CAPOSSELA, COHEN, LLC 368 CENTER STREET SOUTHPORT, CT 06890

CONNECTICUT CANCER FOUNDATION, INC. 15 NORTH MAIN STREET OLD SAYBROOK, CT 06475

Illiandlandadlandabilalad

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

CAPOSSELA, COHEN, LLC 368 CENTER STREET SOUTHPORT, CT 06890-1462

CLIENT: 1265 NOVEMBER 14, 2019

CONNECTICUT CANCER FOUNDATION, INC. 15 NORTH MAIN STREET OLD SAYBROOK, CT 06475

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2018 EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT SCHEDULE B, SCHEDULE OF CONTRIBUTORS SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT SCHEDULE G, SUPPL INFO FUNDRAISING/GAMING ACT

SCHEDULE I, GRANTS AND ASSIST ORG, GOV, AND IND SCHEDULE O, SUPPLEMENTAL INFORMATION

SCHEDULE R, RELATED ORG/UNRELATED PARTNERSHIPS FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION

TAX PREPARATION FEE

\$ 2000.00

CAPOSSELA, COHEN, LLC 368 CENTER STREET SOUTHPORT, CT 06890-1462

NOVEMBER 12, 2019

CONNECTICUT CANCER FOUNDATION, INC.

15 NORTH MAIN STREET
OLD SAYBROOK, CT 06475
ATTENTION: JANE G. ELLIS, EXECUTIVE DIRECTOR

DEAR MS. ELLIS:

ENCLOSED IS THE ORGANIZATION'S 2018 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2019.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JOSEPH V. BARRANCA, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2019

Prepared for	CONNECTICUT CANCER FOUNDATION, INC. 15 NORTH MAIN STREET OLD SAYBROOK, CT 06475
Prepared by	CAPOSSELA, COHEN, LLC 368 CENTER STREET SOUTHPORT, CT 06890
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2019.

IRS e-file Signature Authorization for an Exempt Organization For calendar year 2018, or fiscal year beginning JUL 1 , 2018, and ending JUN 30

Department of the Treasury	Do not send to the IRS. Keep for your records.		2010
Internal Revenue Service	► Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Employer	identification number
CONNECTICUT C	ANCER FOUNDATION, INC.	06-1	240574
Name and title of officer			
JANE G. ELLIS	ECHOD		
EXECUTIVE DIR Part Type of	Return and Return Information (Whole Dollars Only)		
			If ab a al , the a b a
on line 1a, 2a, 3a, 4a, or 5	on for which you are using this Form 8879-EO and enter the applicable amount, if any, fro and the amount on that line for the return being filed with this form was blank, the ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable and (do not enter -0-).	nen leave	line 1b, 2b, 3b, 4b, or 5b ,
1a Form 990 check here	X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,609,072
2a Form 990-EZ check he	re b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check			
4a Form 990-PF check he			
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)	5b	
Part II Declarat	ion and Signature Authorization of Officer		
intermediate service provide an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later the processing of the electron payment. I have selected a organization's consent to design and acknowledgement of the selected and acknowledgement.	ount in Part I above is the amount shown on the copy of the organization's electronic ret ler, transmitter, or electronic return originator (ERO) to send the organization's return to the freceipt or reason for rejection of the transmission, (b) the reason for any delay in procest pplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an elementary institution account indicated in the tax preparation software for payment of the organization of the entry to this account. To revoke a payment, I must contact the U.S. and 2 business days prior to the payment (settlement) date. I also authorize the financial incomparation of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic reference funds withdrawal.	the IRS and sing the relectronic fation's feder Treasury Fastitutions resolve is	d to receive from the IRS eturn or refund, and (c) unds withdrawal (direct eral taxes owed on this inancial Agent at involved in the sues related to the
Officer's PIN: check one	-		
X I authorize CA	POSSELA, COHEN, LLC t	o enter my	
	ERO firm name		Enter five numbers, l do not enter all zero:
is being filed wit enter my PIN on As an officer of t	on the organization's tax year 2018 electronically filed return. If I have indicated within thin a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auth the return's disclosure consent screen. The organization, I will enter my PIN as my signature on the organization's tax year 2018 ethis return that a copy of the return is being filed with a state agency(ies) regulating charit	norize the a	aforementioned ERO to
	nter my PIN on the return's disclosure consent screen.		
Officer's signature	Date ▶		
Dowl III Cowlifica	tion and Authorition		
	tion and Authentication		
•	ur six-digit electronic filing identification your five-digit self-selected PIN. 06117682631 Do not enter all zeros	コ	
•	neric entry is my PIN, which is my signature on the 2018 electronically filed return for the g this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) is Returns.	•	
ERO's signature ► JOSE	PH V. BARRANCA, CPA Date ▶ 11/3	12/19	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

JUL 1, 2018

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning

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

and ending JUN 30,

Open to Public Inspection

В	Check if applicable:	C Name of organization		D Employer identific	cation number
	Address	CONNECTICUT CANCER FOUNDATION, INC.			
F	Name			06-1	240574
F	change lnitial return	Doing business as Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
F	Final return/	15 NORTH MAIN STREET	1100III/Suite		388-0788
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,855,813.
	Amende			H(a) Is this a group re	
	Applica-	F Name and address of principal officer: JANE G. ELLIS		for subordinates	
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	
T	Tax-exen	npt status: $X = 501(c)(3)$ $= 501(c)()$ (insert no.) $= 4947(a)(1) c$	or 527	1	list. (see instructions)
J	Website	▶ WWW.CTCANCERFOUNDATION.ORG		H(c) Group exemption	
K	Form of o	ganization: X Corporation Trust Association Other	L Year	of formation: 1987 M	State of legal domicile: CT
P		Summary			
Ф	1 B	riefly describe the organization's mission or most significant activities: ${ m { t TO}}{ m { t { t PI}}}$	ROVIDE	FUNDS TO B	ENEFIT
Activities & Governance	<u>F</u>	AMILIES AFFECTED BY CANCER AND TO SUPPOR	RT CAN	CER RESEARC	H AND
ern	2 C	neck this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	_
ŏ	3 N			3	8
≪	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			8
ies	5 To	otal number of individuals employed in calendar year 2018 (Part V, line 2a)			5
Ĭ	6 To	otal number of volunteers (estimate if necessary)			0
Act	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12			0.
	b N	et unrelated business taxable income from Form 990-T, line 38	·····		0.
				Prior Year	Current Year
ne	8 C	ontributions and grants (Part VIII, line 1h)		1,218,105.	678,811.
Revenue	9 P	rogram service revenue (Part VIII, line 2g)		447,011.	442,620.
Be	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		-34,530.	487,641.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,630,586.	1,609,072.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3)		510,332.	600,459.
				0.	000,433.
(0		enefits paid to or for members (Part IX, column (A), line 4)alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		244,569.	264,586.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b To	otal fundraising expenses (Part IX, column (D), line 25) 301,03	31.		
ŭ	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		283,343.	318,413.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,038,244.	1,183,458.
		evenue less expenses. Subtract line 18 from line 12		592,342.	425,614.
O. O.	3	·		ginning of Current Year	End of Year
Net Assets o	20 To	otal assets (Part X, line 16)		10,263,900.	10,458,307.
t As	21 To	otal liabilities (Part X, line 26)		2,059,286.	1,858,337.
SE SE	22 N	et assets or fund balances. Subtract line 21 from line 20		8,204,614.	8,599,970.
		Signature Block			
	-	es of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is
true	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Signature of officer		Date	
Sig	Ι.	-		Date	
He	re	JANE G. ELLIS, EXECUTIVE DIRECTOR Type or print name and title			
		_	- 11	Date Check	II PTIN
Pai		rint/Type preparer's name OSEPH V. BARRANCA, CPA JOSEPH V. BARRAI		1/12/19 Check Lif self-employe	
	—	irm's name CAPOSSELA, COHEN, LLC	INCA, I		06-1415579
		irm's address 368 CENTER STREET		Firm's EIN	OO 1413313
USC	, oy	SOUTHPORT, CT 06890		Phone no 20	3.254.7000
N/a	y the IDS	discuss this return with the preparer shown above? (see instructions)		Filolie IIO. 2 0	
ivia	y trie ins	o discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	Tt III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u></u>
•	TO PROVIDE FUNDS TO BENEFIT FAMILIES AFFECTED BY CANCER AND TO SU	PPORT
	CANCER RESEARCH AND EDUCATION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		res X No
	If "Yes," describe these new services on Schedule O.	
3	3 3 3 3	res X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by experience of the program services as the services are program services.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens revenue, if any, for each program service reported.	es, and
 4а		4,722.)
Ta	PROVIDE ASSISTANCE TO CANCER PATIENTS AND THEIR FAMILIES INCLUDIN	
	ASSISTANCE WITH RENT, MORTGAGE, UTILITIES, FOOD, MEDICAL, TRAVEL,	
	OTHER RELATED EXPENSES.	
4b	(Code:) (Expenses \$ 115,000 • including grants of \$ 115,000 •) (Revenue \$	
7.0	HOSPITAL CONTRIBUTION TO SUPPORT CANCER RESEARCH AT MEMORIAL SLOA	N ′
	KETTERING CANCER CENTER AND LENOX HILL HOSPITAL.	
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 721,152.	
<u>4e</u>		m 990 (2018)

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,,
	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	_		7.7
	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			.
_	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			x
_	Schedule D, Part III	8		
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?			$ _{\mathbf{x}}$
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		$ _{\mathbf{x}}$
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	D 11/1	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		 -
·	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		х
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	Х	
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		Х
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			,,
	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,		37	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
40	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
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	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	Х	
	domestic government on Fartin, column (A), line 1: ii 103, complete conecule i, i arts i and ii miniminiminimi	<u> </u>		

Form 990 (2018) CONNECTICUT CANCER
Part IV Checklist of Required Schedules (continued)

	office the state of the state o			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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? <i>If</i> "Yes," <i>complete Schedule J</i>	23		х
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			3,7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
·	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		
25 a	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 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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
00	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
С	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		x
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	Х	
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		х
35 a	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			
	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?			x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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		 	
,	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

832004 12-31-18

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			3,7
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:	. (50.4.5)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	· ·	F-		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa 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		30		
va	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 contribut		- Ou		
-	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 ser	vices 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	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
	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	by the	_		
_			8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
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				
	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	1041?	12a		
b	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	1			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	4.4		Х
14a	· · · · · · · · · · · · · · · · · · ·		14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule to the explanation subject to the explanation of the explanat		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		45		X
	excess parachute payment(s) during the year?		15		Λ
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	t income?	10		
	ii 100, oompioto i omi 7120, oomodule O.		Гани	990	(0040)

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			
	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 8			
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				
	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		Х
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	Х	
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	Х	
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	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only) availa	able
	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, and	l finan	cial	
	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			

832006 12-31-18 Form **990** (2018)

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	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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	1.00	X		Х				0.	0.	0
CHAIRMAN (2) JANE G. ELLIS	50.00	<u> </u>		^				0.	0.	0
EXECUTIVE DIRECTOR/PRESIDE	30.00	X		х				96,000.	0.	39,488
(3) RICHARD T. CERSOSIMO	1.00							30,000	•	33,100
FIRST VICE CHAIRMAN		x		х				0.	0.	0
(4) THOMAS D. COMER	1.00									
TREASURER		Х		Х				0.	0.	0
(5) JAY ROTHMAN	1.00	↓								
DIRECTOR	1 00	Х						0.	0.	0
(6) FITOR MAMUDI	1.00	٠,						0.	0.	_
DIRECTOR (7) EDWARD B. NEWMAN	1.00	Х						0.	0.	0
DIRECTOR	1.00	X						0.	0.	0
(8) RAY PINEAULT	1.00							0.	•	
DIRECTOR		x						0.	0.	0
		-								
		┢								
		1								
		1								
		1								
		-								
		\vdash								
		4		l						

Part V	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees.	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	(do		Pos heck ss pe	c) ition more erson) than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	1	Estir amo	F) nated unt of her
		(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		compe from organ and r	ensation in the ization elated zations
											_		
											\dashv		
											+		
											\downarrow		
											\dashv		
	ub-total							>	96,000.		0.		,488. 0.
2 To	otal (add lines 1b and 1c)							no r	96,000. eceived more than \$100		0.	39	,488. 0
	ompensation from the organization d the organization list any former officer,	director, or tru	uste	e. ke	ev er	olam	ovee	. or	highest compensated e	mplovee on		Y	es No
lin 4 Fo	e 1a? If "Yes," complete Schedule J for sor any individual listed on line 1a, is the su	<i>uch individual</i> ım of reportab	 le c	ompe	 ensa	atior	 n and	d ot	her compensation from	the organization		3	X
5 Di	nd related organizations greater than \$150 d any person listed on line 1a receive or a ndered to the organization? If "Yes," com	accrue comper	nsat	ion f	rom	any	/ unr					5	X
Section	n B. Independent Contractors									4.00.000.		•	
	omplete this table for your five highest co e organization. Report compensation for	-	-						n the organization's tax	-	ensa		m
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	Co	(C) empens	ation
		and the second							d also seeks to the seeks to the	and the			
	otal number of independent contractors (in 00,000 of compensation from the organic	-	ot li	mite	a to		se lis	stec	a above) who received m	nore than	Г	orm QC	90 (2018)
													, ⊸ (∠∪ IO)

832008 12-31-18

		Check if Schedule O cont	ains a respo	nse or note to any line	e in this Part VIII			
		errosik ir eerroduse e eerk	ашо а гооро	nee of field to dry in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a	1,007.				
er a	b	Membership dues	1b					
Am (С	Fundraising events	1c	157,950.				
la git	d	Related organizations	1d					
Si imi	е	Government grants (contribut	ions) 1e					
i ti	f	All other contributions, gifts, gran	ts, and					
를 돌		similar amounts not included abov	ve 1f	519,854.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines		4,034.				
<u>8 0</u>	h	Total. Add lines 1a-1f	<u></u>		678,811.			
				Business Code				
je	2 a			_				
ne Ser	b			_				
m S	С.							
gra Re	d			_				
Program Service Revenue	e	All other program service reve	2010	_				
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			248,800.			248,800.
	4	Income from investment of tax						
	5	Royalties		· ·				
			(i) Real					
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securiti	es (ii) Other				
		assets other than inventory	3,178,5	36.				
	b	Less: cost or other basis						
		and sales expenses	2,984,7					
		Gain or (loss)						
		Net gain or (loss)			193,820.			193,820.
ne	8 a	Gross income from fundraising		t				
Other Revenu		including \$ 157						
Re		contributions reported on line	-	724 944				
her		Part IV, line 18						
ŏ		Less: direct expenses Net income or (loss) from func			472,919.			472,919.
		Gross income from gaming ac	ū		1,2,313.			172,313.
	o u	Part IV, line 19		a				
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances		_ a				
	b	Less: cost of goods sold						
	С	Net income or (loss) from sale	s of inventor	y				
[Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS		900099	14,722.	14,722.		
	b			_				
	С			_				
		All other revenue						
		Total. Add lines 11a-11d			14,722.			:
	12	Total revenue. See instructions		<u></u>	1,609,072.	14,722.	0	915,539.

Part IX Statement of Functional Expenses

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

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	115,000.	115,000.		
0	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic	113,000.	113,000.		
2	individuals. See Part IV, line 22	485,459.	485,459.		
3	Grants and other assistance to foreign	403,433.	103,133.		
3	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,				
	trustees, and key employees	96,000.	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)				
7	Other salaries and wages	116,143.	19,648.	13,099.	83,396
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	35,118.	11,706.	11,706.	11,706
10	Payroll taxes	17,325.	4,218.	3,683.	9,424
11	Fees for services (non-employees):				
а	Management	(22		622	
b	Legal	633.		633.	
C	Accounting	19,000.		19,000.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	40,743.		40,743.	
f	Other. (If line 11g amount exceeds 10% of line 25,	40,745.		40,743.	
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	8,619.	2,155.	1,293.	5,171
14	Information technology	,	,	,	
15	Royalties				
16	Occupancy				
17	Travel	2,165.	541.	325.	1,299
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	71,525.	11,444.	10,729.	49,352
21	Payments to affiliates	26.162	45 404	44.55	
22	Depreciation, depletion, and amortization	96,460.	15,434.	14,469.	66,557
23	Insurance	10,171.	2,543.	1,526.	6,102
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 O.)	15 222	15 222		
а	OTHER PROGRAM EXPENSES	15,339.	15,339.	2 211	10 171
b	REPAIRS AND MAINTENANCE	14,741.	2,359.	2,211.	10,171
C	MARKETING AND DEVELOPME	13,311.		7 4 4 4	13,311
d	CREDIT CARD FEES	7,444.	3 206	7,444.	10 5/0
	All other expenses	18,262. 1,183,458.	3,306. 721,152.	2,414. 161,275.	12,542 301,031
25	Total functional expenses. Add lines 1 through 24e	1,103,430.	141,134.	101,2/3.	301,031
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)				
	0 12-31-18				Form 990 (2018

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	627,826.	1	793,502.		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			414,279.	3	296,530.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	า 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 50	1(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		Г		7	
۲	8	Inventories for sale or use			11,957.	8	12,755. 4,033.
	9	B			4,033.	9	4,033.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,611,743.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	177,334.	2,442,513.	10c	2,434,409. 6,917,078.
	11	Investments - publicly traded securities			6,763,292.	11	6,917,078.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	10,263,900.	16	10,458,307. 14,016.		
	17	Accounts payable and accrued expenses			14,016.	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	
es	22	Loans and other payables to current and former	r office	rs, directors, trustees,			
≣		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela			2,045,270.	23	1,844,321.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24	. Complete Part X of			
		Schedule D	0 050 006	25	1 050 225		
	26				2,059,286.	26	1,858,337.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			7 000 615		0 420 060
au	27	Unrestricted net assets			7,903,615.	27	8,438,068.
Bal	28	Temporarily restricted net assets			300,999.	28	161,902.
u	29					29	
<u>.</u>		Organizations that do not follow SFAS 117 (A	SC 95	3), check here ▶ ☐			
, o		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			0 201 611	32	0 500 070
-	33	Total net assets or fund balances			8,204,614.	33	8,599,970.
	34	Total liabilities and net assets/fund balances			10,263,900.	34	10,458,307.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization 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. 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))

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							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	975,324.	1180424.	902,908.	1218105.	678,811.	4955572.	
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							
4	Total. Add lines 1 through 3	975,324.	1180424.	902,908.	1218105.	678,811.	4955572.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						481,286.	
	Public support. Subtract line 5 from line 4.						4474286.	
	ction B. Total Support					 		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018 678,811.	(f) Total 4955572.	
	Amounts from line 4	975,324.	1180424.	902,908.	1218105.	6/8,811.	4955572.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	220 510	202 210	276 224	226 566	240 000	1202520	
	and income from similar sources	239,519.	282,319.	276,334.	236,566.	248,800.	1283538.	
9	Net income from unrelated business							
	activities, whether or not the		37,260.				37,260.	
	business is regularly carried on		37,200.				37,200.	
10	Other income. Do not include gain							
	or loss from the sale of capital	103 230	2/3 001	210 835	112 191	749,666.	1848016.	
	assets (Explain in Part VI.)	193,230.	243,091.	219,033.	442,194.	749,000.	8124386.	
11		oto (oco inetructio	one)			12	01243001	
12 13	Gross receipts from related activities, First five years. If the Form 990 is for			d fourth or fifth to				
10	organization, check this box and stor							
Sec	ction C. Computation of Publ		rcentage					
	Public support percentage for 2018 (I			olumn (f))		14	55.07 %	
15	Public support percentage from 2017					15	60.42 %	
16a	33 1/3% support test - 2018. If the o					nore, check this bo	x and	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X	
b	33 1/3% support test - 2017. If the o						is box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□	
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□	
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	n in Part VI how the		
	organization meets the "facts-and-circ							
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

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.)

qualify under the tests listed be Section A. Public Support	elow, please com	iplete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and	(a) 2014	(b) 2015	(0) 2016	(a) 2017	(e) 2016	(I) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(4) 2017	(e) 2018	(f) Total
9 Amounts from line 6	(a) 2014	(b) 2015	(0) 2016	(d) 2017	(e) 2016	(f) Total
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						
annihad offer lune 00 1075						
						+
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				1		+
or loss from the sale of capital						
assets (Explain in Part VI.)						
-	the evacuization	'a first seemed this	d founds or fifth t	l av vaar as a sasti	 	
14 First five years. If the Form 990 is for	· ·			•	. , . ,	iization,
check this box and stop here Section C. Computation of Publi		ercentage				
15 Public support percentage for 2018 (li			column (f))		15	30
					 	<u>%</u>
16 Public support percentage from 2017 Section D. Computation of Inves					16	<u>%</u>
•					17	04
17 Investment income percentage for 20						<u>%</u>
18 Investment income percentage from 2						% 17 is not
19a 33 1/3% support tests - 2018. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2017. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	r did flot check a	L DOX OFFIINE 14, 19	a, or 190, check t	nis dox and see in	Structions	<u> </u>

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 (as 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		
3с		
4a		
4b		
4c		
F-		
5a		
5b		
5c		
33		
6		
7		
8		
00		
9a		
9b		
00		
9c		
10a		
iva		
10b		

Pa	rt IV Supporting Organizations _(continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
b	A family member of a person described in (a) above?	11b		
С	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	Ĺ П	
2	Activities Test. Answer (a) and (b) below.		Yes	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	٥.		
_	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	^ -		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	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		
	or its supported organizations: it in tes, describe in Fait with the fole played by the organization in this regard.	S		

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 qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions.				
	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	Section 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) 2018

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	ion D - I	Distributions		,	Current Year		
1	Amoun	ts paid to supported organizations to accomplish exe					
2	Amoun	ts paid to perform activity that directly furthers exemp					
	organiz	ations, in excess of income from activity					
3	Admini	strative expenses paid to accomplish exempt purpose	es of supported organization	is			
4	Amoun	ts paid to acquire exempt-use assets					
5	Qualifie	ed set-aside amounts (prior IRS approval required)					
6	Other c	distributions (describe in Part VI). See instructions.					
7	Total a	nnual distributions. Add lines 1 through 6.					
8	Distribu	utions to attentive supported organizations to which the	ne organization is responsive	e			
		e details in Part VI). See instructions.					
9		utable amount for 2018 from Section C, line 6					
10	Line 8	amount divided by line 9 amount					
Secti	ion E - [Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
1	Distribu	utable amount for 2018 from Section C, line 6					
2	Underd	listributions, if any, for years prior to 2018 (reason-					
	able ca	use required- explain in Part VI). See instructions.					
3	Excess	distributions carryover, if any, to 2018					
	From 2						
	From 2014						
	From 2						
	From 2						
	From 2						
f	Total o	f lines 3a through e					
		to underdistributions of prior years					
		d to 2018 distributable amount					
<u>i</u>		ver from 2013 not applied (see instructions)					
j		nder. Subtract lines 3g, 3h, and 3i from 3f.					
4		utions for 2018 from Section D,					
	line 7:	\$					
		d to underdistributions of prior years					
		I to 2018 distributable amount					
		nder. Subtract lines 4a and 4b from 4.					
5		ning underdistributions for years prior to 2018, if ubtract lines 3g and 4a from line 2. For result greater					
	-	- 1					
6		ero, explain in Part VI. See instructions. Ining underdistributions for 2018. Subtract lines 3h					
U		<u> </u>					
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7		s distributions carryover to 2019. Add lines 3j					
•	and 4c	- I					
8		own of line 7:					
		from 2014					
		from 2015					
		from 2016					
		from 2017					
		from 2018					

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 CONNECTICUT CANCER FOUNDATION, 06-1240574 Page 8 INC. 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.
2017 AMOUNT: \$	693.
2018 AMOUNT: \$	14,722.
FUNDRAISING	
2014 AMOUNT: \$	193,005.
2015 AMOUNT: \$	236,775.
2016 AMOUNT: \$	209,356.
2017 AMOUNT: \$	441,501.
2018 AMOUNT: \$	734,944.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2018

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
VINCENT GENOVESE MEMORIAL FOUNDATION	325,000.	162,512.
PINK AID OF WESTPORT	193,750.	31,262.
YALE NEW HAVEN HOSPITAL	450,000.	287,512.
Total Excess Contributions to Schedule A, Part II, Line 5		481,286.

Schedule A

Identification of Unusual Grants

2018

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Description of Grant	Date of Grant	Amount
HJ PROMISE FOUNDATION	UNRESTRICTED DONATION	11/20/18	10,000.
otal Unusual Grants			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

2018

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					
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a) any one contrib	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-FZ, 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) (2018)

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	l 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	\$30,000.	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HARTFORD HEALTHCARE 80 SEYMOUR STREET HARTFORD, CT 06102	\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE TRISCHMAN GROUP AT MORGAN STANLEY ONE FAWCETT PLACE GREENWICH, CT 06830	\$68,686.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	REYNOLDS SUBARU 268 HAMBURG LANE LYME, CT 06371	\$32,925.	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.)

Name of organization Employer identification number

06 - 1240574CONNECTICUT CANCER FOUNDATION, INC. Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Employer identification number

Name of organization

	TICUT CANCER FOUNDATION			06-1240574
art III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional states.	through (e) and the following line en naritable, etc., contributions of \$1,000 or	try For organizations	
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, an	(e) Transfer of gif		nsferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, an	d ZIP + 4	Relationship of trai	nsferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	<u> </u>	
	Transferee's name, address, an	d ZIP + 4	Relationship of trai	nsferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
- $ $		(e) Transfer of gif		
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor 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, line 6.							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised t	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	ees, donors, and donor advisors in writing that grant funds can be used 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							
2	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	promont is located						
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		, mandaling of violations, and emorning contour	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	of 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 tor Form 990.	Schedule D (Form 990) 2018					

832051 10-29-18

	t III Organizations Maintaining Co	ollections of A							ts/contin		<u>; </u>
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply):										
а	Public exhibition d Loan or exchange programs										
b	Scholarly research e Uther										
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	he organization	on's exer	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	asures, or othe	er similar	assets		_		
	to be sold to raise funds rather than to be ma								Yes	<u> </u>	lo
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "	'Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contributior	ns or other as	sets not	included	_	_		
	on Form 990, Part X?							L	Yes	L	VО
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.									\Box	
Pai							0.				
		(a) Current year		rior year	(c) Two year		(d) Three y	ears hack	(a) Four	vears had	
12	Beginning of year balance	` ,	(6)	nor year	(c) two your	o buok	(d) Tilloo y	Daro Daoit	(C) Tour	youro but	
											—
	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment ▶	<u></u>									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	and administe	red for th	ne organiz	ation			
	by:	· ·					Ū		Γ	Yes N	lo
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								· - ` 		
h	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the								. 00		
Par	t VI Land, Buildings, and Equipme		WITIETIL	iuiius.							_
	Complete if the organization answered) Part I\	/ line 11a 9	See Form 990	Dart Y	line 10				
		(a) Cost or o		•		· · · · ·		4	(d) Dool	value	
	Description of property	basis (investn			t or other (other)		cumulate reciation	a	(d) Book	value	
			n e nt)		6,607.	uep	n c ciation		104	605	7
	Land					1	25 57	12		607	
	Buildings			Ι, 84	9,926.		.25,50	13.	1,724	444	٠ (
С	Leasehold improvements						25 25	<u>-</u> _	100		
d	Equipment				4,678.		35,35			,326	
	Other				0,532.		16,47			.,053	
Total	. Add lines 1a through 1e. (Column (d) must eq	aual Form 990. Part	X. colun	nn (B). line i	10c.)				2,434	409	θ.

Schedule D (Form 990) 2018

Schedule	D (Form 990) 2018 CONNECTICUT	CANCER FO	UNDATION.	INC. 0	6-1240574 Page
Part VI		0111,0111 10			e ===ee;= rage
	Complete if the organization answered "Yes"	on Form 990. Part I	V. line 11b. See Form	990. Part X. line 12.	
(a) Descr	iption of security or category (including name of security)	(b) Book value			end-of-year market value
(1) Financ	cial derivatives				
	y-held equity interests				
(3) Other	,				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.)				
	II Investments - Program Related.				
	Complete if the organization answered "Yes"	on Form 990 Part I	V line 11c See Form	990 Part X line 13	
	(a) Description of investment	(b) Book value			end-of-year market value
(1)		. ,	,,		,
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX					
1 311 4 12 1	Complete if the organization answered "Yes"	on Form 990 Part I	V line 11d See Form	990 Part X line 15	
		Description	v,	000,1 0.171, 1110 10.	(b) Book value
(1)	.,,				,,
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	lumn (b) must equal Form 990, Part X, col. (B) line	e 15.)		<u> </u>	>
Part X	Other Liabilities.	/			· •
	Complete if the organization answered "Yes"	on Form 990, Part I	V, line 11e or 11f. See	Form 990, Part X, line	25.
1.	(a) Description of liability	,	(b) Book value		
	ederal income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. 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) 2018

(8)

Concadic D	(1 01111 000	, 2010						
Part XI	Recond	ciliation	of Revenu	e per Audite	ed Financia	I Statements	With Revenue per	Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements		1	1,538,072.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	-33,802.					
b	Donated services and use of facilities							
С	Recoveries of prior year grants	2c						
	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d			2e	-30,257.			
	Subtract line 2e from line 1			3	1,568,329.			
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	40,743.					
b	Other (Describe in Part XIII.)	4b						
С	Add lines 4a and 4b			4c	40,743.			
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,609,072.			
Pa	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.							

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

1	Total expenses and losses per audited financial statements	1	1,142,715.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,142,715.
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 40	,743.	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	40,743.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,183,458.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FOUNDATION HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2019 AND 2018. THE FOUNDATION'S FEDERAL INFORMATION RETURNS PRIOR TO FISCAL YEAR 2016 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) 2018

Schedule D (Form 990) 2018	CONNECTICUT	CANCER	FOUNDATION,	INC.	06-1240574	Page 5
Schedule D (Form 990) 2018 Part XIII Supplemental Information	rmation (continued)					
	,					

SCHEDULE G

Department of the Treasury

(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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	▶ Go	to www	.irs.gov/Form	990 for instr	uction	s and	the latest informat			Inspection
Name of the organization	CONNECT	CUT	CANCER	FOUNDA	TIO	N,	INC.		mployer ide	entification number
		• Comple					n Form 990, Part IV,			
1 Indicate whether the a X Mail solicitate b X Internet and c Phone solicited X In-person so	ne organization raistions I email solicitations Itations Ilicitations In have a written of Itation form 990, F In highest paid indi	sed funds or oral ago Part VII) or viduals or	e f g reement with a entity in conn entities (fund	Solicitat Solicitat Special uny individual ection with p	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees,	X Yes	
(i) Name and addres or entity (fund			(ii) Activity	,	(iii) fundr have co or con contribu	trol of	(iv) Gross receipts from activity	tò (or fu	mount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
GSM CHARITY AUCTIO	NS, INC	AUCTION	EER AT ANN	UAL	Yes	No				
3718 NORTHERN BLVD	, STE L001,	DINNER				Х	151,003.		60,087.	-60,087.
Total	ich the organizatio					. D	151,003.	d it is a	60,087.	-60,087.
or licensing.	on the organization	or is regio	ntered of fleeric	- Control of the cont			3 of Flad Decir Hotimes		Acript Irom I	- Constitution

SEE PART IV FOR CONTINUATIONS 832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

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

Schedule G (Form 990 or 990-EZ) 2018 CONNECTICUT CANCER FOUNDATION, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ANNUAL CYCLE-A-CANC(add col. (a) through DINNER 5 ER EVENTS col. (c)) (event type) (event type) (total number) 531,656. 148,827. 212,411. 892,894. 1 Gross receipts 44,948. 113,002. 157,950. 2 Less: Contributions 148,827. 99,409. 486,708 734,944. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 172,903. 74,654. 9 Other direct expenses 14,468. 262,025. 262,025. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 CONNECTICUT CANCER FOUNDATION, INC. 06-1	<u> 240</u> !	57 <u>4</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\	es (☐ No
	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?	\	es/	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
	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?	🔲 ነ	es/	☐ 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\\$			
c	If "Yes," enter name and address of the third party:			
	······································			
	Name			
	Address ►			
16	Gaming manager information:			
.0				
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		/es	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
~	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lin	es 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	00 0,	00, 100,
CC	HEDH E C DADM I IINE OD IICM OF MEN HIGHECM DAID FINDDAICE			
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	19:		
(I) NAME OF FUNDRAISER: GSM CHARITY AUCTIONS, INC.			
<u> </u>	,			
<u>(I</u>) ADDRESS OF FUNDRAISER:			
37	18 NORTHERN BLVD, STE L001, LONG ISLAND CITY, NY 11101			

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 **2018**

Open to Public Inspection

Name of the organization	TIM CANCEL		I INC				Employer identification number $06-1240574$
Part I General Information on Grants		R FOUNDATION	N, INC.				00-1240574
1 Does the organization maintain records		o amount of the grant	s or assistance the	arantoos' oligibili	ty for the grants or as	sistance, and the soles	ation
criteria used to award the grants or ass							Yes X No
2 Describe in Part IV the organization's p							
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	_				,		, = -, ,
1 (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
							TO SUPPORT CANCER
MEMORIAL SLOAN KETTERING CANCER							RESEARCH AT MEMORIAL
CENTER - 1275 YORK AVENUE - NEW							SLOAN KETTERING CANCER
YORK, NY 10065	13-1924236	501 (C) 3	55,000.	0.	, FMV		CENTER
							TO SUPPORT CANCER
ONCOLOGY FOUNDATION							RESEARCH AT MEMORIAL
1275 YORK AVENUE							SLOAN KETTERING CANCER
NEW YORK, NY 10065	13-1924236	501 (C) 3	45,000.	0.	, FMV		CENTER
LENOX HILL HOSPITAL 133 EAST 79TH STREET NEW YORK, NY 10075	13-1624070	501 (C) 3	15,000.	0.	FMV		TO SUPPORT CANCER RESEARCH AT LENOX HILL BRAIN CANCER CENTER
2 Enter total number of section 501(c)(3)							

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

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

Schedule I (Form 990) (2018)

Part III can be duplicated if additional space is needed.	(In) Niconalis accordi	(-) A t f	(a) A	(114 11 1 (1 11	(O.D. sainting of a great position
(a) Type of grant or assistance	recipients	(c) Amount of cash grant	cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE	626	485,459.	. 0.		
Part IV Supplemental Information. Provide the information rec	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	IENT OF REN	Т,	
MORTGAGE, UTILITIES, FOOD, MEDICAL	OR OTHE	R EXPENSES	FOR CANCE	R	
PATIENTS AND THEIR FAMILIES. INDI	VIDUALS 1	RECEIVING	ASSISTANCE	COMPLETE	
AN ADDITCATION WITH A DEDDECENTATI	TVE EDOM '	d in Part I, line 2; Part III, column (b); and any other additional information. INCLUDES THE PAYMENT OF RENT, OR OTHER EXPENSES FOR CANCER IDUALS RECEIVING ASSISTANCE COMPLETE IF FROM THE CANCER TREATMENT CENTER.			
AN AFFDICATION WITH A REFRESENTATI	VE FROM	IHE CANCER	TREATMENT	CENTER.	
THE APPLICATION IS SENT TO THE FOU	NDATION I	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

(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.

2018 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CONNECTICUT CANCER FOUNDATION, INC.

Employer identification number 06-1240574

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

EDUCATION.

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:

A 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) (2018)

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)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2018
Open to Public Inspection

OMB No. 1545-0047

Employer identification number 0.6 – 1.2.4.0.5.7.4

CONNECTICUT CA	ANCER FOUNDATION, IN	NC.				06-12405	74	
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) or Total inco	me End-of-year		Direct o	(f) ontrolling ntity)
CF 15 NORTH MAIN STREET, LLC								
15 NORTH MAIN STREET	7					CONNECTICUT	CANCER	
OLD SAYBROOK, CT 06475	REAL ESTATE HOLDING COMPANY	CONNECTICUT		2,41	6,463.	FOUNDATION,	INC.	
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	lations. Complete if the organization ar	I nswered "Yes" on Form 990), Part IV, line 34, l	Decause 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	(e) Public charity status (if section		(f) ct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		•	Yes	No

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

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.

	· · · ·		T	1					1	1	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Genera	or Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	itions?	amount in box	partne	ownership
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	lo
		-									
										$\perp \perp$	
										+	
-											

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	(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	(i Sec 512(k contr enti	tion b)(13) rolled ity?
		country)		or tracty		400010		Yes	No
								\vdash	
									—

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

Page 3

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 re	elated organizations listed	in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a							
b	Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) 11											
С	Gift, grant, or capital contribution from related organization(s)				1c							
d	Loans or loan guarantees to or for related organization(s)				1d							
е	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	\perp						
i	Exchange of assets with related organization(s)				1i	\perp						
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)				1k	\bot						
	Performance of services or membership or fundraising solicitations for related organization(s)				11							
m	n Performance of services or membership or fundraising solicitations by related organization(s))			1m	\bot						
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	\bot						
0	Sharing of paid employees with related organization(s)				10							
р	Reimbursement paid to related organization(s) for expenses				1p							
q	Reimbursement paid by related organization(s) for expenses				1q							
r	Other transfer of cash or property to related organization(s)				1r							
	Other transfer of cash or property from related organization(s)				1s							
2	If the answer to any of the above is "Yes," see the instructions for information on who must c	complete ti	his line, including covered	relationships and transaction thresholds.								
	Name of related organization Transa	b) action (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved							
(1)												
(2)												
(3)												
(4)												
(5)												
6)		40										
3216	53 10-02-18	40		Schedule F	₹ (Form 9	90) 2018						

Page 4

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(ł	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispr tion	opor- iate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentag
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	alloca	ions?	of Schedule K-1	partne	ownersnip
		Country)	Sections 5 (2-5 (4)	Yes N	o mcome	233613	Yes	No	(F01111 1065)	Yes I	10
	-										
				\vdash			+			\vdash	
	-										
	-										
				$\vdash \vdash$			\perp	_		$\vdash \vdash$	
	-										
	-										
	_										
				\vdash							
	_										
	_										
	_										
	_										
	_										
	_										
				$\sqcup \bot$						$\sqcup \bot$	
	_										
									Cabadula		

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
	BUILDINGS														
2	BUILDING	07/17/17	SL	39.00	ММ	16	1,843,811.				1,843,811.	43,337.		47,277.	90,614.
4	BUILDING IMPROVEMENTS	07/17/17	SL	39.00	ММ	16	61,656.				61,656.	1,449.		1,581.	3,030.
7	LAND IMPROVEMENTS	07/17/17	SL	15.00		16	21,445.				21,445.	1,311.		1,430.	2,741.
8	SOLAR PANELS	07/17/17	SL	5.00		16	75,500.				75,500.	13,842.		15,100.	28,942.
9	BUILDING	11/13/18	SL	39.00		16	4,000.				4,000.			68.	68.
10	BUILDING	01/05/19	SL	39.00		16	2,115.				2,115.			27.	27.
20	LAND IMPROVEMENTS	07/26/18	SL	15.00		16	1,329.				1,329.			81.	81.
	* 990 PAGE 10 TOTAL BUILDINGS						2,009,856.				2,009,856.	59,939.		65,564.	125,503.
	FURNITURE & FIXTURES														
6	FURNITURE & FIXTURES	07/17/17	SL	7.00		16	24,767.				24,767.	4,510.		3,538.	8,048.
14	FURNITURE - CHAIRS	08/09/18	SL	7.00		16	1,612.				1,612.			211.	211.
15	FIXTURES - HOF	07/25/18	SL	7.00		16	53,250.				53,250.			6,651.	6,651.
16	FIXTURES - HOF	10/30/18	SL	7.00		16	4,745.				4,745.			452.	452.
17	FIXTURES - HOF	10/23/18	SL	7.00		16	9,875.				9,875.			940.	940.
18	FIXTURES - TRACK LIGHTING	12/21/18	SL	7.00		16	909.				909.			65.	65.
19	FIXTURES - HOF	08/24/18	SL	7.00		16	944.				944.			112.	112.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						96,102.				96,102.	4,510.		11,969.	16,479.

828111 04-01-18

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
	MACHINERY & EQUIPMENT														
5	EQUIPMENT	07/17/17	SL	5.00	1	16	89,603.				89,603.	16,427.		17,921.	34,348.
11	EQUIPMENT	09/28/18	SL	5.00	į	16	825.				825.			124.	124.
12	EQUIPMENT - COPIER	03/07/19	SL	5.00		16	5,200.				5,200.			347.	347.
13	EQUIPMENT - HOF	09/28/18	SL	5.00		16	3,550.				3,550.			533.	533.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						99,178.				99,178.	16,427.		18,925.	35,352.
	LAND											,			,
3	LAND	07/17/17	L				406,607.				406,607.			0.	
	* 990 PAGE 10 TOTAL LAND						406,607.				406,607.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,611,743.				2,611,743.			96,458.	
	DEFK						2,011,710.				2,011,710.	00,010.		30,130.	177,331.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,523,389.			0.	2,523,389.	80,876.			167,723.
	ACQUISITIONS						88,354.			0.	88,354.	0.			9,611.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						2,611,743.			0.	2,611,743.	80,876.			177,334.
	ENDING ACCUM DEPR											177,334.			
	ENDING BOOK VALUE											2,434,409.			

828111 04-01-18

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone