll [ ]  
Noncash [ ] |
|     |                            | $                | Person [ ]  
Payroll [ ]  
Noncash [ ] |
<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
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<tbody>
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</table>
### Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.)

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
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<td>(b) Purpose of gift</td>
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<td>(e) Transfer of gift</td>
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<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
<td>(e) Transfer of gift</td>
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<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
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<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
<td>(e) Transfer of gift</td>
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</tr>
</tbody>
</table>

Complete columns through the following line entry. Use duplicate copies of Part III if additional space is needed.

---

**Name of organization:** INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER

**Employer identification number:** 20-0499338

723454 11-01-17
Part I  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td>(a) Donor advised funds</td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

Part II  Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   - Preservation of land for public use (e.g., recreation or education)
   - Preservation of a historically important land area
   - Preservation of natural habitat
   - Preservation of a certified historic structure

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
   - a) Total number of conservation easements
   - b) Total acreage restricted by conservation easements
   - c) Number of conservation easements on a certified historic structure included in (a)
   - d) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.

4. Number of states where property subject to conservation easement is located

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
   - Yes
   - No

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
   - Yes
   - No

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
   - (i) Revenue included on Form 990, Part VIII, line 1
   - (ii) Assets included in Form 990, Part X

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
   - a) Revenue included on Form 990, Part VIII, line 1
   - b) Assets included in Form 990, Part X

LHA  For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a  Public exhibition
   b  Scholarly research
   c  Preservation for future generations
   d  Loan or exchange programs
   e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
   b If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
   b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a Beginning of year balance
   b Contributions
   c Net investment earnings, gains, and losses
   d Grants or scholarships
   e Other expenditures for facilities and programs
   f Administrative expenses
   g End of year balance

<table>
<thead>
<tr>
<th>Current year</th>
<th>Prior year</th>
<th>Two years back</th>
<th>Three years back</th>
<th>Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
<td>(e)</td>
</tr>
</tbody>
</table>

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment %
   b Permanent endowment %
   c Temporarily restricted endowment %

   The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i) unrelated organizations
   (ii) related organizations

   Yes  No

3a(ii)

3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td>393,061.</td>
<td>102,424.</td>
<td>290,637.</td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td>407,634.</td>
<td>263,088.</td>
<td>144,546.</td>
<td></td>
</tr>
<tr>
<td>1e Other</td>
<td>242,129.</td>
<td>119,188.</td>
<td>122,941.</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

558,124.
## Part VII Investments - Other Securities.

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

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) ALTERNATIVE INVESTMENTS</td>
<td>830,318</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(B) OTHER SECURITIES</td>
<td>4,829,098</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
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<tr>
<td>(D)</td>
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<td>(G)</td>
<td></td>
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<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</td>
<td>5,659,416</td>
<td></td>
</tr>
</tbody>
</table>

## Part VIII Investments - Program Related.

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
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<tr>
<td>(3)</td>
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<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Part IX Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
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<tr>
<td>(4)</td>
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<td>(5)</td>
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<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</td>
<td></td>
</tr>
</tbody>
</table>

## Part X Other Liabilities.

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

1. (a) Description of liability | (b) Book value |
   (1) Federal income taxes     |                |
   (2)                         |                |
   (3)                         |                |
   (4)                         |                |
   (5)                         |                |
   (6)                         |                |
   (7)                         |                |
   (8)                         |                |
   (9)                         |                |
   Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) |            |

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

Schedule D (Form 990) 2017

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER 20-0499338

ALTERNATIVE INVESTMENTS 830,318. END-OF-YEAR MARKET VALUE

OTHER SECURITIES 4,829,098. END-OF-YEAR MARKET VALUE

5,659,416.
## Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>15,260,647</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Net unrealized gains (losses) on investments</td>
<td>429,014</td>
</tr>
<tr>
<td></td>
<td>b. Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Other (Describe in Part XIII.)</td>
<td>148,967</td>
</tr>
<tr>
<td></td>
<td>e. Add lines 2a through 2d</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b. Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c. Add lines 4a and 4b</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>14,682,666</td>
</tr>
</tbody>
</table>

## Part XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>14,953,758</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b. Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c. Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d. Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e. Add lines 2a through 2d</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b. Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c. Add lines 4a and 4b</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td>14,828,403</td>
</tr>
</tbody>
</table>

## Part XIII: Supplemental Information.

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

**PART X, LINE 2:**

THE ASSOCIATION HAS ADOPTED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. AFTER EVALUATING THE TAX POSITIONS TAKEN, NONE ARE CONSIDERED TO BE UNCERTAIN; THEREFORE, NO AMOUNTS HAVE BEEN RECOGNIZED AS OF DECEMBER 31, 2017 AND 2016. THE ASSOCIATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2010.

**PART XI, LINE 2D – OTHER ADJUSTMENTS:**

FOREIGN CURRENCY GAIN 148,967.

**PART XII, LINE 2D – OTHER ADJUSTMENTS:**

FOREIGN CURRENCY 148,967.
PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENT EXPENSE ADJUSTMENT 23,612.
**Name of the organization**

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER

**Employer identification number**

20-0499338

---

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1. **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 
   - Yes ☐ No ☑

2. **For grantmakers.** Describe in Part V the organization’s procedures for monitoring the use of its grants and other assistance outside the United States.

3. **Activities per Region.**

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of offices in the region</th>
<th>Number of employees, agents, and independent contractors in the region</th>
<th>Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>EUROPE (INCLUDING ICELAND &amp; GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM</td>
<td>0</td>
<td>0</td>
<td>PROGRAM SERVICES</td>
<td>SCIENTIFIC CONFERENCE</td>
<td>65,594.</td>
</tr>
<tr>
<td>EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,</td>
<td>0</td>
<td>0</td>
<td>PROGRAM SERVICES</td>
<td>SCIENTIFIC CONFERENCE</td>
<td>6,804,227.</td>
</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>

3a Sub-total ............. 0 0 6,869,821.

b Total from continuation sheets to Part I ........... 0 0 0.

c Totals (add lines 3a and 3b) ................. 0 0 6,869,821.

---

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

Schedule F (Form 990) 2017
**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of noncash assistance</th>
<th>(h) Description of noncash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER 20-0499338</td>
<td></td>
<td>EUROPE (INCLUDING ICELAND &amp; GREENLAND) - ALBANIA, ANDORRA,</td>
<td>SUPPORT DEVELOPMENT OF RESEARCH &amp; YOUNG MEDICAL PROFS. IN THORACIC ONCOLOGY.</td>
<td>220,000</td>
<td>WIRE</td>
<td>0</td>
<td>CASH</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,</td>
<td>SUPPORT DEVELOPMENT OF RESEARCH &amp; YOUNG MEDICAL PROFS. IN THORACIC ONCOLOGY.</td>
<td>45,000</td>
<td>WIRE</td>
<td>0</td>
<td>CASH</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,</td>
<td>SUPPORT DEVELOPMENT OF RESEARCH &amp; YOUNG MEDICAL PROFS. IN THORACIC ONCOLOGY.</td>
<td>20,000</td>
<td>WIRE</td>
<td>0</td>
<td>CASH</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td>NORTH AMERICA - CANADA &amp; MEXICO</td>
<td>SUPPORT DEVELOPMENT OF RESEARCH &amp; YOUNG MEDICAL PROFS. IN THORACIC ONCOLOGY.</td>
<td>25,000</td>
<td>WIRE</td>
<td>0</td>
<td>CASH</td>
<td></td>
</tr>
</tbody>
</table>

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities
Part III  Grants and Other Assistance to Individuals Outside the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of noncash assistance</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>Question</td>
<td>Yes</td>
<td>No</td>
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<tr>
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<td>--------------------------------------------------------------------------</td>
<td>-----</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Was the organization a U.S. transferor of property to a foreign corporation during the tax year?</td>
<td>☐</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did the organization have an interest in a foreign trust during the tax year?</td>
<td>☐</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Did the organization have an ownership interest in a foreign corporation during the tax year?</td>
<td>☐</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year?</td>
<td>☐</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did the organization have an ownership interest in a foreign partnership during the tax year?</td>
<td>☐</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Did the organization have any operations in or related to any boycotting countries during the tax year?</td>
<td>☐</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part I, Line 2:

1. Grants will be initially reviewed by the committee chair for completeness. Incomplete submissions or grants submitted after the deadline will be returned to the PI in 48 hours.

2. Each member of the scientific review committee will rigorously review the applications. Applications will be scored on four criteria:

A. Potential of the Candidate:

Is the candidate committed to a career in lung cancer research?

Does the candidate have basic training related to the project proposed?

Published/submitted papers or abstracts

Current or pending grant submissions

Strong letters of support

B. Scientific Merit of the Project:

Is the proposal original?

Is the proposal clear & concise?

Are the specific aims reasonable?

Is the methodology reasonable to accomplish the objectives?

Can the project be completed in the 2 year time frame?

C. Significance of Project:

Is the project within the IASLC scope?

What will this information contribute to knowledge in this field?

Do these results significantly improve the application of knowledge of lung cancer?
WILL THESE DATA STIMULATE FURTHER SCIENTIFIC RESEARCH INTO LUNG CANCER?

D. STRENGTH OF THE PI/INSTITUTIONAL SUPPORT (FOR FELLOWSHIP GRANTS):

IS THE PI DEDICATED TO ASSISTING IN THE EXECUTION AND COMPLETION OF THE PROJECT?

IS THE PI OF GOOD STANDING IN THE FIELD OF LUNG CANCER RESEARCH?

DOES THE PI HAVE SUFFICIENT GRANT SUPPORT FOR THE FELLOW TO COMPLETE THE PROJECT IF REQUIRED?

DOES THE INSTITUTION HAVE THE NECESSARY RESOURCES TO SUPPORT THE PROJECT?

SCORES WILL RANGE FROM 1-5.

5 - OUTSTANDING

4 - EXCELLENT

3 - GOOD

2 - POOR

1 - UNACCEPTABLE

TOTAL SCORES WILL THEN BE TABULATED, AVERAGED, AND THE CANDIDATE RANKED.

THE COMMITTEE WILL MEET BY CONFERENCE CALL TO SELECT THE Awardees.

3. PROGRESS REPORTS FROM YEAR 1 WILL BE REVIEWED BY THE COMMITTEE CHAIR.

PART I, LINE 3:

BUDGET REVIEW AND APPROVAL WAS REQUIRED FOR EACH CONFERENCE.
**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER</td>
<td>20-0499338</td>
</tr>
</tbody>
</table>

**Part I**

General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

   ![Yes]

   ![No]

2. Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.

**Part II**

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>1 (a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHNS HOPKINS UNIVERSITY C/O BANK OF AMERICA ONCOLOGY DEPT. 12529 COLLECTIONS CENTER DRIVE - CHICAGO,</td>
<td>52-0595110</td>
<td></td>
<td>177,500.</td>
<td>0.</td>
<td></td>
<td></td>
<td>SUPPORT DEVELOPMENT OF RESEARCH &amp; YOUNG MEDICAL PROFS. IN THORACIC ONCOLOGY.</td>
</tr>
<tr>
<td>FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVE N - SEATTLE, WA 98109</td>
<td>23-7156071</td>
<td></td>
<td>50,000.</td>
<td>0.</td>
<td></td>
<td></td>
<td>SUPPORT DEVELOPMENT OF RESEARCH &amp; YOUNG MEDICAL PROFS. IN THORACIC ONCOLOGY.</td>
</tr>
<tr>
<td>UNIVERSITY OF COLORADO DENVER - ANSCHUTZ MEDICAL CAMPUS - 13001 E 17TH PL - AURORA, CO 80045</td>
<td>84-6000555</td>
<td></td>
<td>62,500.</td>
<td>0.</td>
<td></td>
<td></td>
<td>SUPPORT DEVELOPMENT OF RESEARCH &amp; YOUNG MEDICAL PROFS. IN THORACIC ONCOLOGY.</td>
</tr>
<tr>
<td>UT SOUTHWESTERN CASH MANAGEMENT 5323 HARRY HINES BLVD DALLAS, TX 75390</td>
<td>75-6002868</td>
<td></td>
<td>20,000.</td>
<td>0.</td>
<td></td>
<td></td>
<td>SUPPORT DEVELOPMENT OF RESEARCH &amp; YOUNG MEDICAL PROFS. IN THORACIC ONCOLOGY.</td>
</tr>
<tr>
<td>MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD HOUSTON, TX 77030</td>
<td>76-0300816</td>
<td></td>
<td>25,000.</td>
<td>0.</td>
<td></td>
<td></td>
<td>SUPPORT DEVELOPMENT OF RESEARCH &amp; YOUNG MEDICAL PROFS. IN THORACIC ONCOLOGY.</td>
</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3. Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT DEVELOPMENT OF RESEARCH &amp; YOUNG MEDICAL PROFS. IN THORACIC ONCOLOGY.</td>
<td>1</td>
<td>20,000</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- [ ] First-class or charter travel
- [ ] Housing allowance or residence for personal use
- [ ] Travel for companions
- [ ] Payments for business use of personal residence
- [ ] Tax indemnification and gross-up payments
- [ ] Health or social club dues or initiation fees
- [ ] Discretionary spending account
- [ ] Personal services (such as, maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- [X] Compensation committee
- [X] Independent compensation consultant
- [X] Form 990 of other organizations
- [ ] Written employment contract
- [ ] Compensation survey or study
- [ ] Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

   a. Receive a severance payment or change-of-control payment?

   b. Participate in, or receive payment from, a supplemental nonqualified retirement plan?

   c. Participate in, or receive payment from, an equity-based compensation arrangement?

   If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

   a. The organization?

   b. Any related organization?

   If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

   a. The organization?

   b. Any related organization?

   If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 or 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2017

732111 10-17-17
**INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER**  20-0499338

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren’t listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) FRED HIRSCH, MD, PHD CEO/SECRETARY</td>
<td>(i) 0. 0. 0. 0. 0. 0. 0.</td>
<td>(iii) 0.</td>
<td></td>
<td>30,432.</td>
<td>317,273. 0.</td>
</tr>
<tr>
<td></td>
<td>(ii) 286,841. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule J (Form 990) 2017**

**Page 2**

732112 10-17-17
Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OTHER ASPECTS OF LUNG CANCER AND OTHER THORACIC MALIGNANCIES.

TO PROVIDE EDUCATION AND INFORMATION ABOUT LUNG CANCER AND OTHER THORACIC MALIGNANCIES TO IASLC MEMBERS, TO THE MEDICAL COMMUNITY AT LARGE, AND TO THE PUBLIC.

TO USE ALL AVAILABLE MEANS TO ELIMINATE LUNG CANCER AND OTHER THORACIC MALIGNANCIES AS A HEALTH THREAT FOR THE INDIVIDUAL PATIENT AND THROUGHOUT THE WORLD.

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

THORACIC MALIGNANCIES TO IASLC MEMBERS, TO THE MEDICAL COMMUNITY AT LARGE, AND TO THE PUBLIC.

TO USE ALL AVAILABLE MEANS TO ELIMINATE LUNG CANCER AND OTHER THORACIC MALIGNANCIES AS A HEALTH THREAT FOR THE INDIVIDUAL PATIENT AND THROUGHOUT THE WORLD.

FORM 990, PART VI, SECTION A, LINE 2:

PIA HIRSCH, DIRECTOR OF EDUCATION AND FRED HIRSCH, CEO/CONGRESS PRESIDENT, MD, PHD, ARE SPOUSES.

FORM 990, PART VI, SECTION B, LINE 11B:


FORM 990, PART VI, SECTION B, LINE 12C:

LHA

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

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

THROUGH YEARLY REVIEWS

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

AVAILABLE UPON REQUEST

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

ROUNDING  -2.

PART XII, LINE 2C

NO CHANGES TO PROCEDURES IN CURRENT YEAR
# Application for Automatic Extension of Time To File an Exempt Organization Return

_File a separate application for each return._

**Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on _e-file for Charities and Non-Profits._

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Enter filer's identifying number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13100 E. COLFAX AVE., NO. 10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AURORA, CO 80011</td>
<td></td>
</tr>
</tbody>
</table>

Enter the Return Code for the return that this application is for (file a separate application for each return):

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

- The books are in the care of:
  - 13100 E COLFAX AVE, SUITE 10 - AURORA, CO 80011

- Telephone No: 720-325-2951
- Fax No: 720-325-2951

- 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.

1. I request an automatic 6-month extension of time until NOVEMBER 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

   - ☒ calendar year 2017
   - ☐ tax year beginning [ ] , and ending [ ].

2. If the tax year entered in line 1 is for less than 12 months, check reason:
   - ☐ Initial return
   - ☐ Final return
   - ☐ Change in accounting period

3a. If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3b. If this application is for Forms 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.

3c. **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.