Internal Revenue Service

Department of the Treasury

A For the 2017 calendar year, or tax year beginning

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.

and ending JUN 30,

► Go to www.irs.gov/Form990 for instructions and the latest information.

JUL 1, 2017

OMB No. 1545-0047 Open to Public

Inspection

В	Check if applicable:	C Name of organization		D Employer identifi	cation number
г	Address				
F	lchange Name change			06_1	240574
F	Initial	š	m/ouita		
F	return Final	Number and street (or P.O. box if mail is not delivered to street address) 15 NORTH MAIN STREET	m/suite	E Telephone numbe	388-0788
L	return/ termin-			G Gross receipts \$	5,288,761.
Г	ated Amende	City or town, state or province, country, and ZIP or foreign postal code OLD SAYBROOK, CT 06475			
F	Ireturn Applica tion	OLD BAILKOOK, CI 00475		H(a) Is this a group re	
_	Ition pending	SAME AS C ABOVE		for subordinates	
_	Tay aya	mpt status: $X = 501(c)(3)$ $= 501(c)(6)$ (insert no.) $= 4947(a)(1)$ or $= 501(c)(1)$	527	H(b) Are all subordinates in	list. (see instructions)
		WWW.CTCANCERFOUNDATION.ORG	321	H(c) Group exemption	
			I Vear o		M State of legal domicile: CT
		Summary	Littart	oriorination. ±307	VI State of legal doffficite.
_	T 4 F	Briefly describe the organization's mission or most significant activities: TO PROV	VIDE	FUNDS TO B	ENEFTT
Governance	'	FAMILIES AFFECTED BY CANCER AND TO SUPPORT	CAN	CER RESEARC	H AND
naı	2	Check this box if the organization discontinued its operations or disposed of			
Ver	3 1	lumber of voting members of the governing body (Part VI, line 1a)			8
		lumber of independent voting members of the governing body (Part VI, line 1b)			8
Š	5 T	otal number of individuals employed in calendar year 2017 (Part V, line 2a)			5
itie	6 T	otal number of volunteers (estimate if necessary)			75
Activities &	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		let unrelated business taxable income from Form 990-T, line 34			0.
		,		Prior Year	Current Year
ø	8 0	Contributions and grants (Part VIII, line 1h)	🗀	902,908.	1,218,105.
nu(9 F	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		552,033.	447,011.
<u>~</u>	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		60,255.	-34,530.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,515,196.	1,630,586.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		578,656.	510,332.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		233,454.	244,569.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), lines 5-10)		0.	0.
ă	- ьт	otal fundraising expenses (Part IX, column (D), line 25) 275,053.	<u>. </u>		
Ш	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		130,677.	283,343.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		942,787.	1,038,244.
_	19 F	Revenue less expenses. Subtract line 18 from line 12		572,409.	592,342.
sor			Beg	ginning of Current Year	End of Year
Net Assets	[20 T	otal assets (Part X, line 16)		9,722,898.	10,263,900.
et A	21 T	otal liabilities (Part X, line 26)		2,012,167.	2,059,286.
		let assets or fund balances. Subtract line 21 from line 20		7,710,731.	8,204,614.
_	art II	Signature Block			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		ies of perjury, I declare that I have examined this return, including accompanying schedules and		•	y knowledge and beliet, it is
uu	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer	las any knowledge.	
٠.		Signature of officer		I Date	
Sig		JANE G. ELLIS, EXECUTIVE DIRECTOR		Buto	
He	ere	Type or print name and title			
			ID	oate Check	PTIN
Рa		Print/Type preparer's name JOSEPH V. BARRANCA, CPA JOSEPH V. BARRANCA		1 / 0 0 / 1 0	
	-	Firm's name CAPOSSELA, COHEN, LLC	· - , -	Firm's EIN	06-1415579
		Firm's address 368 CENTER STREET		I IIIII S EIIV	<u> </u>
-55	· · · · · ·	SOUTHPORT, CT 06890		Phone no 20	3.254.7000
N/1-	av the IP	S discuss this return with the preparer shown above? (see instructions)		[1 HOHE HO.2 0	X Yes No
IVIC	ay uic i∩	o disouss this feturn with the preparet shown above: (see instructions)			169 100

Pai	Check if Schoolule O centains a represent to apply line in this Bort III
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
•	TO PROVIDE FUNDS TO BENEFIT FAMILIES AFFECTED BY CANCER AND TO SUPPORT
	CANCER RESEARCH AND EDUCATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	5 7 71 5
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 483,788 • including grants of \$ 375,332 •) (Revenue \$ 693 •)
	PROVIDE ASSISTANCE TO CANCER PATIENTS AND THEIR FAMILIES INCLUDING
	ASSISTANCE WITH RENT, MORTGAGE, UTILITIES, FOOD, MEDICAL, TRAVEL, AND
	OTHER RELATED EXPENSES.
4b	(Code:) (Expenses \$135,000 • including grants of \$135,000 •) (Revenue \$)
	HOSPITAL CONTRIBUTION TO SUPPORT CANCER RESEARCH AT MEMORIAL SLOAN
	KETTERING CANCER CENTER AND LENOX HILL HOSPITAL.
_	
4c	(Code:) (Expenses \$
	-
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 618,788.
	Form 990 (2017)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '-		
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7.7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19	000	X

Form **990** (2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l		.,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		 ^
J0	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	110to 7 til 1 of 11 000 filoto die Tequilled to Complete Conclude C	1 30		

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					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	29			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
_	(gambling) winnings to prize winners?	 I		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		5			
	filed for the calendar year ending with or within the year covered by this return	_ 2a		OL	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.			2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		- 21
	At any time during the calendar year, did the organization have an interest in, or a signature or other			30		
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		х
b	If "Yes," enter the name of the foreign country:	accou		Tu		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ set \ for \ goods \ goods \ for \ good$	rvices p	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•				
_	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	100				
''	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	1				
_	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		
				Form	990	(2017

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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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	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	Enter the number of voting members included in line 1a, above, who are independent 1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CT			
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)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	ncial	
	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:			
	JANE G. ELLIS - 860-388-0788			
	15 NORTH MAIN STREET, OLD SAYBROOK, CT 06475			

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.

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN C. ELLIS CHAIRMAN	1.00	x		Х				0.	0.	0
(2) JANE G. ELLIS	50.00	Δ		<u> </u>				0.	0.	0
EXECUTIVE DIRECTOR/PRESIDE	30.00	Х		X				96,000.	0.	33,359
(3) RICHARD T. CERSOSIMO	1.00			 				30,000.	•	33,333
FIRST VICE CHAIRMAN	1.00	x		х				0.	0.	0
(4) THOMAS D. COMER	1.00			-						
TREASURER		х		x				0.	0.	0
(5) JAY ROTHMAN	1.00									
DIRECTOR		Х						0.	0.	0
(6) FITOR MAMUDI	1.00									
DIRECTOR		Х						0.	0.	0
(7) EDWARD B. NEWMAN	1.00								_	_
DIRECTOR		Х						0.	0.	0
(8) RAY PINEAULT	1.00								•	•
DIRECTOR		Х						0.	0.	0
						_				
		-								
		-								

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Form 990 (2017)

	A. Officers, Directors, Trus	(B)	<u> </u>		(C		<u> </u>		(D)	(E)			(F)	
Na	ame and title	Average			Posi	•	1		Reportable	Reportable		Fe	יי timate	d
INC	arrie ario title	hours per		not c					compensation	compensation			nount o	
		week		cer an					from	from related			other	,
		(list any	tor						the	organization		l	pensa	tion
		hours for	dire				pa		organization	(W-2/1099-MIS			om the	
		related	tee o	ustee			ensat		(W-2/1099-MISC)			org	anizati	on
		organizations	altrus	nal tr		oyee	o mp						d relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	วทร
		iii ie)	i E	lns	₩0	Key	Hig	호						
			-											
			_											
			1											
			-											
			1											
1b Sub-total									96,000.		0.	3	3,3!	
	ontinuation sheets to Part V								0.		0.			0.
	es 1b and 1c)								96,000.		0.		3,3!	<u> 59.</u>
	of individuals (including but note in the organization	ot limited to th	nose	liste	ed at	OOV	e) wł	าo r	eceived more than \$100	0,000 of reportab	le			0
Compensation	Thom the organization												Yes	No
ū	ization list any former officer,	•		e, ke	y en	nplo	yee	, or	highest compensated e	mployee on				
	s," complete Schedule J for s											3		X
•	dual listed on line 1a, is the su ganizations greater than \$15	•							•	•		4		Х
	n listed on line 1a receive or											-		
rendered to th	ne organization? If "Yes," com	-				-						5		Х
	ndent Contractors table for your five highest co	mnensated in	den	ende	nt c	onti	racto	nre 1	that received more than	\$100,000 of con	nens	ation f	rom	
	on. Report compensation for										ірспа	ationi	10111	
	(A) Name and business	address	NI	ONE	7				(B) Description of s	ervices	C	(C ompe	;) nsatior	n
			141	J141	_				2 000 11 01 0					
2 Total number	of independent contractors (i	ncluding but n	ot li	mite	d to		_	stec	d above) who received n	nore than				
\$100,000 of c	ompensation from the organi	zation >				(0					_	990 (2	
												Lorm !	JUIL 10	1017

CONNECTICUT CANCER FOUNDATION, INC.

Pa	rt VI				5			
		Check if Schedule O cont	ains a respons	se or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
nts nts	1 a	Federated campaigns	1a	1,534.				
irar oun		Membership dues						
s, G		Fundraising events		802,005.				
ar/		d Related organizations		,				
s, C mil		Government grants (contribut						
ion		All other contributions, gifts, gran						
but	-	similar amounts not included above		414,566.				
i o i		Noncash contributions included in lines		,				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			1,218,105.			
				Business Code	, ,			
e,	2 8	a						
r vic	- k							
Se		·						
am								
Program Service Revenue	6	•						
	f	All other program service reve	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)		>	236,566.			236,566.
	4	Income from investment of tax						
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	k	Less: rental expenses						
	c	Rental income or (loss)						
	c	d Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	s (ii) Other				
		assets other than inventory	3,391,89	6.				
	k	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)	210,44	5.				
	c	d Net gain or (loss)		<u></u>	210,445.			210,445.
nue	8 a	Gross income from fundraising including \$ 802	`					
Other Revenu		contributions reported on line						
Re				a 441,501.				
her		Part IV, line 18		a 441,501. b 476,724.				
ō		Net income or (loss) from fund			-35,223.			-35,223.
		Gross income from gaming ac	J	····· •	55,225.			55,225.
	<i>J</i> 6	Part IV, line 19		<u> </u>				
		Less: direct expenses		b				
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 6	and allowances		ا ا				
		Less: cost of goods sold		b				
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 =	MISCELLANEOUS	-	900099	693.	693.		
	t			-				
		d All other revenue						
		Total. Add lines 11a-11d			693.			
	12	Total revenue. See instructions.			1,630,586.	693.	0.	411,788.

Part IX Statement of Functional Expenses

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

Dο	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	125 000	125 000		
	and domestic governments. See Part IV, line 21	135,000.	135,000.		
2	Grants and other assistance to domestic	275 222	275 222		
	individuals. See Part IV, line 22	375,332.	375,332.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	96,000.	32,000.	32,000.	32,000
_	trustees, and key employees	30,000.	32,000.	32,000.	32,000
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	99,199.	17,792.	11,861.	69,546
7	Other salaries and wages	33,133.	11,192.	11,001.	09,540
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	33,360.	11,120.	11,120.	11,120
9	Other employee benefits	16,010.	4,084.	3,597.	8,329
10	Payroll taxes	10,010.	4,004.	3,391.	0,525
11	Fees for services (non-employees):				
a		421.		421.	
b		18,050.		18,050.	
C	5 ······	10,030.		10,030.	
	Lobbying Professional fundraising convises. See Part IV line 17				
e	š , ,	36,661.		36,661.	
f	Other. (If line 11g amount exceeds 10% of line 25,	30,001.		30,001.	
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	4,679.	1,170.	702.	2,807
14	Information technology	270750		, , , ,	2,007
15	Royalties				
16	Occupancy	1,544.	386.	232.	926
17	Travel	5,391.	1,348.	808.	3,235
18	Payments of travel or entertainment expenses	,	,		. ,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	59,730.	9,557.	8,960.	41,213
21	Payments to affiliates	, ,	•	·	
22	Depreciation, depletion, and amortization	79,419.	12,707.	11,913.	54,799
 23	Insurance	12,553.	3,138.	1,883.	7,532
24	Other expenses. Itemize expenses not covered		-		-
-	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DEDATED AND MATHEMANAGE [15,764.	2,522.	2,365.	10,877
b	MARKETING AND DEVELOPME	13,837.			13,837
С	WEBSITE	7,751.	1,938.	1,163.	4,650
d	OTHER PROGRAM EXPENSES	7,168.	7,168.	-	-
е	All other expenses	20,375.	3,526.	2,667.	14,182
25	Total functional expenses. Add lines 1 through 24e	1,038,244.	618,788.	144,403.	275,053
26	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)				

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Pa	πх	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	528,669.	1	627,826.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	270 445	3	414 270
	4	Accounts receivable, net	379,445.	4	414,279
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
	_	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		_	
ets	_	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	10 765	7	11 057
	8	Inventories for sale or use	10,765.	8	11,957
	9	Prepaid expenses and deferred charges	2,850.	9	4,033
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,523,389.	2 221 006		2 442 512
		Less: accumulated depreciation 10b 80,876.	2,221,996.	10c	2,442,513
	11	Investments - publicly traded securities	6,579,173.	11	6,763,292
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0 722 000	15	10 262 000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,722,898.	16	10,263,900
	17	Accounts payable and accrued expenses	342,465.	17	14,016
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
Ē		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	1 660 702	22	2 045 270
	23	Secured mortgages and notes payable to unrelated third parties	1,669,702.	23	2,045,270
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
	00	Schedule D	2,012,167.	25	2,059,286
	26	Total liabilities. Add lines 17 through 25	2,012,107.	26	2,039,200
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Fund Balances	07	complete lines 27 through 29, and lines 33 and 34.	7,545,120.	27	7,903,615
la la	27	Unrestricted net assets	165,611.	28	300,999
2	28	Temporarily restricted net assets	103,011.	29	300,333
בב	29	Permanently restricted net assets		29	
Ĭ		Organizations that do not follow SFAS 117 (ASC 958), check here			
S	20	and complete lines 30 through 34.		200	
מ	30	Capital stock or trust principal, or current funds		30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Š	32	Retained earnings, endowment, accumulated income, or other funds	7,710,731.	32	8,204,614
	33	Total lich litting and not consts (fund halances	9,722,898.	33	10,263,900
	34	Total liabilities and net assets/fund balances	5,144,090.	54	10,203,300

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	1,63	0,5	86.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	.,03	8,2	<u>44.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		59	2,3	42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	7,71	0,7	31.
5	Net unrealized gains (losses) on investments	5		-11	1,7	06.
6	Donated services and use of facilities	6		1	3,2	47.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	8	3,20	4,6	14.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	i,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

CONNECTICUT CANCER FOUNDATION, 06-1240574 TNC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

Total

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.)

Sec	ction A. Public Support		·				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	` ,	` ,	` ,		, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	873,247.	975,324.	1180424.	902,908.	1218105.	5150008.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	000 040	000	1100101	000 000	1010105	<u> </u>
	Total. Add lines 1 through 3	873,247.	975,324.	1180424.	902,908.	1218105.	5150008.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						E00 01E
_	column (f)						502,215.
	Public support. Subtract line 5 from line 4.						404//93.
	ndar year (or fiscal year beginning in)	(=) 0010	(h) 0014	(a) 001 F	(4) 0010	(-) 0017	(6) Tatal
		(a) 2013 873, 247.	(b) 2014 975,324.	(c) 2015 1180424.	(d) 2016 902, 908.	(e) 2017 1218105.	(f) Total 5150008.
	Amounts from line 4 Gross income from interest,	073,247.	J13,324.	1100424.	302,300.	1210103.	3130000.
0	*						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	200,523.	239,519.	282,319.	276,334.	236,566.	1235261.
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on			37,260.			37,260.
10	Other income. Do not include gain			-			<u> </u>
	or loss from the sale of capital						
	assets (Explain in Part VI.)	171,379.	193,230.	243,091.	219,835.	442,194.	1269729.
11	Total support. Add lines 7 through 10						7692258.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2017 (I					14	60.42 %
	Public support percentage from 2016					15	67.07 %
16a	33 1/3% support test - 2017. If the o	•		,		,	
_	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
4-	and stop here. The organization qualifies as a publicly supported organization						
1/a	7a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
J.	meets the "facts-and-circumstances"						
0	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the organization meets the "facts-and-circ						·
10	Private foundation. If the organization						.
18	riivate iounuation. II the organizatio	in ala noi check a	DON OFFILIE TO, TO	a, 100, 17a, 01 171	J, UTICUN ITIIS DUX 2	ina see mstraction	·

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	ow, please com	ipiete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	(3) 2014	(0) 2010	(4) 2010	(6) 2011	(i) Iolai
membership fees received. (Do not						
include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1	1	1	1	1
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is						
regularly carried on						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for t	he organization	's first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
	9			•		
Section C. Computation of Public						·
15 Public support percentage for 2017 (lin					15	9
16 Public support percentage from 2016 S					16	Ç
Section D. Computation of Invest						
17 Investment income percentage for 201	7 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	Ç
18 Investment income percentage from 20	16 Schedule A.	, Part III, line 17			18	(
19a 33 1/3% support tests - 2017. If the o	rganization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box and	stop here. Th	e organization qua	ifies as a publicly	supported organiz	zation	▶□
b 33 1/3% support tests - 2016. If the o	rganization did	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	did not check a	1 DOX ON line 14, 19	a. or 19b. check t	rus pox and see in	ISTRUCTIONS	▶

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	35		
	3с		
	30		
	A -		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	6		
	-		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ	2017
		,	

Pa	t IV Supporting Organizations (continued)			
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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?	11a		
h	A family member of a person described in (a) above?	11b		
	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.	11c		
	tion B. Type I Supporting Organizations	110		
	tion of type i capporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	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.	1		
2	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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	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?	1		
2	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).	2		
3	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.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	1		
· a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	-)	
2	Activities Test. Answer (a) and (b) below.	ucuons	Yes	No
			163	NO
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
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.	3b		ı

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust c	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Paı	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D -	Distributions			Current Year
1	Amou	ints paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	ns		
4	Amou	ints paid to acquire exempt-use assets			
5	Qualif	ried set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	ne organization is responsive	e	
	(provi	de details in Part VI). See instructions.			
9	Distrik	outable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount		_	
Sect	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrik	outable amount for 2017 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2017 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i_		over from 2012 not applied (see instructions)			
j		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrik line 7:	outions for 2017 from Section D, : \$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2017 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2017, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	zero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2017. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions.			
7	Exces	ss distributions carryover to 2018. Add lines 3j	· · · · · · · · · · · · · · · · · · ·		
	and 4	с.			
8	Break	down of line 7:			
а	Exces	ss from 2013			
b	Exces	ss from 2014			
С	Exces	ss from 2015			
d	Exces	ss from 2016			

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

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, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: **MISCELLANEOUS** 2014 AMOUNT: \$ 225. 2015 AMOUNT: 6,316. 2016 AMOUNT: 10,479. 693. 2017 AMOUNT: FUNDRAISING 171,379. 2013 AMOUNT: \$ 2014 AMOUNT: 193,005. 2015 AMOUNT: 236,775. 2016 AMOUNT: 209,356. 2017 AMOUNT: 441,501.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2017

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
VINCENT GENOVESE MEMORIAL FOUNDATION	350,000.	196,155.
PINK AID OF WESTPORT	163,750.	9,905.
YALE NEW HAVEN HOSPITAL	450,000.	296,155.
Total Excess Contributions to Schedule A, Part II, Line 5		502,215.

Schedule A

Identification of Unusual Grants

2017

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Description of Grant	Date of Grant	Amount
HJ PROMISE FOUNDATION	UNRESTRICTED DONATION	12/28/17	10,000.
otal Unusual Grants		1	10,000.

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.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

CONNECTICUT CANCER FOUNDATION, INC.

06-1240574

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 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					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) any one contributo	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.				
year, total contribu	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.				
year, contributions is checked, enter h purpose. Don't cor	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 \rightarrow \$				
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 sertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Name of organization Employer identification number

CONNECTICUT CANCER FOUNDATION, INC.

06-1240574

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GENOVESE MEMORIAL FOUNDATION 3243 BRYAN AVENUE FORT WORTH, TX 76110-4222	\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PINK AID FUND PO BOX 5157 WESTPORT, CT 06881	\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	L&M HOSPITAL 365 MONTAUK AVE NEW LONDON, CT 06320	\$ 80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	YALE NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06510	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

CONNECTICUT CANCER FOUNDATION, INC.

06-1240574

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			990 990-EZ or 990-PF) (2017

Name of orga	anization				Employer identification number				
CONNEC	TICUT CANCER FOUNDATIO	N TNC			06-1240574				
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of	ributions to organizations de	escribed in secti	on 501(c)(7), (8), or	(10) that total more than \$1,000 for				
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of	\$1,000 or less for the	tenny. For organization he year. (Enter this info. once	.s > \$				
(a) No	Use duplicate copies of Part III if addition	al space is needed.		I					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held				
.									
		(e) Transfe	er of gift						
	Transferoe's name address of	ad 7 ID + 4	В	alationahin of tra	noforar to transferoe				
	Transferee's name, address, a	III ZIF + 4	n	elationship of tra	nsferor to transferee				
.									
(a) No. from	(b) Purpose of gift	(c) Use of gi	4	(d) Doos	ription of how gift is hold				
Part I	(b) Furpose of gift	(c) Use of gi		(u) Desc	ription of how gift is held				
_		(c) Transfe	w of wift						
		(e) Transfe	er or grit						
_	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee				
.									
(a) No.									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held				
.									
				_					
		(e) Transfe	er of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee				
				•	_				
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held				
Part I		., .							
	(e) Transfer of gift								
<u> </u>	Transferee's name, address, a	nd 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.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CONNECTICUT CANCER FOUNDATION, INC.

Employer identification number 06 - 1240574

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
_			
Pai			IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		
	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 quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included in (c) acquired		
_	listed in the National Register		
3	_	eleased, extinguished, or terminated by the org	ganization during the tax
4	year ▶ Number of states where property subject to conservation ea	coment is leasted	
5	Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū		Thanking of violations, and emoloning ochoorv	ation oddomento daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	L)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, 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 tre	_	in, provide
	the following amounts required to be reported under SFAS 1		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

732051 10-09-17

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or O	ther S	Similar	Asse	ts (contin	ued)	<u>.g -</u>
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are	a signi	ficant use	of its	collection	item	s
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how they further t	he organization's	exempt	purpose	in Par	t XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma						. \square	Yes		No
Pai	t IV Escrow and Custodial Arrang							line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	ns or other assets	not inc	luded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:							
								Amount		
С	Beginning balance				l	1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part	XIII]
Pai	t V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	orm 990, Part IV, lir	ne 10.					
	·	(a) Current year	(b) Prior year	(c) Two years back	(d)	Three year	s back	(e) Four	years	back
1a	Beginning of year balance	6,579,173.	5,941,942.	6,069,82	7.	6,019	,818.	5,	178,	068.
	Contributions	162,289.	12,510.	50,79	3.	220	,566.		331,	001.
С	Net investment earnings, gains, and losses	298,644.	624,721.	-16,16	3.	106	,368.		720,	573.
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs	276,814.		162,52).l	276	,925.		209,	824.
f	Administrative expenses									
g	End of year balance	6,763,292.	6,579,173.	5,941,94	2.	6,069	,827.	6,	019,	818.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (I.	•	-	-			
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment	%	_							
С	Temporarily restricted endowment ▶	 %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses		ation that are held a	and administered for	or the o	organizati	on			
	by:	J				Ü		Γ	Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							- ``		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered		, Part IV, line 11a.	See Form 990, Par	X, line	e 10.				
	Description of property	(a) Cost or ot				mulated		(d) Book	value	
	2 coonplian of property	basis (investm			depred			(4, 200		
	Land	- ` `	,	6,607.				406	, 6	07.
	Buildings			3,811.	4	4,786		$\frac{1,799}{1,799}$		
	Leasehold improvements			,		,			, -	
d	Equipment		16	5,103.			+	165	5,1	03.
	Other			7,868.	3	6,090			<u> </u>	78.
	Add lines 1a through 1e (Column (d) must ed					,		2,442		

Schedule D (Form 990) 2017

Sched	ule D (Form 990) 2017	CONNECTICUT	CANCER	FOUND	ATION,	INC	. 0	6-1240574	Page
Part	VII Investments	- Other Securities.							
	Complete if the o	rganization answered "Yes"	on Form 990, F	Part IV, line	11b. See For	rm 990,	Part X, line 12.		
(a) D	escription of security or cat	tegory (including name of security)	(b) Book	value	(c) Meth	nod of va	aluation: Cost or e	nd-of-year market	value
(1) Fin	nancial derivatives								
(2) Cld	osely-held equity interes	ts							
(3) Otl	her								
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
Total. (Col. (b) must equal Form 9	90, Part X, col. (B) line 12.)							
Part	VIII Investments	- Program Related.							
	Complete if the o	rganization answered "Yes"	on Form 990, F	Part IV, line	11c. See For	m 990, I	Part X, line 13.		
	(a) Description		(b) Book					nd-of-year market	value
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	Col. (b) must equal Form 9	90, Part X, col. (B) line 13.)							
Part									
	Complete if the o	rganization answered "Yes"	on Form 990, F	Part IV, line	11d. See For	rm 990,	Part X, line 15.		
		(a)	Description					(b) Book va	alue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	(Column (b) must equal	Form 990, Part X, col. (B) line	e 15.)				>	>	
Part	X Other Liabilit	ies.							
	Complete if the o	rganization answered "Yes"	on Form 990, F	Part IV, line	11e or 11f. S	See Form	n 990, Part X, line 2	25.	
1.	(a)	Description of liability			(b) Book valu	ie			
(1)	Federal income taxes								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoonup2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

(8)

Part XI	Recond	ciliation	of Revenue	per Audited	l Financial	Statements	With	Revenue	per Ret	turn.

Pa	Reconciliation of Revenue per Audited Financial St	atements with	i Revenue per R	eturi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,495,466.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-111,706.		
b	Donated services and use of facilities	2b	13,247.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-98,459.
3	Subtract line 2e from line 1			3	1,593,925.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	36,661.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	36,661.
5				5	1,630,586.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.			
1	Total expenses and losses per audited financial statements			1	1,001,583.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,001,583.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	, ,			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	36,661.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	36,661.

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.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

PART X, LINE 2:

THE FOUNDATION HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2018 AND 2017.

THE FOUNDATION'S FEDERAL INFORMATION RETURNS PRIOR TO FISCAL YEAR 2015 ARE

CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUES OF

LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW

AUTHORITATIVE RULINGS.

IF THE FOUNDATION HAD UNRELATED BUSINESS INCOME TAXES, IT WOULD RECOGNIZE

INTEREST AND PENALTIES ASSOCIATED WITH ANY TAX MATTERS AS PART OF THE

INCOME TAX PROVISION AND INCLUDE ACCRUED INTEREST AND PENALTIES WITH THE

RELATED TAX LIABILITY IN THE STATEMENTS OF FINANCIAL POSITION.

Schedule D (Form 990) 2017

1,038,244.

Schedule D (Form 990) 2017	CONNECTICUT	CANCER	FOUNDATION,	INC.	06-1240574	Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental Information	mation (continued)					
-						

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

CONNECTICUT CANCER FOUNDATION, INC.

 $\begin{array}{l} \textbf{Employer identification number} \\ 0.6-1.240574 \end{array}$

Part I Fundraising Activities required to complete this pa	5. Complete if the organization answert.	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not
 Indicate whether the organization rail a X Mail solicitations b X Internet and email solicitation c Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, Form 10 b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g X Special or oral agreement with any individua Part VII) or entity in connection with prividuals or entities (fundraisers) pursu	tion of tion of fundra I (include profess	non-g gover ising o ding o	overnment grants nment grants events fficers, directors, true undraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
MARGARET MOFFETT, THE MOFFETT	DEVELOPMENT AND EVENT	Yes	No			
GROUP LLC - 48 MOOSE HILL	PLANNING		Х	0.	6,500.	-6,500.
Total 3 List all states in which the organization licensing. CT	on is registered or licensed to solicit		utions	s or has been notified	6,500.	-6,500.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

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 gr	oss income on Form 990	J-EZ, III les T al lu ob. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL DINNER	ENTERPRISE BUILDERS GOL	3	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue			(0.0	(616.11 3) (60)	(101011110111001)	
Revenue	1	Gross receipts	871,079.	46,248.	326,176.	1,243,503.
ш	2	Less: Contributions	494,493.	46,248.	261,264.	802,005.
	_	Less. Contributions	131,1300	10,2100	202,201	30270001
	3	Gross income (line 1 minus line 2)	376,586.		64,912.	441,498.
	4	Cash prizes				
	5	Noncash prizes				
ses						
Direct Expenses	6	Rent/facility costs				
Ĕ						
irect	7	Food and beverages				
Ω	8	Entertainment				
	9	Other direct expenses	397,416.	1,509.	77,799.	476,724.
	10	Direct expense summary. Add lines 4 through			>	476,724.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		>	-35,226.
Pa	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	ı	(b) Pull tabs/instant		(-N T-+-)
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						· · · · · · · · · · · · · · · · · · ·
æ	1	Gross revenue				
es	2	Cash prizes				
Sens	_	Namanah miman				
Ä	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	∟ No	└── No	∟ No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u></u>	
۵	Ent	ter the state(s) in which the organization condu	icte gaming activities:			
	Yes No					
		the organization licensed to conduct gaming a No," explain:				
			_			
	_					
		ere any of the organization's gaming licenses re			year?	Yes No
D	II "	Yes," explain:				

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch		1240574	Page 3
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
	Indicate the percentage of gaming activity conducted in:		
	The organization's facility		%
	An outside facility	13b	%
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 \$\bigs\sum_{		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
40			
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		п
_	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		
Do	organization's own exempt activities during the tax year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	li 0 0b 40	L 455
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:	
	·		
(I) NAME OF FUNDRAISER: MARGARET MOFFETT, THE MOFFETT GROUP LLC		
<u>\</u>) NAME OF FUNDRAISER. MARGARET MOFFETT, THE MOFFETT GROOF LLC		
(I) ADDRESS OF FUNDRAISER: 48 MOOSE HILL ROAD, GUILFORD, CT 064	437	

Schedule G	i (Form 990 or 990-EZ)	CONNECTICUT	CANCER	FOUNDATION,	INC.	06-1240574	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)					
		· · · · · · · · · · · · · · · · · · ·					
-							
-							
-							

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **2017**

Open to Public Inspection

Name of the organization CONNECTIO	Employer identification number 06-1240574						
Part I General Information on Grants a							00 ===007=
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?					sistance, and the selec	
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addi	itional space is need	ded.			
(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 noncash assistance	(h) Purpose of grant or assistance
MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW							TO SUPPORT CANCER RESEARCH AT MEMORIAL SLOAN KETTERING CANCER
YORK, NY 10065	13-1924236	501 (C) 3	81,700.	0.	FMV		CENTER
ONCOLOGY FOUNDATION 1275 YORK AVENUE							TO SUPPORT CANCER RESEARCH AT MEMORIAL SLOAN KETTERING CANCER
NEW YORK, NY 10065	13-1924236	501 (C) 3	38,300.	0.	FMV		CENTER
LENOX HILL HOSPITAL 133 EAST 79TH STREET			4.5.00				TO SUPPORT CANCER RESEARCH AT LENOX HILL
NEW YORK, NY 10075	13-1624070	501 (C) 3	15,000.	0.	FMV		BRAIN CANCER CENTER
2 Enter total number of section 501(c)(3) a			he line 1 table				>
3 Enter total number of other organization	s listed in the line	1 table					

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

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	•
(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
FINANCIAL ASSISTANCE	566	375,332.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
SCHEDULE I, PART IV					
FINANCIAL ASSISTANCE TO INDIVIDUAL	INCLUDE	S THE PAYM	ENT OF REN	Т,	
MORTGAGE, UTILITIES, FOOD, MEDICAL	OR OTHE	R EXPENSES	FOR CANCE	R	
PATIENTS AND THEIR FAMILIES. INDI	VIDUALS	RECEIVING	ASSISTANCE	COMPLETE	
AN APPLICATION WITH A REPRESENTATI	VE FROM	THE CANCER	TREATMENT	CENTER.	
THE APPLICATION IS SENT TO THE FOU	NDATION	WHERE IT I	S REVIEWED	AND	
APPROVED. APPLICATIONS REQUESTING	FUNDS I	N EXCESS O	F \$2000 RE	QUIRE	
BOARD APPROVAL.					

SCHEDULE O

Department of the Treasury

Internal Revenue Service

EDUCATION.

(Form 990 or 990-EZ)

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 Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CONNECTICUT CANCER FOUNDATION, INC. **Employer identification number** 06-1240574

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

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

THE EXECUTIVE DIRECTOR AND A MEMBER OF THE BOARD OF DIRECTORS ARE MARRIED.

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

COPY OF THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS BEFORE IT IS FILED.

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

IN ACCORDANCE WITH THE FOUNDATION'S CONFLICT OF INTEREST POLICY, OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE OBLIGATED TO DISCLOSE ACTIVITIES AND RELATIONSHIPS THAT MAY GIVE RISE TO CONFLICTS OF INTEREST AND RECUSE THEMSELVES FROM ANY PARTICIPATION IN DECISIONS ABOUT MATTERS AS TO WHICH THEY HAVE CONFLICT. OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE AN ANNUAL QUESTIONNAIRE REGARDING ANY POTENTIAL CONFLICTS. OFFICERS, KEY EMPLOYEES AND DIRECTORS ARE REQUIRED TO IDENTIFY POTENTIAL CONFLICTS AS THEY ARISE AND REPORT THEM TO THE APPROPRIATE LEVEL OF MANAGEMENT OR THE BOARD OF DIRECTORS.

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

THE BOARD OF DIRECTORS REVIEWS ON AN ANNUAL BASIS THE EXECUTIVE DIRECTOR'S SALARY, USES COMPARABLE DATA TO THE SET RATE, AND VOTES ON ANNUAL COMPENSATION.

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

Schedule O (Form 990 or 990-EZ) (2017)

CONNECTICUT CANCER FOUNDATION, INC.	06-1240574
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF	'INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ORGAN	IZATION'S WEBSITE
AND ALSO UPON REQUEST, AT ITS' OFFICE LOCATED IN OLD SAYB	ROOK, CT BY
APPOINTMENT DURING ITS NORMAL BUSINESS HOURS.	
FORM 990, PART XII, LINE 2C:	
THERE HAVE BEEN NO CHANGES IN THE REVIEW PROCESS.	

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

(c)

(d)

(e)

2017

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

(a)

Department of the Treasury Internal Revenue Service

CONNECTICUT CANCER FOUNDATION, INC.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

 $\begin{array}{c} \text{Employer identification number} \\ 0.6-1.240574 \end{array}$

(f)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	r Total inco	Total income		assets	Direct o er)	
CF 15 NORTH MAIN STREET, LLC									
15 NORTH MAIN STREET							CONNECTICUT	CANCER	
OLD SAYBROOK, CT 06475	REAL ESTATE HOLDING COMPANY	CONNECTICUT		0.	2,40	9,019.	FOUNDATION,	INC.	
	- -								
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization ar	nswered "Yes" on Form 990), Part IV, line 34, t	oecause	e it had one	or more	e related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	status	(e) ublic charity Dir itus (if section		(f) et controlling entity	contr	g) 512(b)(13) rolled ity?
				50	1(c)(3))		(f) ect controlling	Yes	No
	_								
	_								

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

- organizations troated as a pa		,									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportiona allocations?		amount in box	General managin partner	Percentage ownership
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes N	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	b)(13) rolled ity?
		country)						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled of	entity			1a	
b Gift, grant, or capital contribution to related organization(s)				1 b	
c Gift, grant, or capital contribution from related organization(s)				1c	
d Loans or loan guarantees to or for related organization(s)				1d	
e Loans or loan guarantees by related organization(s)				1e	
f Dividends from related organization(s)				1f	
g Sale of assets to related organization(s)				1g	
h Purchase of assets from related organization(s)				1h	
i Exchange of assets with related organization(s)				1i	
j Lease of facilities, equipment, or other assets to related organization(s)				1j	
k Lease of facilities, equipment, or other assets from related organization(s)					\bot
I Performance of services or membership or fundraising solicitations for related	l organization(s)			11	
m Performance of services or membership or fundraising solicitations by related					
n Sharing of facilities, equipment, mailing lists, or other assets with related organ	nization(s)			1n	
Sharing of paid employees with related organization(s)				10	
p Reimbursement paid to related organization(s) for expenses				1 p	
q Reimbursement paid by related organization(s) for expenses				1q	
r Other transfer of cash or property to related organization(s)				1r	
s Other transfer of cash or property from related organization(s)	<u></u>			1s	
2 If the answer to any of the above is "Yes," see the instructions for information	on who must complete the	his line, including covered rela	tionships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
732163 09-11-17	40		Schedule	R (Form 9	90) 2017

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are al partners 501(c) orgs.]	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	Percentag
of entity		(state or foreign	excluded from tax under	orgs.	(3) ?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes 1		income	assets	Yes	No	(Form 1065)	Yes N	ю
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2017 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	_ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	LAND														
3	LAND	07/17/17	L				406,607.				406,607.			0.	
	* 990 PAGE 10 TOTAL LAND						406,607.				406,607.	0.		0.	0.
	OTHER														
2	BUILDING	07/17/17	SL	39.00	1	.6	1,843,811.				1,843,811.			43,337.	43,337.
4	BUILDING IMPROVEMENTS	07/17/17	SL	39.00	1	.6	61,656.				61,656.			1,449.	1,449.
5	EQUIPMENT	07/17/17	SL	5.00	1	.6	89,603.				89,603.			16,427.	16,427.
6	FURNITURE & FIXTURES	07/17/17	SL	7.00	1	.6	24,767.				24,767.	1,455.		3,055.	4,510.
7	LAND IMPROVEMENTS	07/17/17	SL	15.00	1	.6	21,445.				21,445.			1,311.	1,311.
8	SOLAR PANELS	07/17/17	SL	5.00	1	.6	75,500.				75,500.			13,842.	13,842.
	* 990 PAGE 10 TOTAL OTHER						2,116,782.				2,116,782.	1,455.		79,421.	80,876.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,523,389.				2,523,389.	1,455.		79,421.	80,876.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						0.			0.	0.	0.			0.
	ACQUISITIONS						2,523,389.			0.	2,523,389.	1,455.			80,876.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						2,523,389.			0.	2,523,389.	1,455.			80,876.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ENDING ACCUM DEPR											80,876.			
	ENDING BOOK VALUE											2,442,513.			