

Form **990**

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**  
Open to Public Inspection

**A For the 2016 calendar year, or tax year beginning and ending**

|  |  |   |
|--|--|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br>MARC LUSTGARTEN PANCREATIC CANCER FOUNDATION<br><br>Doing business as CURE PANCREATIC CANCER LUSTGARTEN FO<br><br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>415 CROSSWAYS PARK DRIVE, SUITE D<br><br>City or town, state or province, country, and ZIP or foreign postal code<br>WOODBURY, NY 11797<br><br><b>F Name and address of principal officer:</b> KERRI KAPLAN<br>SAME AS C ABOVE | <b>D Employer identification number</b><br><br>31-1611837<br><br><b>E Telephone number</b><br><br>516-737-1550<br><br><b>G Gross receipts \$</b> 57,123,638.<br><br><b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><br><b>H(c) Group exemption number</b> ▶ |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |   |
| <b>J Website:</b> ▶ WWW.LUSTGARTEN.ORG   |  |   |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  | <b>L Year of formation:</b> 1998  |
| <b>M State of legal domicile:</b> NY   |  |   |

**Part I Summary**

|            |   |                                  |                     |
|------------|---|----------------------------------|---------------------|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O.</u>                                      |                                  |                     |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                                  |                     |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a) .....   | <b>3</b>                         | 12                  |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b) .....   | <b>4</b>                         | 11                  |
| <b>5</b>   | Total number of individuals employed in calendar year 2016 (Part V, line 2a) .....  | <b>5</b>                         | 17                  |
| <b>6</b>   | Total number of volunteers (estimate if necessary) .....  | <b>6</b>                         | 1700                |
| <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12 .....  | <b>7a</b>                        | 0.                  |
| <b>7b</b>  | Net unrelated business taxable income from Form 990-T, line 34 .....  | <b>7b</b>                        | 0.                  |
| <b>8</b>   | Contributions and grants (Part VIII, line 1h) .....   | <b>Prior Year</b>                | <b>Current Year</b> |
| <b>9</b>   | Program service revenue (Part VIII, line 2g) .....  | 22,702,462.                      | 41,900,164.         |
| <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....   | 0.                               | 0.                  |
| <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....  | 3,302,837.                       | 2,070,354.          |
| <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....  | -322,210.                        | -446,549.           |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....  | 25,683,089.                      | 43,523,969.         |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4) .....   | 18,892,948.                      | 18,818,854.         |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....   | 0.                               | 0.                  |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e) .....   | 1,607,976.                       | 2,279,555.          |
| <b>16b</b> | Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,079,369.  | 135,147.                         | 165,500.            |
| <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....  | 1,536,638.                       | 1,466,013.          |
| <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....   | 22,172,709.                      | 22,729,922.         |
| <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12 .....  | 3,510,380.                       | 20,794,047.         |
| <b>20</b>  | Total assets (Part X, line 16) .....  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
| <b>21</b>  | Total liabilities (Part X, line 26) .....   | 58,218,034.                      | 80,072,447.         |
| <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20 .....  | 11,863,347.                      | 12,393,636.         |
| <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20 .....  | 46,354,687.                      | 67,678,811.         |

**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.

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>Sign Here</b>              | Signature of officer: <i>Kerri Kaplan</i><br>KERRI KAPLAN, PRESIDENT & CEO<br>Type or print name and title   | Date: 11/14/17  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name: CHRISTINE KAWECKI<br>Preparer's signature: <i>Christine Kaweck</i><br>Date: 11/13/17<br>Check if self-employed: <input type="checkbox"/><br>Firm's name: DELOITTE TAX LLP<br>Firm's address: TWO JERICHO PLAZA, JERICHO, NY 11753<br>Firm's EIN: 86-1065772<br>Phone no.: 516-918-7000 | PTIN: P00743140 |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 19,511,479. including grants of \$ 18,818,854. ) (Revenue \$ ) SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 855,331. including grants of \$ ) (Revenue \$ ) SEE SCHEDULE O.

4c (Code: ) (Expenses \$ 301,956. including grants of \$ ) (Revenue \$ ) SEE SCHEDULE O.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 20,668,766.

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....  | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....  |     | X  |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....   |     | X  |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....  |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....            |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   |     | X  |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | X   |    |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....   |     | X  |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....   |     | X  |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....  |     | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   |     | X  |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....  | X   |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | X   |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |     | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... |     | X  |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   |     | X  |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |     | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....   | X   |    |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   | X   |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |     | X  |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....  |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....  |     |    |
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   | X   |    |
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  | X   |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                           |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....                                 |     | X  |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> 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):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....   | X   |    |

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding 'Yes' or 'No' responses.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
| <b>2</b>  | 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?  | X   |    |
| <b>3</b>  | 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?   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | 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?   |     | X  |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8a</b> | a The governing body?  | X   |    |
| <b>8b</b> | b Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>10b</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?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>15a</b> | a The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15b</b> | b Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>16b</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 **AZ, CA, CO, CT, FL, IL, MA, MD, NC, NJ, NY, OH**
- 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: **JESSICA DIGIAMO-DIAZ - 516-737-1555**  
**415 CROSSWAYS PARK DRIVE, SUITE D, WOODBURY, NY 11797**

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

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

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

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

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

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

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

| (A)<br>Name and Title                                | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (1) CHARLES F. DOLAN<br>CHAIRMAN                     | 1.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (2) ROBERT F. VIZZA, PH.D<br>VICE CHAIRMAN, RESEARCH | 35.00   | X   |                       | X       |              |                              | 227,927. | 0.   | 344,609.  |   |
| (3) WILLIAM BELL<br>TREASURER                        | 1.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (4) ADAM SILVER<br>DIRECTOR                          | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (5) ANDREW LUSTGARTEN<br>DIRECTOR                    | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (6) ANNE GLAUBER<br>DIRECTOR                         | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (7) CHARLES R. SCHUELER<br>DIRECTOR                  | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (8) JAMES L. DOLAN<br>DIRECTOR                       | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (9) JENNIE FORTUNOFF<br>DIRECTOR                     | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (10) JESSICA LUSTGARTEN COURTEMANCHE<br>DIRECTOR     | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (11) MARCIA LUSTGARTEN<br>DIRECTOR                   | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (12) SHEILA MAHONY<br>DIRECTOR                       | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (13) KERRI KAPLAN<br>PRESIDENT & CEO                 | 45.00   |   |                       | X       |              |                              | 253,826. | 0.   | 76,499.   |   |
| (14) ANN WALSH<br>DIRECTOR OF EVENTS                 | 45.00   |   |                       |         | X            |                              | 103,837. | 0.   | 45,823.   |   |
| (15) JENNIFER A. GRIGNOLI<br>DIRECTOR OF DEVELOPMENT | 45.00   |   |                       |         | X            |                              | 120,023. | 0.   | 16,113.   |   |
| (16) JESSICA DIGIAMO-DIAZ<br>DIRECTOR OF FINANCE     | 45.00   |   |                       |         | X            |                              | 126,319. | 0.   | 68,319.   |   |





**Part VIII Statement of Revenue**

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

|  |  |   | (A)                  | (B)                                | (C)                        | (D)  |            |
|--|--|---|----------------------|------------------------------------|----------------------------|--|------------|
|  |  |   | Total revenue        | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |            |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>        | <b>1 a</b> Federated campaigns   | <b>1a</b>   |                      |                                    |                            |  |            |
|  | <b>b</b> Membership dues   | <b>1b</b>   |                      |                                    |                            |  |            |
|  | <b>c</b> Fundraising events  | <b>1c</b>   | 6,027,876.           |                                    |                            |  |            |
|  | <b>d</b> Related organizations   | <b>1d</b>   |                      |                                    |                            |  |            |
|  | <b>e</b> Government grants (contributions)   | <b>1e</b>   |                      |                                    |                            |  |            |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above  | <b>1f</b>   | 35,872,288.          |                                    |                            |  |            |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |   | 109,777.             |                                    |                            |  |            |
|  | <b>h Total.</b> Add lines 1a-1f  |   | 41,900,164.          |                                    |                            |  |            |
|  | <b>Program Service Revenue</b>   | <b>2 a</b>  | <b>Business Code</b> |                                    |                            |  |            |
| <b>b</b>   |  |   |                      |                                    |                            |  |            |
| <b>c</b>   |  |   |                      |                                    |                            |  |            |
| <b>d</b>   |  |   |                      |                                    |                            |  |            |
| <b>e</b>   |  |   |                      |                                    |                            |  |            |
| <b>f</b> All other program service revenue                           |  |   |                      |                                    |                            |  |            |
| <b>g Total.</b> Add lines 2a-2f                                      |  |   |                      |                                    |                            |  |            |
| <b>Other Revenue</b>   |  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) |                      | 907,101.                           |                            |  | 907,101.   |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds  |   |                      |                                    |                            |  |            |
|  | <b>5</b> Royalties   |   |                      |                                    |                            |  |            |
|  | <b>6 a</b> Gross rents   | (i) Real  | (ii) Personal        |                                    |                            |  |            |
|  |  |   |                      |                                    |                            |  |            |
|  |  | <b>b</b> Less: rental expenses  |                      |                                    |                            |  |            |
|  |  | <b>c</b> Rental income or (loss)  |                      |                                    |                            |  |            |
|  | <b>d</b> Net rental income or (loss)   |   |                      |                                    |                            |  |            |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory  | (i) Securities  | (ii) Other           |                                    |                            |  |            |
|  |  |   |                      |                                    |                            |  |            |
|  |  | <b>b</b> Less: cost or other basis and sales expenses                                 |                      |                                    |                            |  |            |
|  |  | <b>c</b> Gain or (loss)   |                      |                                    |                            |  |            |
|  | <b>d</b> Net gain or (loss)  |   |                      | 1,163,253.                         |                            |  | 1,163,253. |
|  | <b>8 a</b> Gross income from fundraising events (not including \$ 6,027,876. of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>  |                      | 447,349.                           |                            |  |            |
|  |  | <b>b</b> Less: direct expenses  | <b>b</b>             | 896,158.                           |                            |  |            |
| <b>c</b> Net income or (loss) from fundraising events                |  |   | -448,809.            |                                    |                            | -448,809.  |            |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 | <b>a</b>   |   |                      |                                    |                            |  |            |
|  | <b>b</b> Less: direct expenses   | <b>b</b>  |                      |                                    |                            |  |            |
|  | <b>c</b> Net income or (loss) from gaming activities   |   |                      |                                    |                            |  |            |
| <b>10 a</b> Gross sales of inventory, less returns and allowances    | <b>a</b>   |   | 2,400.               |                                    |                            |  |            |
|  | <b>b</b> Less: cost of goods sold  | <b>b</b>  | 140.                 |                                    |                            |  |            |
|  | <b>c</b> Net income or (loss) from sales of inventory  |   | 2,260.               |                                    |                            | 2,260.   |            |
| <b>Miscellaneous Revenue</b>   |  | <b>Business Code</b>  |                      |                                    |                            |  |            |
| <b>11 a</b>  |  |   |                      |                                    |                            |  |            |
|  | <b>b</b>   |   |                      |                                    |                            |  |            |
|  | <b>c</b>   |   |                      |                                    |                            |  |            |
|  | <b>d</b> All other revenue   |   |                      |                                    |                            |  |            |
|  | <b>e Total.</b> Add lines 11a-11d  |   |                      |                                    |                            |  |            |
| <b>12 Total revenue.</b> See instructions.                           |  |   | 43,523,969.          | 0.                                 | 0.                         | 1,623,805.   |            |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...  | 18,814,254.           | 18,814,254.                     |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....  | 4,600.                | 4,600.                          |  |                             |
| <b>4</b> Benefits paid to or for members .....   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....  | 902,860.              | 516,606.                        | 369,738.                               | 16,516.                     |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....  | 923,485.              | 419,766.                        | 205,219.                               | 298,500.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....  | 40,188.               | 18,267.                         | 8,931.                                 | 12,990.                     |
| <b>9</b> Other employee benefits .....   | 326,654.              | 146,215.                        | 76,287.                                | 104,152.                    |
| <b>10</b> Payroll taxes .....  | 86,368.               | 39,258.                         | 19,193.                                | 27,917.                     |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management .....  | 133,621.              | 98,269.                         | 34,032.                                | 1,320.                      |
| <b>b</b> Legal .....   | 37,547.               | 28,375.                         | 9,172.                                 |                             |
| <b>c</b> Accounting .....  |                       |                                 |  |                             |
| <b>d</b> Lobbying .....  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17 .....   | 165,500.              |                                 |  | 165,500.                    |
| <b>f</b> Investment management fees .....  | 46,228.               |                                 | 46,228.                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....   |                       |                                 |  |                             |
| <b>12</b> Advertising and promotion .....  | 412,715.              | 282,555.                        | 26,032.                                | 104,128.                    |
| <b>13</b> Office expenses .....  | 106,037.              | 2,879.                          | 46,408.                                | 56,750.                     |
| <b>14</b> Information technology .....   | 75,812.               | 10,416.                         | 59,005.                                | 6,391.                      |
| <b>15</b> Royalties .....  |                       |                                 |  |                             |
| <b>16</b> Occupancy .....  | 73,894.               | 36,958.                         | 22,022.                                | 14,914.                     |
| <b>17</b> Travel .....   | 15,235.               | 12,000.                         | 1,213.                                 | 2,022.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .....   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....   | 100,715.              | 100,715.                        |  |                             |
| <b>20</b> Interest .....   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....  | 13,738.               | 9,008.                          | 4,730.                                 |                             |
| <b>23</b> Insurance .....  | 27,206.               |                                 | 27,206.                                |                             |
| <b>24</b> 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.) |                       |                                 |  |                             |
| <b>a</b> BANK & CREDIT CARD FEES .....   | 273,055.              |                                 | 8,095.                                 | 264,960.                    |
| <b>b</b> PUBLIC INFORMATION/EDUC .....   | 119,870.              | 119,870.                        |  |                             |
| <b>c</b> EQUIPMENT RENTAL .....  | 7,508.                | 3,755.                          | 2,238.                                 | 1,515.                      |
| <b>d</b> PROFESSIONAL DUES & SUB .....   | 7,193.                | 5,000.                          | 399.                                   | 1,794.                      |
| <b>e</b> All other expenses .....  | 15,639.               |                                 | 15,639.                                |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 22,729,922.           | 20,668,766.                     | 981,787.                               | 1,079,369.                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                     |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 10,180,264.              | <b>1</b>    | 17,894,829.        |
|   | <b>2</b> Savings and temporary cash investments .....  |                          | <b>2</b>    |                    |
|   | <b>3</b> Pledges and grants receivable, net .....  | 7,117,603.               | <b>3</b>    | 19,307,264.        |
|   | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>    |                    |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>    |                    |
|   | <b>6</b> 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 ..... |                          | <b>6</b>    |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                    |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 157,961.                 | <b>9</b>    | 117,633.           |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 91,379.       |             |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 43,053.       | 12,485.     | <b>10c</b> 48,326. |
|   | <b>11</b> Investments - publicly traded securities .....   | 40,749,721.              | <b>11</b>   | 42,704,395.        |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   |                          | <b>15</b>   |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 58,218,034.  | <b>16</b>                | 80,072,447. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 318,049.                 | <b>17</b>   | 791,850.           |
|   | <b>18</b> Grants payable .....   | 11,393,530.              | <b>18</b>   | 11,520,577.        |
|   | <b>19</b> Deferred revenue .....   | 151,768.                 | <b>19</b>   | 81,209.            |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                    |
|   | <b>22</b> 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 .....   |                          | <b>22</b>   |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                    |
|   | <b>25</b> 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 .....  |                          | <b>25</b>   |                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 11,863,347.              | <b>26</b>   | 12,393,636.        |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |             |                    |
|   | <b>27</b> Unrestricted net assets .....  | 45,937,413.              | <b>27</b>   | 64,944,379.        |
|   | <b>28</b> Temporarily restricted net assets .....  | 417,274.                 | <b>28</b>   | 2,734,432.         |
|   | <b>29</b> Permanently restricted net assets .....  |                          | <b>29</b>   |                    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |             |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>   |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>   |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>   |                    |
|   | <b>33</b> Total net assets or fund balances .....  | 46,354,687.              | <b>33</b>   | 67,678,811.        |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 58,218,034.  | <b>34</b>                | 80,072,447. |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 43,523,969. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 22,729,922. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 20,794,047. |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 46,354,687. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 697,484.    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -167,407.   |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 67,678,811. |

**Part XII Financial Statements and Reporting**

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  | X   |    |
| <b>3a</b> 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? _____  |     | X  |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____   |     |    |

Form 990 (2016)



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2012    | (b) 2013    | (c) 2014    | (d) 2015    | (e) 2016    | (f) Total    |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 12,960,684. | 16,370,335. | 21,893,917. | 22,702,462. | 41,900,164. | 115,827,562. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |             |             |             |             |             |              |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   |             |             |             |             |             |              |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 12,960,684. | 16,370,335. | 21,893,917. | 22,702,462. | 41,900,164. | 115,827,562. |
| <b>5</b> 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) ..... |             |             |             |             |             | 24,484,803.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |             |             |             |             |             | 91,342,759.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2012    | (b) 2013    | (c) 2014    | (d) 2015    | (e) 2016    | (f) Total                |
|--|-------------|-------------|-------------|-------------|-------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 12,960,684. | 16,370,335. | 21,893,917. | 22,702,462. | 41,900,164. | 115,827,562.             |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...  | 785,871.    | 824,907.    | 931,823.    | 823,971.    | 907,101.    | 4,273,673.               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...  |             |             |             |             |             |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |             |             |             |             |             |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |             |             |             |             |             | 120,101,235.             |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |             |             |             |             | 12          |                          |
| <b>13 First five years.</b> 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 <b>stop here</b> ..... |             |             |             |             |             | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 76.05 %                             |
| <b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....  | <b>15</b> | 77.73 %                             |
| <b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

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

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>11a</b>   |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>11b</b>   |     |    |
| <b>c</b> 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.   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>1</b>   |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |
| <b>2</b>   |     |    |

**Section C. Type II Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>  |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>1</b>  |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  |     |    |
| <b>2</b>  |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.   |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|  |     |    |
|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.  |     |    |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | Yes | No |
| <b>2a</b>  |     |    |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |     |    |
| <b>2b</b>  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.  |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  |     |    |
| <b>3a</b>  |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   |     |    |
| <b>3b</b>  |     |    |

**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.

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

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

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                       | Enter 85% of line 1   | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3   | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions  | Current Year |
|--|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   |              |
| <b>4</b> Amounts paid to acquire exempt-use assets   |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)   |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |              |
| <b>9</b> Distributable amount for 2016 from Section C, line 6  |              |
| <b>10</b> Line 8 amount divided by Line 9 amount   |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|---|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2016 from Section C, line 6   |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2016:   |                             |  |   |
| <b>a</b>  |                             |  |   |
| <b>b</b>  |                             |  |   |
| <b>c</b> From 2013  |                             |  |   |
| <b>d</b> From 2014  |                             |  |   |
| <b>e</b> From 2015  |                             |  |   |
| <b>f Total</b> of lines 3a through e  |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years   |                             |  |   |
| <b>h</b> Applied to 2016 distributable amount   |                             |  |   |
| <b>i</b> Carryover from 2011 not applied (see instructions)   |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |                             |  |   |
| <b>4</b> Distributions for 2016 from Section D, line 7: \$  |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years   |                             |  |   |
| <b>b</b> Applied to 2016 distributable amount   |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions |                             |  |   |
| <b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions                        |                             |  |   |
| <b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c  |                             |  |   |
| <b>8</b> Breakdown of line 7:   |                             |  |   |
| <b>a</b>  |                             |  |   |
| <b>b</b> Excess from 2013   |                             |  |   |
| <b>c</b> Excess from 2014   |                             |  |   |
| <b>d</b> Excess from 2015   |                             |  |   |
| <b>e</b> Excess from 2016   |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2016

**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 A, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: UNUSUAL GRANT

AMOUNT: 13018091.

# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

# 2016

Name of the organization

MARC LUSTGARTEN PANCREATIC CANCER  
FOUNDATION

Employer identification number

31-1611837

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

### General Rule

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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) (2016)

|  |   |
|--|---|
| <b>Name of organization</b><br>MARC LUSTGARTEN PANCREATIC CANCER<br>FOUNDATION | <b>Employer identification number</b><br>31-1611837 |
|--|---|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          |                                   | \$ 13,018,091.             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          |                                   | \$ 10,000,000.             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          |                                   | \$ 4,500,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          |                                   | \$ 1,249,446.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| <b>Name of organization</b><br>MARC LUSTGARTEN PANCREATIC CANCER<br>FOUNDATION | <b>Employer identification number</b><br>31-1611837 |
|--|---|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |

|   |  |
|---|--|
| Name of organization<br>MARC LUSTGARTEN PANCREATIC CANCER<br>FOUNDATION | Employer identification number<br>31-1611837 |
|---|--|

**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.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Name of the organization** MARC LUSTGARTEN PANCREATIC CANCER FOUNDATION **Employer identification number** 31-1611837

**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.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate value of contributions to (during year) .....   |                         |  |
| 3 Aggregate value of grants from (during year) .....  |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**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  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

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.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

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? .....

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)? .....

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.

b 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.

Schedule D (Form 990) 2016

**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:

|                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |

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.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 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                            |                  |                |                    |                      |                     |

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:

|  | Yes           | No |
|--|---------------|----|
| (i) unrelated organizations  | <b>3a(i)</b>  |    |
| (ii) related organizations   | <b>3a(ii)</b> |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |

4 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.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 91,379.                         | 43,053.                      | 48,326.        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 48,326.        |

**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.

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

**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.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

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

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

**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)   |                |
| <b>Total.</b> (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

**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.

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 48,576,567. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | 697,484.    |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 6,223,463.  |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | 282,842.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 7,203,789.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 41,372,778. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | 2,151,191.  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 2,151,191.  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 43,523,969. |

**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.

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 29,569,601. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |             |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 6,223,463.  |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |             |
| <b>c</b> | Other losses  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 616,216.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 6,839,679.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 22,729,922. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 0.          |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 22,729,922. |

**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 FOUNDATION HAS RECEIVED A FINAL DETERMINATION LETTER FROM THE INTERNAL

REVENUE SERVICE STATING THAT THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME

TAX UNDER SECTION 501(C)(3). THE FOUNDATION IS TREATED AS A PUBLIC CHARITY

AS DEFINED IN SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI).

THE FOUNDATION FOLLOWS THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION

(ASC) SUBTOPIC 740-10, INCOME TAXES OVERALL (ASC 740-10), RELATING TO

UNCERTAINTY IN INCOME TAXES. FOR THE FOUNDATION, ASC 740-10 IS PRIMARILY

APPLICABLE TO THE INCURRENCE OF UNRELATED BUSINESS INCOME TAX ATTRIBUTABLE

TO CERTAIN OF ITS INVESTMENTS. ASC 740-10 ESTABLISHES A MINIMUM THRESHOLD

FOR FINANCIAL STATEMENT RECOGNITION OF THE BENEFITS OF POSITIONS TAKEN, OR

EXPECTED TO BE TAKEN, IN FILING TAX RETURNS. IT REQUIRES THE EVALUATION OF

**Part XIII** Supplemental Information (continued)

TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN, IN THE COURSE OF PREPARING

THE FOUNDATION'S INCOME TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS

ARE MORE LIKELY THAN NOT OF BEING SUSTAINED BY THE APPLICABLE TAX

AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT

THRESHOLD ARE RECORDED AS TAX EXPENSE. AS OF DECEMBER 31, 2016 AND 2015,

THE FOUNDATION HAS NOT IDENTIFIED OR PROVIDED FOR ANY SUCH POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

|   |          |
|---|----------|
| NET ASSETS RELEASED FROM RESTRICTION - OPERATIONS | 282,842. |
|---|----------|

PART XI, LINE 4B - OTHER ADJUSTMENTS:

|                             |           |
|-----------------------------|-----------|
| DIRECT FUNDRAISING EXPENSES | -896,158. |
|-----------------------------|-----------|

|                 |          |
|-----------------|----------|
| DIRECT BENEFITS | 447,349. |
|-----------------|----------|

|                          |            |
|--------------------------|------------|
| RESTRICTED CONTRIBUTIONS | 2,600,000. |
|--------------------------|------------|

|                                       |            |
|---------------------------------------|------------|
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | 2,151,191. |
|---------------------------------------|------------|

PART XII, LINE 2D - OTHER ADJUSTMENTS:

|                             |          |
|-----------------------------|----------|
| DIRECT FUNDRAISING EXPENSES | 896,158. |
|-----------------------------|----------|

|                 |           |
|-----------------|-----------|
| DIRECT BENEFITS | -447,349. |
|-----------------|-----------|

|                      |          |
|----------------------|----------|
| WRITE-OFF OF PLEDGES | 167,407. |
|----------------------|----------|

|  |          |
|--|----------|
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 616,216. |
|--|----------|



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  |   | (a) Event #1                     | (b) Event #2                     | (c) Other events     | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|--|---|----------------------------------|----------------------------------|----------------------|--|
|  |   | ROCK & ROLL BASH<br>(event type) | LONG ISLAND WALK<br>(event type) | 62<br>(total number) |  |
| Revenue  | <b>1</b> Gross receipts .....   | 1,193,457.                       | 1,016,086.                       | 4,265,682.           | 6,475,225.   |
|  | <b>2</b> Less: Contributions .....  | 1,007,971.                       | 990,564.                         | 4,029,341.           | 6,027,876.   |
|  | <b>3</b> Gross income (line 1 minus line 2) .....                           | 185,486.                         | 25,522.                          | 236,341.             | 447,349.   |
| Direct Expenses  | <b>4</b> Cash prizes .....  |                                  |                                  |                      |  |
|  | <b>5</b> Noncash prizes .....   |                                  |                                  |                      |  |
|  | <b>6</b> Rent/facility costs .....  | 3,350.                           | 1,000.                           | 145,294.             | 149,644.   |
|  | <b>7</b> Food and beverages .....   | 150,636.                         | 268.                             | 36,563.              | 187,467.   |
|  | <b>8</b> Entertainment .....  |                                  |                                  | 8,845.               | 8,845.   |
|  | <b>9</b> Other direct expenses .....  | 104,366.                         | 137,775.                         | 308,061.             | 550,202.   |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |                                  |                                  |                      | 896,158.   |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |   |                                  |                                  | -448,809.            |  |

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

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

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

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

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: BUCKLEY HALL EVENTS

(I) ADDRESS OF FUNDRAISER: 17-19 MARBLE AVENUE, PLEASANTVILLE, NY 10570

PART I, LINE 2B, COLUMN (V):

EW GROUP - EQUIPMENT RENTAL, \$18,550; REFRESHMENTS FOR EVENT, \$1,300;

TRAVEL EXPENSES, \$2,447; PRINTING, \$391; PERMITS, \$71; SIGNAGE, \$466. PER AGREEMENT, PROFESSIONAL FEE FOR THE PRODUCTION OF 3 EVENTS IS \$102,000.



**Part IV** Supplemental Information (continued)

WITH RESPECT TO EXPENSE PAYMENTS/REIMBURSEMENTS, AGREEMENT SPECIFIES

"LUSTGARTEN WILL REIMBURSE EW FOR ALL DIRECT COSTS INCURRED BY EW ON

BEHALF OF AND IN CONNECTION WITH THE EVENT. THESE EXPENSES MAY INCLUDE,

BUT ARE NOT LIMITED TO, TRAVEL-RELATED EXPENSES SUCH AS, AIRFARE,

MILEAGE, TOLLS, PARKING, AS WELL AS APPROPRIATE MEALS, ACCOMMODATIONS,

EVENT-RELATED SUPPLIES, ADDITIONAL EVENT LABOR IF NECESSARY AND

EQUIPMENT. "

DMSE- EQUIPMENT RENTAL, \$491; SUPPLIES, \$400; PERMITS, \$18; SIGNAGE, \$45;

POSTAGE, \$124. PER AGREEMENT, LUSTGARTEN WILL PAY DMSE A TOTAL FEE OF

\$8,500 FOR SERVICES.

BUCKLEY HALL EVENTS- PRINTING, \$380; SUPPLIES, \$235; POSTAGE, \$276;

TRANSPORTATION, \$564. PER AGREEMENT," FEE: \$55,000. THIS FEE DOES NOT

INCLUDE OUT-OF-POCKET EXPENSES (PHONE, FAX, MESSENGER, STAFF

TRANSPORTATION TO AND FROM THE EVENT, ETC.) WHICH WILL BE BILLED

SEPARATELY AT NO MARK-UP - RECEIPTS ARE PROVIDED."

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization **MARC LUSTGARTEN PANCREATIC CANCER  
FOUNDATION**

**Employer identification number**  
31-1611837

**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.

| <b>1 (a)</b> Name and address of organization or government                         | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| CHILDREN'S HOSPITAL CORPORATION<br>300 LONGWOOD AVE<br>BOSTON, MA 02115             | 04-2774441     | 501(C)(3)                              | 240,532.                        | 0.                                       |  |  | PANCREATIC CANCER RESEARCH                |
| CARIS MPI, INC.<br>6655 N MACARTHUR BLVD. 3RD FLOOR<br>IRVING, TX 75039             | 74-3126687     | 501(C)(3)                              | 57,300.                         | 0.                                       |  |  | PANCREATIC CANCER RESEARCH                |
| COLD SPRING HARBOR LABORATORY<br>ONE BUNG TOWN ROAD<br>COLD SPRING HARBOR, NY 11724 | 11-2013303     | 501(C)(3)                              | 2,337,871.                      | 0.                                       |  |  | PANCREATIC CANCER RESEARCH                |
| COLUMBIA UNIVERSITY<br>630 WEST 168TH STREET<br>NEW YORK, NY 10027                  | 13-5598093     | 501(C)(3)                              | 157,611.                        | 0.                                       |  |  | PANCREATIC CANCER RESEARCH                |
| DANA FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE<br>BOSTON, MA 02215            | 04-2263040     | 501(C)(3)                              | 442,778.                        | 0.                                       |  |  | PANCREATIC CANCER RESEARCH                |
| HARVARD UNIVERSITY<br>12 OXFORD STREET<br>CAMBRIDGE, MA 02138                       | 04-2103580     | 501(C)(3)                              | 38,319.                         | 0.                                       |  |  | PANCREATIC CANCER RESEARCH                |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 25.
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ 0.

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

**Schedule I (Form 990) (2016)**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| INDIANA UNIVERSITY<br>980 WEST WALNUT STREET<br>INDIANAPOLIS, IN 46202                         | 35-6001673 | 501(C)(3)                     | 216,092.                 | 0.                                |   |  | PANCREATIC CANCER RESEARCH         |
| JOHNS HOPKINS UNIVERSITY<br>1650 ORLEANS STREET<br>BALTIMORE, MD 21287                         | 52-0595110 | 501(C)(3)                     | 2,125,831.               | 0.                                |   |  | PANCREATIC CANCER RESEARCH         |
| MASSACHUSETTS GENERAL HOSPITAL<br>55 FRUIT STREET<br>BOSTON, MA 02114                          | 04-2697983 | 501(C)(3)                     | 315,000.                 | 0.                                |   |  | PANCREATIC CANCER RESEARCH         |
| MAYO CLINIC<br>200 FIRST STREET SW<br>ROCHESTER, MN 55905                                      | 41-6011702 | 501(C)(3)                     | 72,760.                  | 0.                                |   |  | PANCREATIC CANCER RESEARCH         |
| MEMORIAL SLOAN-KETTERING CANCER CENTER - 633 THIRD AVENUE - NEW YORK, NY 10017                 | 13-1924236 | 501(C)(3)                     | 1,175,812.               | 0.                                |   |  | PANCREATIC CANCER RESEARCH         |
| MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 40 AMES STREET - CAMBRIDGE, MA 02142                   | 04-2103594 | 501(C)(3)                     | 1,018,745.               | 0.                                |   |  | PANCREATIC CANCER RESEARCH         |
| NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 550 FIRST AVENUE - NEW YORK, NY 10016                 | 13-5562308 | 501(C)(3)                     | 460,127.                 | 0.                                |   |  | PANCREATIC CANCER RESEARCH         |
| THE SALK INSTITUTE FOR BIOLOGICAL STUDIES - 10010 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037 | 95-2160097 | 501(C)(3)                     | 1,374,857.               | 0.                                |   |  | PANCREATIC CANCER RESEARCH         |
| STANFORD UNIVERSITY<br>3145 PORTER DRIVE<br>PALO ALTO, CA 94304                                | 94-1156365 | 501(C)(3)                     | 443,623.                 | 0.                                |   |  | PANCREATIC CANCER RESEARCH         |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| STAND UP TO CANCER - ENTERTAINMENT INDUSTRY FOUNDATION - 10880 WILSHIRE BLVD, STE. 1400 - LOS ANGELES, CA 90024        | 95-1644609 | 501(C)(3)                     | 5,673,167.               | 0.                                |   |  | PANCREATIC CANCER RESEARCH         |
| UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO - 1450 3RD STREET - SAN FRANCISCO, CA 94158                                  | 94-6036493 | 501(C)(3)                     | 497,330.                 | 0.                                |   |  | PANCREATIC CANCER RESEARCH         |
| REGENTS OF THE UNIVERSITY OF MICHIGAN - 2210B TAUBMAN HEALTH CARE CENTER, 1500 E. MEDICAL CENTER DRIVE, SPC 5329 - ANN | 38-6006309 | 501(C)(3)                     | 250,000.                 | 0.                                |   |  | PANCREATIC CANCER RESEARCH         |
| UNIVERSITY OF NORTH CAROLINA 450 WEST DRIVE, CB 7295 CHAPEL HILL, NC 27599   | 56-6001393 | 501(C)(3)                     | 447,853.                 | 0.                                |   |  | PANCREATIC CANCER RESEARCH         |
| UNIVERSITY OF PENNSYLVANIA 421 CURIE BLVD. PHILADELPHIA, PA 19104  | 23-1352685 | 501(C)(3)                     | 141,426.                 | 0.                                |   |  | PANCREATIC CANCER RESEARCH         |
| UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET, SUITE 201 PITTSBURGH, PA 15260   | 25-0965591 | 501(C)(3)                     | 21,950.                  | 0.                                |   |  | PANCREATIC CANCER RESEARCH         |
| THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BOULEVARD - HOUSTON, TX 77030-7009                   | 74-6001118 | 501(C)(3)                     | 64,738.                  | 0.                                |   |  | PANCREATIC CANCER RESEARCH         |
| VANDERBILT UNIVERSITY MEDICAL CENTER - 3319 WEST END AVENUE - NASHVILLE, TN 37203                                      | 62-0476822 | 501(C)(3)                     | 500,000.                 | 0.                                |   |  | PANCREATIC CANCER RESEARCH         |
| WEILL CORNELL MEDICAL COLLEGE 413 EAST 69TH STREET NEW YORK, NY 10021  | 13-1623978 | 501(C)(3)                     | 500,000.                 | 0.                                |   |  | PANCREATIC CANCER RESEARCH         |



**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

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

PART I, LINE 2:

THE FOUNDATION MAKES GRANTS TO 501(C)(3) PUBLIC CHARITIES CONDUCTING  
 PANCREATIC CANCER RESEARCH. AS PART OF THE REQUIREMENT FOR RECEIVING SUCH  
 GRANTS, THE FOUNDATION REQUIRES PERIODIC UPDATES AND REPORTING ON  
 SCIENTIFIC PROGRESS AND FINANCIAL EXPENDITURES.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization **MARC LUSTGARTEN PANCREATIC CANCER FOUNDATION**

Employer identification number  
**31-1611837**

**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.
- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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.
- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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 and 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)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  | X   |    |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2016

**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.

| (A) Name and Title                                   |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) ROBERT F. VIZZA, PH.D<br>VICE CHAIRMAN, RESEARCH | (i)  | 167,214.   | 59,600.                             | 1,113.                              | 270,641.                                       | 73,968.                 | 572,536.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) KERRI KAPLAN<br>PRESIDENT & CEO                  | (i)  | 186,473.   | 66,400.                             | 953.                                | 0.   | 76,499.                 | 330,325.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) JESSICA DIGIAMO-DIAZ<br>DIRECTOR OF FINANCE      | (i)  | 115,308.   | 10,615.                             | 396.                                | 0.   | 68,319.                 | 194,638.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |



**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.

PART I, LINE 7:

FOR EXECUTIVES, BONUS ARE DETERMINED THROUGH THE USE OF GOALS AND OBJECTIVES WHICH ARE ESTABLISHED AT YEAR END FOR THE SUBSEQUENT YEAR. AT YEAR END THERE IS A WRITTEN/VERBAL REVIEW BETWEEN THE EMPLOYEE AND SUPERVISOR. COMPARABLE COMPENSATION DATA IS OBTAINED AND USED AS A GUIDELINE. FOR OTHER EMPLOYEES, BONUS ARE DETERMINED THROUGH THE USE OF GOALS AND OBJECTIVES WHICH ARE ESTABLISHED AT YEAR END OR ANNIVERSARY FOR THE SUBSEQUENT YEAR. WRITTEN/VERBAL REVIEW BETWEEN THE EMPLOYEE AND SUPERVISOR. FULL TIME EXEMPT EMPLOYEES RECEIVE A REASONABLE PERCENTAGE OF THEIR SALARY BASED ON MEETING OR EXCEEDING PERFORMANCE GOALS. FULL TIME NON-EXEMPT EMPLOYEES RECEIVE 1 WEEK SALARY. PART TIME EMPLOYEES RECEIVE \$50.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **MARC LUSTGARTEN PANCREATIC CANCER FOUNDATION** Employer identification number **31-1611837**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    | X                          | 30  | 18,330   | COST OR SELLING PRICE                                     |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 42  | 91,447   | COST OR SELLING PRICE                                     |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( )   |                            |   |  |   |
| 26 Other ( )   |                            |   |  |   |
| 27 Other ( )   |                            |   |  |   |
| 28 Other ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  | X   |    |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

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

Schedule M (Form 990) (2016)

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE FOUNDATION HAS A CHARITY AUCTION SERVICE AGREEMENT WITH AUTOMOTIVE RECOVERY SERVICES, INC. (IAA), WHEREBY IAA ASSISTS WITH THE PROCESSING AND SALE OF VEHICLE DONATIONS MADE TO THE FOUNDATION. IAA ADDITIONALLY PROCESS IRS FORMS 8283, 8282, AND 1098-C ON THE FOUNDATION'S BEHALF.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

|   |  |
|---|--|
| Name of the organization<br>MARC LUSTGARTEN PANCREATIC CANCER<br>FOUNDATION | Employer identification number<br>31-1611837 |
|---|--|

FORM 990, PART I, LINE 1:

TO ADVANCE THE SCIENTIFIC AND MEDICAL RESEARCH RELATED TO THE

DIAGNOSIS, TREATMENT, CURE AND PREVENTION OF PANCREATIC CANCER BY:

INCREASING FUNDING AND SUPPORT OF RESEARCH INTO THE BIOLOGICAL

MECHANISMS AND CLINICAL STRATEGIES RELATED TO THE PREVENTION,

DIAGNOSIS, AND TREATMENT OF PANCREATIC CANCER; FACILITATING AND

ENHANCING THE DIALOGUE AMONG MEMBERS OF THE MEDICAL AND SCIENTIFIC

COMMUNITIES ABOUT BASIC AND CLINICAL RESEARCH EFFORTS THAT RELATE TO

PANCREATIC CANCER; HEIGHTENING PUBLIC AWARENESS OF PANCREATIC CANCER

DIAGNOSIS, TREATMENT, AND PREVENTION AND PROVIDING INFORMATIONAL

SUPPORT FOR PANCREATIC CANCER PATIENTS, THEIR FAMILIES, AND FRIENDS.

FORM 990, PART III, LINE 1:

TO ADVANCE THE SCIENTIFIC AND MEDICAL RESEARCH RELATED TO THE

DIAGNOSIS, TREATMENT, CURE AND PREVENTION OF PANCREATIC CANCER BY:

INCREASING FUNDING AND SUPPORT OF RESEARCH INTO THE BIOLOGICAL

MECHANISMS AND CLINICAL STRATEGIES RELATED TO THE PREVENTION,

DIAGNOSIS, AND TREATMENT OF PANCREATIC CANCER; FACILITATING AND

ENHANCING THE DIALOGUE AMONG MEMBERS OF THE MEDICAL AND SCIENTIFIC

COMMUNITIES ABOUT BASIC AND CLINICAL RESEARCH EFFORTS THAT RELATE TO

PANCREATIC CANCER; HEIGHTENING PUBLIC AWARENESS OF PANCREATIC CANCER

DIAGNOSIS, TREATMENT, AND PREVENTION AND PROVIDING INFORMATIONAL

SUPPORT FOR PANCREATIC CANCER PATIENTS, THEIR FAMILIES, AND FRIENDS.

|   |  |
|---|--|
| Name of the organization<br>MARC LUSTGARTEN PANCREATIC CANCER<br>FOUNDATION | Employer identification number<br>31-1611837 |
|---|--|

FORM 990, PART III, LINE 4A:

RESEARCH

OUR GOAL IS TO ADVANCE THE SCIENTIFIC AND MEDICAL RESEARCH RELATED TO THE DIAGNOSIS, TREATMENT, CURE AND PREVENTION OF PANCREATIC CANCER. TO WORK TOWARD THIS GOAL, THE LUSTGARTEN FOUNDATION HAS AWARDED 213 MULTI-YEAR GRANTS TO DATE, INCLUDING 8 NEW AWARDS IN 2016, TOTALING MORE THAN \$132 MILLION. THESE GRANTS SUPPORT MORE THAN 200 PANCREATIC CANCER RESEARCH PROJECTS AT MORE THAN 60 INSTITUTIONS WORLDWIDE.

AS PART OF OUR RESEARCH PROGRAM, IN 2016 WE COLLABORATED WITH STAND UP TO CANCER ON FOUR RESEARCH TEAMS, ALL WITH PROJECTS INVOLVING CLINICAL TRIALS DURING THE THREE-YEAR FUNDING CYCLE. BY THE END OF 2016, WE COMMITTED \$17.5 MILLION FOR ONGOING WORK WITH STAND UP TO CANCER FOR SEVERAL MULTICENTER, MULTIDISCIPLINARY RESEARCH PROJECTS. WE CURRENTLY SUPPORT 18 LEADING RESEARCHERS THROUGH OUR DISTINGUISHED SCHOLARS AND RESEARCH INVESTIGATORS PROGRAMS, WHICH FUND PROMINENT SCIENTISTS WHO ARE PURSUING HIGH-RISK, HIGH-REWARD SCIENCE AND WHO ARE LEADING RESEARCH TO IMPROVE HOW THE DISEASE IS DETECTED AND TREATED.

IN 2016, LUSTGARTEN-FUNDED RESEARCHERS COMPLETED THE FIRST PHASE OF THE OPT (ORGANOIDS FOR PERSONALIZED THERAPY) TRIAL "AN IMPORTANT STEP TOWARD PERSONALIZED MEDICINE" WHICH IS BEING CONDUCTED AT THE LUSTGARTEN FOUNDATION PANCREATIC CANCER RESEARCH LABORATORY AT COLD SPRING HARBOR LABORATORY. WE ALSO SUPPORTED OTHER RESEARCH TO ADVANCE THE DISCOVERY OF NEW TREATMENTS AND TREATMENT COMBINATIONS.

SEVERAL LUSTGARTEN-FUNDED PROJECTS FOCUSED ON EARLIER DETECTION AND

|   |  |
|---|--|
| Name of the organization<br>MARC LUSTGARTEN PANCREATIC CANCER<br>FOUNDATION | Employer identification number<br>31-1611837 |
|---|--|

EARLY INTERVENTION, INCLUDING DEVELOPING NEW IMAGING APPROACHES TO IDENTIFY CANCER, CREATING TESTS TO DETERMINE WHICH PANCREATIC CYSTS HAVE THE POTENTIAL FOR BECOMING MALIGNANT, AND DEVELOPING ADVANCED BLOOD TESTS SUCH AS THE LIQUID BIOPSY. WE ALSO SUPPORTED STUDIES ON IMMUNOTHERAPY, BELIEVED BY MANY RESEARCHERS TO REPRESENT THE FUTURE OF CANCER TREATMENT. SPECIFICALLY, IN 2016 WE SUPPORTED THE RESEARCH AND COVERED THE COSTS FOR PANCREATIC CANCER PATIENTS TO RECEIVE TESTING TO DETERMINE IF THEIR TUMORS HAVE A UNIQUE GENETIC MUTATION FOUND IN APPROXIMATELY 2 PERCENT OF PATIENTS. PATIENTS WHO HAD THE MUTATION WERE THEN ELIGIBLE FOR TREATMENT WITH A PARTICULAR IMMUNOTHERAPY.

ADDITIONALLY, WE ORGANIZED AND HOSTED AN ANNUAL SCIENTIFIC CONFERENCE AT THE BANBURY CONFERENCE CENTER AT COLD SPRING HARBOR LABORATORY, WHERE LUSTGARTEN-FUNDED RESEARCHERS CONVENED TO DISCUSS THEIR INDIVIDUAL RESEARCH PROJECTS, COLLABORATE AND STRATEGIZE WAYS TO ADVANCE RESEARCH TOWARD A CURE.

FORM 990, PART III, LINE 4B:

PUBLIC EDUCATION AND INFORMATION

THE LUSTGARTEN FOUNDATION CREATED, PRINTED AND DISTRIBUTED THE FOLLOWING MATERIALS IN 2016 TO UPDATE PATIENTS, FAMILY MEMBERS OF PATIENTS, DONORS, VOLUNTEERS, AND CORPORATE SPONSORS WITH NEWS ABOUT OUR RESEARCH AND OTHER ACTIVITIES:

-TWO ISSUES OF OUR NEWSLETTER, PROGRESS & PROMISE, EACH DISTRIBUTED TO APPROXIMATELY 50,000 CONSTITUENTS\*

-ONE ISSUE OF OUR INTERVIEW WITH AN EXPERT PATIENT INFORMATION PIECE,

|   |  |
|---|--|
| Name of the organization<br>MARC LUSTGARTEN PANCREATIC CANCER<br>FOUNDATION | Employer identification number<br>31-1611837 |
|---|--|

DISTRIBUTED TO APPROXIMATELY 1,000 PATIENTS AND FAMILY MEMBERS OF  
PATIENTS UPON REQUEST\*

-ANNUAL REPORT, DISTRIBUTED TO APPROXIMATELY 20,000 CONSTITUENTS\*

-TWO DIRECT MAIL PACKAGES, EACH DISTRIBUTED TO APPROXIMATELY 50,000  
CONSTITUENTS

-WEBSITE UPDATES AS NEEDED TO ENSURE THAT CURRENT INFORMATION ON  
RESEARCH ACTIVITY IS PROVIDED TO CONSTITUENTS

\*MATERIALS ALSO AVAILABLE ELECTRONICALLY AT WWW.LUSTGARTEN.ORG

FORM 990, PART III, LINE 4C:

PROFESSIONAL EDUCATION

IN 2016, PROFESSIONAL EDUCATION FOCUSED ON THE FOUNDATION'S SENIOR  
LEADERSHIP CONDUCTING HIGH-LEVEL MEETINGS WITH SCIENTISTS AND  
COLLABORATING ORGANIZATIONS, AS WELL AS ATTENDING/PRESENTING AT  
SCIENTIFIC MEETING FOR ORGANIZATIONS INCLUDING THE AMERICAN ASSOCIATION  
FOR CANCER RESEARCH, WORLD PANCREATIC CANCER COALITION AND STAND UP TO  
CANCER. THESE MEETINGS HELPED TO FOSTER A BETTER UNDERSTANDING OF  
GLOBAL DEVELOPMENTS IN PANCREATIC CANCER RESEARCH PROGRESS AND TRENDS  
TO HELP SHAPE THE FOUNDATION'S ANNUAL RESEARCH GRANT PROGRAM AND  
LONG-TERM STRATEGIC PLAN.

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

CHARLES F. DOLAN AND JAMES L. DOLAN - FAMILY AND BUSINESS RELATIONSHIP.

MARCIA LUSTGARTEN, ANDREW LUSTGARTEN AND JESSICA LUSTGARTEN - FAMILY

|   |  |
|---|--|
| Name of the organization<br>MARC LUSTGARTEN PANCREATIC CANCER<br>FOUNDATION | Employer identification number<br>31-1611837 |
|---|--|

RELATIONSHIP.

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

FORM 990 IS REVIEWED BY THE PRESIDENT FOR ACCURACY AND REASONABLENESS PRIOR TO SUBMISSION TO THE IRS. ADDITIONALLY, A COMPLETE COPY OF THE FINAL RETURN WAS PROVIDED TO ALL VOTING BOARD MEMBERS PRIOR TO FILING WITH THE IRS.

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

THE ORGANIZATION DOES HAVE A WRITTEN CONFLICT OF INTEREST POLICY. THE WRITTEN POLICY REQUIRES ANNUAL DISCLOSURES BY ALL MEMBERS OF THE BOARD OF DIRECTORS AND STAFF OF ANY INTEREST THAT COULD GIVE RISE TO CONFLICT. THE ORGANIZATION DOES REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE THE COMPLIANCE OF THE CONFLICT OF INTEREST POLICY. THERE WERE NO DISCLOSURES REQUIRED FOR THE TAX YEAR 2016.

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

COMPENSATION LEVELS WITHIN THE ORGANIZATION ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS FOR ALL SENIOR LEVEL EMPLOYEES AND FOR MORE JUNIOR LEVEL EMPLOYEES THEY ARE REVIEWED BY THE PRESIDENT AND VICE CHAIRMAN, RESEARCH. COMPENSATION LEVELS ARE PERIODICALLY REVIEWED AGAINST COMPENSATION SURVEYS AND 990'S OF SIMILAR ORGANIZATIONS FOR REASONABLENESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AZ, CA, CO, CT, FL, IL, MA, MD, NC, NJ, NY, OH, PA, VA, WV

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

AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S



|   |  |
|---|--|
| Name of the organization<br>MARC LUSTGARTEN PANCREATIC CANCER<br>FOUNDATION | Employer identification number<br>31-1611837 |
|---|--|

WEBSITE. IN ADDITION, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

WRITE-OFF OF PLEDGES -167,407.

# Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2017)

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

► **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.

|  |   |   |
|--|---|---|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.<br><b>MARC LUSTGARTEN PANCREATIC CANCER FOUNDATION</b>  | <b>Enter filer's identifying number, see instructions</b><br>Employer identification number (EIN) or<br><b>31-1611837</b> |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>1111 STEWART AVENUE</b>                  | Social security number (SSN)  |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>BETHPAGE, NY 11714</b> |   |
|  |   |   |

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

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

• The books are in the care of ► JESSICA DIGIAMO DIAZ

Telephone No. ► 516-803-2967 Fax No. ► 516-803-2303

- 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, 20 17, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20 16 or

►  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**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

|   |           |    |
|---|-----------|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ |
| <b>b</b> 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. | <b>3b</b> | \$ |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ |

**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.