

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015
Open to Public Inspection

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

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization CONNECTICUT SPORTS FOUNDATION AGAINST CANCER, INC. Doing business as CONNECTICUT SPORTS FOUNDATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite 455 BOSTON POST RD. 203B City or town, state or province, country, and ZIP or foreign postal code OLD SAYBROOK, CT 06475 F Name and address of principal officer: JANE G. ELLIS SAME AS C ABOVE | D Employer identification number 06-1240574 E Telephone number 860-388-0788 G Gross receipts \$ 1,941,632. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ SPORTSFOUNDATION.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1987 M State of legal domicile: CT |

Part I Summary

| | | | | | |
|------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------|------------------------------------------|
| | 1 | Briefly describe the organization's mission or most significant activities: TO PROVIDE FUNDS TO BENEFIT FAMILIES AFFECTED BY CANCER AND TO SUPPORT CANCER RESEARCH AND | | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 10 | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 8 | |
| | 5 | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 5 | |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 75 | |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 60,000. | |
| | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 26,370. | |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 975,324. | Current Year 1,180,424. |
| 9 | | Program service revenue (Part VIII, line 2g) | 0. | 0. | |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 605,477. | 137,851. | |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 26,007. | 51,857. | |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,606,808. | 1,370,132. | |
| Expenses | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 420,511. | 591,855. |
| | | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 161,031. | 205,315. | |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 36,250. | 18,335. | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 85,802. | | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 106,203. | 150,145. | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 723,995. | 965,650. | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 882,813. | 404,482. | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 6,624,544. | End of Year 7,358,778. | |
| | 21 | Total liabilities (Part X, line 26) | 129,895. | 510,958. | |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 6,494,649. | 6,847,820. | |

Part II Signature Block

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

| | | | | | |
|-------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------|-------------------------------------------------|--------------------------|
| Sign Here | Signature of officer JANE G. ELLIS, EXECUTIVE DIRECTOR Type or print name and title | Date | | | |
| Paid Preparer Use Only | Print/Type preparer's name JOHN TOSCANO | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN P00358542 |
| | Firm's name ▶ COHNREZNICK LLP | Firm's EIN ▶ 22-1478099 | Phone no. 959-200-7000 | | |
| | Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103 | | | | |

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

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CANCER, INC.

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
**TO PROVIDE FUNDS TO BENEFIT FAMILIES AFFECTED BY CANCER AND TO SUPPORT
CANCER RESEARCH AND EDUCATION.**

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

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

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

4a (Code: _____) (Expenses \$ 614,610. including grants of \$ 476,855.) (Revenue \$ 6,316.)
**PROVIDE ASSISTANCE TO 619 CANCER PATIENTS AND THEIR FAMILIES INCLUDING
ASSISTANCE WITH RENT, MORTGAGE, UTILITIES, FOOD, MEDICAL, TRAVEL AND
OTHER RELATED EXPENSES FOR FY 2016.**

4b (Code: _____) (Expenses \$ 115,000. including grants of \$ 115,000.) (Revenue \$ _____)
**HOSPITAL CONTRIBUTION TO SUPPORT THE RESEARCH OF DR. JOACHIM YAHALOM AT
MEMORIAL SLOAN KETTERING CANCER CENTER FOR RESEARCH PROJECTS IN THE
AREA OF LYMPHOMA AND DR. DAVID LANGER AT LENOX HILL HOSPITAL**

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

4e Total program service expenses **729,610.**

**CONNECTICUT SPORTS FOUNDATION AGAINST
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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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part I</i> | | 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? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 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. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 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)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |

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Part IV Checklist of Required Schedules *(continued)*

| | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 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 "Yes," complete Schedule J</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | 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? <i>If "Yes," complete Schedule L, Part I</i> | | 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? <i>If "Yes," complete Schedule L, Part II</i> | X | |
| 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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | 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): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 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? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | X | |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| 4b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| 9b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| 13b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

**CONNECTICUT SPORTS FOUNDATION AGAINST
CANCER, INC.**

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DOMINICK F. ANTONELLI OUTGOING DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (2) EDWARD B. NEWMAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (3) FITOR MAMUDI DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (4) GARY EGGERS OUTGOING DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (5) JASON GINDER OUTGOING DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (6) JAY ROTHMAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (7) JEFF HARTMANN OUTGOING DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (8) JOHN C. ELLIS CHAIRMAN | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (9) LEO CHUPASKA OUTGOING DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (10) MAYNARD STRICKLAND OUTGOING DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (11) MICHAEL H. CHAPIN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (12) PAUL STURGES DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) RAY PINEAULT DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) RICHARD T. CERSOSIMO FIRST VICE CHAIRMAN 5/16 | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (15) RON MILARDO OUTGOING FIRST VICE CHAIRMAN | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (16) THOMAS D. COMER TREASURER | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (17) THOMAS HOWLEY OUTGOING DIRECTOR | 1.00 | X | | X | | | 0. | 0. | 0. | |

**CONNECTICUT SPORTS FOUNDATION AGAINST
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|---------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) TIMOTHY LYNCH DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (19) JANE G. ELLIS EXECUTIVE DIRECTOR/PRESIDENT | 50.00 | | | X | | | 87,295. | 0. | 19,065. | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total | | | | | | | 87,295. | 0. | 19,065. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 87,295. | 0. | 19,065. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

| | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**CONNECTICUT SPORTS FOUNDATION AGAINST
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Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | | |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------|-------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|--|----------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a 1,727. | | | | | | |
| | b Membership dues | 1b | | | | | | |
| | c Fundraising events | 1c 527,607. | | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) | 1e | | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 651,090. | | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 2,790. | | | | | | |
| | h Total. Add lines 1a-1f | ▶ 1,180,424. | | | | | | |
| Program Service Revenue | 2 a _____ | Business Code | | | | | | |
| | b _____ | | | | | | | |
| | c _____ | | | | | | | |
| | d _____ | | | | | | | |
| | e _____ | | | | | | | |
| | f All other program service revenue | | | | | | | |
| | g Total. Add lines 2a-2f | ▶ | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | ▶ 282,319. | | | | 282,319. | | |
| | 4 Income from investment of tax-exempt bond proceeds | ▶ | | | | | | |
| | 5 Royalties | ▶ | | | | | | |
| | 6 a Gross rents | (i) Real | (ii) Personal | | | | | |
| | | b Less: rental expenses | | | | | | |
| | | c Rental income or (loss) | | | | | | |
| | | d Net rental income or (loss) | ▶ | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | | |
| | | 50,798. | 185,000. | | | | | |
| | | b Less: cost or other basis and sales expenses | 255,266. | | | | | 125,000. |
| | | c Gain or (loss) | -204,468. | | | | | 60,000. |
| | d Net gain or (loss) | ▶ -144,468. | | | 60,000. | -204,468. | | |
| | 8 a Gross income from fundraising events (not including \$ 527,607. of contributions reported on line 1c). See Part IV, line 18 | a 236,775. | | | | | | |
| | | b Less: direct expenses | b 191,234. | | | | | |
| | | c Net income or (loss) from fundraising events | ▶ 45,541. | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | | |
| | b Less: direct expenses | b | | | | | | |
| | c Net income or (loss) from gaming activities | ▶ | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | | |
| | b Less: cost of goods sold | b | | | | | | |
| | c Net income or (loss) from sales of inventory | ▶ | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11 a MISCELLANEOUS | 900099 | 6,316. | | 6,316. | | | | |
| b _____ | | | | | | | | |
| c _____ | | | | | | | | |
| d All other revenue | | | | | | | | |
| e Total. Add lines 11a-11d | ▶ 6,316. | | | | | | | |
| 12 Total revenue. See instructions. | ▶ 1,370,132. | | 6,316. | 60,000. | | 123,392. | | |

**CONNECTICUT SPORTS FOUNDATION AGAINST
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Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 115,000. | 115,000. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 476,855. | 476,855. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 138,131. | 69,065. | 34,533. | 34,533. |
| 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 | 52,880. | 26,440. | 13,220. | 13,220. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 14,304. | 7,152. | 3,576. | 3,576. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 10,900. | | 10,900. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 18,335. | | | 18,335. |
| f Investment management fees | 56,638. | | 56,638. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 3,230. | 898. | 1,883. | 449. |
| 12 Advertising and promotion | 2,318. | | | 2,318. |
| 13 Office expenses | 20,786. | | 10,393. | 10,393. |
| 14 Information technology | 3,048. | 1,524. | 762. | 762. |
| 15 Royalties | | | | |
| 16 Occupancy | 18,526. | 1,297. | 16,673. | 556. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 12,204. | 12,204. | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 6,639. | 3,319. | 1,660. | 1,660. |
| 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.) | | | | |
| a OTHER | 9,656. | 9,656. | | |
| b BAD DEBT | 6,200. | 6,200. | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 965,650. | 729,610. | 150,238. | 85,802. |
| 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)

**CONNECTICUT SPORTS FOUNDATION AGAINST
CANCER, INC.**

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Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 402,068. | 1 | 461,378. |
| | 2 Savings and temporary cash investments | 47,037. | 2 | 190,840. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 124,950. | 4 | 416,600. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | 500,000. |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 25,451. | 8 | 25,190. |
| | 9 Prepaid expenses and deferred charges | 2,248. | 9 | 2,489. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 12,634. | | |
| | b Less: accumulated depreciation | 1,455. | 10c | 11,179. |
| | 11 Investments - publicly traded securities | 6,022,790. | 11 | 5,751,102. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 6,624,544. | 16 | 7,358,778. | |
| Liabilities | 17 Accounts payable and accrued expenses | 129,895. | 17 | 6,955. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | 4,100. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | 499,903. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 129,895. | 26 | 510,958. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 6,494,649. | 27 | 6,579,720. |
| | 28 Temporarily restricted net assets | | 28 | 268,100. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 6,494,649. | 33 | 6,847,820. | |
| 34 Total liabilities and net assets/fund balances | 6,624,544. | 34 | 7,358,778. | |

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CANCER, INC.**

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Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,370,132. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 965,650. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 404,482. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 6,494,649. |
| 5 | Net unrealized gains (losses) on investments | 5 | -51,311. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 6,847,820. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____ | | |

Form **990** (2015)

CONNECTICUT SPORTS FOUNDATION AGAINST

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1095036. | 860,132. | 873,247. | 975,324. | 1180424. | 4984163. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 1095036. | 860,132. | 873,247. | 975,324. | 1180424. | 4984163. |
| 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) | | | | | | 106,585. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 4877578. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 1095036. | 860,132. | 873,247. | 975,324. | 1180424. | 4984163. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 159,594. | 200,203. | 200,523. | 239,519. | 282,319. | 1082158. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | 37,260. | 37,260. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 219,998. | 239,456. | 171,379. | 193,230. | 243,091. | 1067154. |
| 11 Total support. Add lines 7 through 10 | | | | | | 7170735. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 68.02 % |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14 | 15 | 72.92 % |
| 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization'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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--------------------------------------------------------------------------------------------------------|-----------|---|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|-------------------------------------------------------------------------------------------------------------|-----------|---|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section 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? <i>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.</i> | | |
| 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? <i>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.</i> | | |

Section 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)? <i>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).</i> | | |

Section 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? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section 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 year (see instructions): | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i> | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | |
| c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i> | | |
| 2 Activities Test. <i>Answer (a) and (b) below.</i> | | |
| a 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? <i>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.</i> | | |
| 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

| Section 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 | |

| 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): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | 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 | |

| Section C - Distributable Amount | | (A) Prior Year | 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). | | |

CONNECTICUT SPORTS FOUNDATION AGAINST

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

| Section D - Distributions | Current Year |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2015 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015: | | | |
| a | | | |
| b | | | |
| c | | | |
| d From 2013 | | | |
| e From 2014 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2015 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b | | | |
| c Excess from 2013 | | | |
| d Excess from 2014 | | | |
| e Excess from 2015 | | | |

CONNECTICUT SPORTS FOUNDATION AGAINST

Schedule A (Form 990 or 990-EZ) 2015

CANCER, INC.

06-1240574 Page 8

Part VI

Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2012 AMOUNT: \$ 119,728.

2014 AMOUNT: \$ 225.

2015 AMOUNT: \$ 6,316.

FUNDRAISING

2011 AMOUNT: \$ 219,998.

2012 AMOUNT: \$ 119,728.

2013 AMOUNT: \$ 171,379.

2014 AMOUNT: \$ 193,005.

2015 AMOUNT: \$ 236,775.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2015

Name of the organization

CONNECTICUT SPORTS FOUNDATION AGAINST
CANCER, INC.

Employer identification number

06-1240574

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

| | |
|--------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization CONNECTICUT SPORTS FOUNDATION AGAINST CANCER, INC. | Employer identification number 06-1240574 |
|--------------------------------------------------------------------------------------|-----------------------------------------------------|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | VINCE GENOVESE FOUNDATION 3243 BRYAN AVENUE FORT WORTH, TX 76110-4222 | \$ 225,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | PINK AID FUND 520 EIGHTH AVENUE, 20TH FL NEW YORK, NY 10018 | \$ 37,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | YALE NEW HAVEN HEALTH SYSTEM PO BOX 1849 NEW HAVEN, CT 06508-1849 | \$ 175,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | HARTFORD HEALTHCARE 1 STATE STREET HARTFORD, CT 06103 | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization CONNECTICUT SPORTS FOUNDATION AGAINST CANCER, INC. | Employer identification number 06-1240574 |
|--------------------------------------------------------------------------------------|-----------------------------------------------------|

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

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

| | |
|--------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization CONNECTICUT SPORTS FOUNDATION AGAINST CANCER, INC. | Employer identification number 06-1240574 |
|--------------------------------------------------------------------------------------|-----------------------------------------------------|

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2015
Open to Public Inspection

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

Name of the organization CONNECTICUT SPORTS FOUNDATION AGAINST CANCER, INC. **Employer identification number** 06-1240574

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

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

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

**CONNECTICUT SPORTS FOUNDATION AGAINST
CANCER, INC.**

Schedule D (Form 990) 2015

06-1240574 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition **d** Loan or exchange programs
b Scholarly research **e** Other _____
c Preservation for future generations

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 6,069,827. | 6,019,818. | 5,178,068. | 4,785,724. | 4,448,271. |
| b Contributions | 50,798. | 220,566. | 331,001. | 376,674. | 444,925. |
| c Net investment earnings, gains, and losses | -16,163. | 106,368. | 720,573. | 297,338. | 57,443. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 162,520. | 276,925. | 209,824. | 281,664. | -164,916. |
| f Administrative expenses | | | | | |
| g End of year balance | 5,941,942. | 6,069,827. | 6,019,818. | 5,178,072. | 4,785,722. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 100.00 %
b Permanent endowment _____ %
c Temporarily restricted endowment _____ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations _____
(ii) related organizations _____

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 1,455. | 1,455. | 0. |
| e Other | | 11,179. | | 11,179. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 11,179. |

Schedule D (Form 990) 2015

**CONNECTICUT SPORTS FOUNDATION AGAINST
CANCER, INC.**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

CONNECTICUT SPORTS FOUNDATION AGAINST
CANCER, INC.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

| | | | | |
|---|---------------------------------------------------------------------------------|----|----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 1,503,417. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | -51,311. | |
| b | Donated services and use of facilities | 2b | 50,000. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 191,234. | |
| e | Add lines 2a through 2d | 2e | | 189,923. |
| 3 | Subtract line 2e from line 1 | | 3 | 1,313,494. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 56,638. | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 56,638. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 1,370,132. |

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 | 1,150,246. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 50,000. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 191,234. | |
| e | Add lines 2a through 2d | 2e | | 241,234. |
| 3 | Subtract line 2e from line 1 | | 3 | 909,012. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 56,638. | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 56,638. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 965,650. |

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, 2016 AND 2015.

THE FOUNDATION'S FEDERAL INFORMATION RETURNS PRIOR TO FISCAL YEAR 2013 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES 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.

CONNECTICUT SPORTS FOUNDATION AGAINST
CANCER, INC.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 191,234.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 191,234.

CONNECTICUT SPORTS FOUNDATION AGAINST

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|--------------------------------------------------------------|-------------------------------------------------------------|------------------------------|---------------------|--------------------------------------------------------|----------|
| | | ANNUAL DINNER (event type) | GRUDEN EVENT (event type) | 1 (total number) | | |
| Revenue | 1 | Gross receipts | 528,461. | 136,800. | 99,121. | 764,382. |
| | 2 | Less: Contributions | 377,686. | 106,800. | 43,121. | 527,607. |
| | 3 | Gross income (line 1 minus line 2) | 150,775. | 30,000. | 56,000. | 236,775. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 117,587. | 42,127. | 31,520. | 191,234. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 191,234. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 45,541. | |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

CONNECTICUT SPORTS FOUNDATION AGAINST
CANCER, INC.

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

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

(I) NAME OF FUNDRAISER: BARBARA SCALA, BLOOM SERVICES LLC

(I) ADDRESS OF FUNDRAISER: 13 SACHEM ROAD, WESTBROOK, CT 06498

**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.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **CONNECTICUT SPORTS FOUNDATION AGAINST CANCER, INC.** Employer identification number **06-1240574**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 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 non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------|
| MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10021 | 13-1924236 | 501(C)3 | 50,000. | 0. | FMV | | TO SUPPORT THE RESEARCH OF DR. JOACHIM YAHALOM AT MEMORIAL SLOAN KETTERING CANCER CENTER IN THE AREA |
| ONCOLOGY FOUNDATION 1275 YORK AVENUE NEW YORK, NY 10065 | 13-1924236 | 501(C)3 | 50,000. | 0. | FMV | | TO SUPPORT DR. JOACHIM YAHALOM AT MEMORIAL SLOAN KETTERING CANCER CENTER WITH THE GLOBAL EXCHANGE |
| LENOX HILL HOSPITAL 133 EAST 79TH STREET NEW YORK, NY 10075 | 13-1624070 | 501(C)3 | 15,000. | 0. | FMV | | TO SUPPORT THE RESEARCH OF DR. DAVID LANGER AT LENOX HILL BRAIN CANCER CENTER |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2015)

**CONNECTICUT SPORTS FOUNDATION AGAINST
CANCER, INC.**

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| FINANCIAL ASSISTANCE | 619 | 476,855. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART II, LINE 1, COLUMN (H) :

NAME OF ORGANIZATION OR GOVERNMENT :

MEMORIAL SLOAN KETTERING CANCER CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE RESEARCH OF DR.

JOACHIM YAHALOM AT MEMORIAL SLOAN KETTERING CANCER CENTER IN THE AREA OF

LYMPHOMA

NAME OF ORGANIZATION OR GOVERNMENT: ONCOLOGY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DR. JOACHIM YAHALOM AT

Part IV Supplemental Information

MEMORIAL SLOAN KETTERING CANCER CENTER WITH THE GLOBAL EXCHANGE OF
LYMPHOMA RESEARCH AND TREATMENT

SCHEDULE I, PART IV

FINANCIAL ASSISTANCE TO INDIVIDUALS INCLUDES THE PAYMENT OF RENT,
MORTGAGE, UTILITIES, FOOD, MEDICAL OR OTHER EXPENSES FOR CANCER
PATIENTS AND THEIR FAMILIES. INDIVIDUALS RECEIVING ASSISTANCE COMPLETE
AN APPLICATION WITH A REPRESENTATIVE FROM THE CANCER TREATMENT CENTER.
THE APPLICATION IS SENT TO THE FOUNDATION WERE IT IS REVIEWED AND
APPROVED. APPLICATIONS REQUESTING FUNDS IN EXCESS OF \$2000 REQUIRE
BOARD APPROVAL.

A BOARD MEMBER KEEPS IN TOUCH WITH THE DOCTOR WHO IS COMPLETING THE
RESEARCH. IN ADDITION, ALL RESEARCH THAT IS PUBLISHED IS PROVIDED TO
THE ORGANIZATION.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization **CONNECTICUT SPORTS FOUNDATION AGAINST CANCER, INC.** Employer identification number **06-1240574**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|-----------------------------------|---------------------------------------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| THE COMMISSION | BUSINESS | PROVIDE | | X | 500,000. | 500,000. | | X | X | | X | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | | | ▶ \$ 500,000. | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

SEE PART V FOR CONTINUATIONS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

CONNECTICUT SPORTS FOUNDATION AGAINST
CANCER, 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 11:

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 A 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 DIRECTORS
SALARY, USES COMPARABLE DATA TO SET RATE, AND VOTES ON ANNUAL COMPENSATION.

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

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

| | |
|-----------------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization CONNECTICUT SPORTS FOUNDATION AGAINST CANCER, INC. | Employer identification number 06-1240574 |
|-----------------------------------------------------------------------------------|----------------------------------------------|

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ORGANIZATION'S WEBSITE AND ALSO UPON REQUEST, AT ITS' OFFICE LOCATED AT 455 BOSTON POST RD, OLD SAYBROOK, CT BY APPOINTMENT DURING ITS NORMAL BUSINESS HOURS.

FORM 990, PART XII, LINE 2C

THERE HAVE BEEN NO CHANGES TO THE ORGANIZATION'S OVERSIGHT OR SELECTION PROCESSES DURING THE TAX YEAR.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Check box if address changed

B Exempt under section
 501(c)(3))
 408(e) 220(e)
 408A 530(a)
 529(a)

Print or Type

Name of organization (Check box if name changed and see instructions.)
**CONNECTICUT SPORTS FOUNDATION AGAINST
 CANCER, INC.**

Number, street, and room or suite no. If a P.O. box, see instructions.
455 BOSTON POST RD., NO. 203B

City or town, state or province, country, and ZIP or foreign postal code
OLD SAYBROOK, CT 06475

D Employer identification number (Employees' trust, see instructions.)

06-1240574

E Unrelated business activity codes (See instructions.)

900099

C Book value of all assets at end of year
7,358,778.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ **SALE OF ARTWORK & INVESTMENT ACTIVITY**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **JANE ELLIS**

Telephone number ▶ **860-388-0788**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|-----------------------------------------------------------------------------------------------|------------|--------------|---------|
| 1 a Gross receipts or sales | | | |
| b Less returns and allowances | | | |
| c Balance | | | |
| 2 Cost of goods sold (Schedule A, line 7) | | | |
| 3 Gross profit. Subtract line 2 from line 1c | | | |
| 4 a Capital gain net income (attach Schedule D) | | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | | | |
| c Capital loss deduction for trusts | | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | | | |
| 6 Rent income (Schedule C) | | | |
| 7 Unrelated debt-financed income (Schedule E) | 60,000. | 10,576. | 49,424. |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) ... | | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | | | |
| 10 Exploited exempt activity income (Schedule I) | | | |
| 11 Advertising income (Schedule J) | | | |
| 12 Other income (See instructions; attach schedule) | | | |
| 13 Total. Combine lines 3 through 12 | 60,000. | 10,576. | 49,424. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------|---------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | | 14 | |
| 15 Salaries and wages | | 15 | 4,775. |
| 16 Repairs and maintenance | | 16 | |
| 17 Bad debts | | 17 | |
| 18 Interest (attach schedule) | SEE STATEMENT 1 | 18 | 12,204. |
| 19 Taxes and licenses | | 19 | 2,145. |
| 20 Charitable contributions (See instructions for limitation rules) | STATEMENT 3 SEE STATEMENT 2 | 20 | 2,930. |
| 21 Depreciation (attach Form 4562) | 21 | | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b | |
| 23 Depletion | | 23 | |
| 24 Contributions to deferred compensation plans | | 24 | |
| 25 Employee benefit programs | | 25 | |
| 26 Excess exempt expenses (Schedule I) | | 26 | |
| 27 Excess readership costs (Schedule J) | | 27 | |
| 28 Other deductions (attach schedule) | | 28 | |
| 29 Total deductions. Add lines 14 through 28 | | 29 | 22,054. |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | | 30 | 27,370. |
| 31 Net operating loss deduction (limited to the amount on line 30) | | 31 | |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | | 32 | 27,370. |
| 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) | | 33 | 1,000. |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | | 34 | 26,370. |

CONNECTICUT SPORTS FOUNDATION AGAINST
CANCER, INC.

Form 990-T (2015)

06-1240574

Page 2

Part III Tax Computation

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: | | |
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ | | |
| b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ | | |
| c Income tax on the amount on line 34 | 35c | 3,956. |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 36 | |
| 37 Proxy tax. See instructions | 37 | |
| 38 Alternative minimum tax | 38 | |
| 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies | 39 | 3,956. |

Part IV Tax and Payments

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| 40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 40a | |
| b Other credits (see instructions) | 40b | |
| c General business credit. Attach Form 3800 | 40c | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 40d | |
| e Total credits. Add lines 40a through 40d | 40e | |
| 41 Subtract line 40e from line 39 | 41 | 3,956. |
| 42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 42 | |
| 43 Total tax. Add lines 41 and 42 | 43 | 3,956. |
| 44a Payments: A 2014 overpayment credited to 2015 | 44a | |
| b 2015 estimated tax payments | 44b | |
| c Tax deposited with Form 8868 | 44c | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 44d | |
| e Backup withholding (see instructions) | 44e | |
| f Credit for small employer health insurance premiums (Attach Form 8941) | 44f | |
| g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total | 44g | |
| 45 Total payments. Add lines 44a through 44g | 45 | |
| 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 46 | 115. |
| 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed | 47 | 4,071. |
| 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid | 48 | |
| 49 Enter the amount of line 48 you want: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 49 | |

Part V Statements Regarding Certain Activities and Other Information (see instructions)

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here | Yes | No |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | | X |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

| | | | | | |
|---------------------------------------------------------|-----------|--|-----------------------------------------------------------------------------------------------------------------------------|----------|----|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | 6 | |
| 2 Purchases | 2 | | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | |
| 3 Cost of labor | 3 | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 4a Additional section 263A costs (att. schedule) | 4a | | | | |
| b Other costs (attach schedule) | 4b | | | | |
| 5 Total. Add lines 1 through 4b | 5 | | | | |

Sign Here

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

Signature of officer _____ Date _____ Title **EXECUTIVE DIRECTOR**

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

| | | | | | |
|-------------------------------|--------------------------------------------|-------------------------------------------------------|------|-------------------------------------------------|--------------------------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | JOHN TOSCANO | | | | P00358542 |
| | Firm's name ▶ COHNREZNICK LLP | Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR | | | Firm's EIN ▶ 22-1478099 |
| | Firm's address ▶ HARTFORD, CT 06103 | Phone no. 959-200-7000 | | | |

CONNECTICUT SPORTS FOUNDATION AGAINST

Form 990-T (2015) **CANCER, INC.**

06-1240574

Page 3

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

| | | |
|-----|--|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |

| 2. Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total 0. |

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**
 (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | | |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------|
| | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) | |
| (1) ARTWORK | 60,000. | | STATEMENT 4 9,804. | |
| (2) INVESTMENT ACTIVITY | | | 772. | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| STATEMENT 5 | STATEMENT 6 | | | |
| (1) 125,000. | 92,500. | 100.00% | 60,000. | 9,804. |
| (2) 499,903. | 499,903. | 100.00% | | 772. |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | | 60,000. | 10,576. |
| Total dividends-received deductions included in column 8 | | | | 0. |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0. | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0. |

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|----------------------------------------------------------|---------------------------------|----------------------------------------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | Enter here and on page 1, Part I, line 9, column (A). 0. | | Enter here and on page 1, Part I, line 9, column (B). 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals | | Enter here and on page 1, Part I, line 10, col. (A). 0. | Enter here and on page 1, Part I, line 10, col. (B). 0. | | | Enter here and on page 1, Part II, line 26. 0. |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--------------------------------------------------|-----------------------------|-----------------------------|--------------------------------------------------------------------------------------------|-----------------------|---------------------|-----------------------------------------------------------------------------------|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | | 0. | 0. | | | 0. |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|------------------------------------------|-----------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------|---------------------|-----------------------------------------------------------------------------------|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | | 0. | 0. | | | 0. |
| Totals, Part II (lines 1-5) | | Enter here and on page 1, Part I, line 11, col. (A). 0. | Enter here and on page 1, Part I, line 11, col. (B). 0. | | | Enter here and on page 1, Part II, line 27. 0. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|----------------------------------------------------------------|----------|----------------------------------------|----------------------------------------------------|
| (1) | | | % |
| (2) | | | % |
| (3) | | | % |
| (4) | | | % |
| Total. Enter here and on page 1, Part II, line 14 | | | 0. |

FORM 990-T

INTEREST PAID

STATEMENT 1

DESCRIPTIONAMOUNT

PORTFOILO LOAN INTEREST

12,204.

TOTAL TO FORM 990-T, PAGE 1, LINE 18

12,204.

FORM 990-T

CONTRIBUTIONS

STATEMENT 2

DESCRIPTION/KIND OF PROPERTYMETHOD USED TO DETERMINE FMVAMOUNT

SLOAN KETTERING CANCER CENTER

N/A

100,000.

LENOX HILL HOSPITAL

N/A

15,000.

TOTAL TO FORM 990-T, PAGE 1, LINE 20

115,000.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

- FOR TAX YEAR 2010
- FOR TAX YEAR 2011
- FOR TAX YEAR 2012
- FOR TAX YEAR 2013
- FOR TAX YEAR 2014

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS 115,000

TOTAL CONTRIBUTIONS AVAILABLE 115,000

TAXABLE INCOME LIMITATION AS ADJUSTED 2,930

EXCESS 10% CONTRIBUTIONS 112,070

EXCESS 100% CONTRIBUTIONS 0

TOTAL EXCESS CONTRIBUTIONS 112,070

ALLOWABLE CONTRIBUTIONS DEDUCTION 2,930

TOTAL CONTRIBUTION DEDUCTION 2,930

FORM 990-T

SCHEDULE E - OTHER DEDUCTIONS

STATEMENT 4

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|----------------------------------------------|-----------------|--------|---------|
| GALLERY FEES | | 9,504. | |
| TAX PREP FEE | | 300. | |
| - SUBTOTAL - | 1 | | 9,804. |
| NET INVESTMENT RETURN | | 772. | |
| - SUBTOTAL - | 2 | | 772. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B) | | | 10,576. |

FORM 990-T

AVERAGE ACQUISITION DEBT ON OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 5

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|-------------------------------------------|-----------------|----------|----------|
| PORFOLIO LOAN | | 125,000. | |
| - SUBTOTAL - | 1 | | 125,000. |
| - SUBTOTAL - | 2 | 499,903. | 499,903. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4 | | | 125,000. |

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 6

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|-------------------------------------------|-----------------|----------|----------|
| ARTWORK | | 92,500. | |
| - SUBTOTAL - | 1 | | 92,500. |
| - SUBTOTAL - | 2 | 499,903. | 499,903. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5 | | | 92,500. |

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

2015

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

Name **CONNECTICUT SPORTS FOUNDATION AGAINST
CANCER, INC.**

Employer identification number
06-1240574

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

| | | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|---------------|
| 1 | Total tax (see instructions) | | 1 | 3,956. |
| 2a | Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 | | | |
| 2b | Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method | | | |
| 2c | Credit for federal tax paid on fuels (see instructions) | | | |
| 2d | Total. Add lines 2a through 2c | | 2d | |
| 3 | Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty | | 3 | 3,956. |
| 4 | Enter the tax shown on the corporation's 2014 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 | | 4 | |
| 5 | Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 | | 5 | 3,956. |

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

| | (a) | (b) | (c) | (d) | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|----------|----------|
| 9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year | 9 | 10/15/15 | 12/15/15 | 03/15/16 | 06/15/16 |
| 10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. | 10 | 989. | 989. | 989. | 989. |
| 11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 | 11 | | | | |
| <i>Complete lines 12 through 18 of one column before going to the next column.</i> | | | | | |
| 12 Enter amount, if any, from line 18 of the preceding column | 12 | | | | |
| 13 Add lines 11 and 12 | 13 | | | | |
| 14 Add amounts on lines 16 and 17 of the preceding column | 14 | | 989. | 1,978. | 2,967. |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 0. | 0. | 0. | 0. |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | 16 | | 989. | 1,978. | |
| 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 | 17 | 989. | 989. | 989. | 989. |
| 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column | 18 | | | | |

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2015)

Part IV Figuring the Penalty

| | (a) | (b) | (c) | (d) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------|-----|---------|
| 19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.) | 19 | | | |
| 20 Number of days from due date of installment on line 9 to the date shown on line 19 | 20 | | | |
| 21 Number of days on line 20 after 4/15/2015 and before 7/1/2015 | 21 | | | |
| 22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{365}$ | 22 \$ | \$ | \$ | \$ |
| 23 Number of days on line 20 after 06/30/2015 and before 10/1/2015 | 23 | | | |
| 24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{365}$ | 24 \$ | \$ | \$ | \$ |
| 25 Number of days on line 20 after 9/30/2015 and before 1/1/2016 | 25 | | | |
| 26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$ | 26 \$ | \$ | \$ | \$ |
| 27 Number of days on line 20 after 12/31/2015 and before 4/1/2016 | 27 | SEE ATTACHED WORKSHEET | | |
| 28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{366}$ | 28 \$ | \$ | \$ | \$ |
| 29 Number of days on line 20 after 3/31/2016 and before 7/1/2016 | 29 | | | |
| 30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$ | 30 \$ | \$ | \$ | \$ |
| 31 Number of days on line 20 after 6/30/2016 and before 10/01/2016 | 31 | | | |
| 32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$ | 32 \$ | \$ | \$ | \$ |
| 33 Number of days on line 20 after 9/30/2016 and before 1/1/2017 | 33 | | | |
| 34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$ | 34 \$ | \$ | \$ | \$ |
| 35 Number of days on line 20 after 12/31/2016 and before 2/16/2017 | 35 | | | |
| 36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ | 36 \$ | \$ | \$ | \$ |
| 37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36 | 37 \$ | \$ | \$ | \$ |
| 38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns | 38 | | | \$ 115. |

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

| | Enter filer's identifying number | |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Type or print | Name of exempt organization or other filer, see instructions. CONNECTICUT SPORTS FOUNDATION AGAINST CANCER, INC. | Employer identification number (EIN) or 06-1240574 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 455 BOSTON POST RD., NO. 203B | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. OLD SAYBROOK, CT 06475 | |

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

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

JANE ELLIS

- The books are in the care of ▶ **455 BOSTON POST RD., NO. 203B - OLD SAYBROOK, CT 06475**
Telephone No. ▶ **860-388-0788** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

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

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

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

| | | | |
|-------------------------------------|---|-------------------------------------|---|
| CONNECTICUT SPORTS FOUNDATION AGAIN | * | DEPARTMENT OF THE TREASURY | 9 |
| | * | INTERNAL REVENUE SERVICE CENTER | 9 |
| 147227 | * | OGDEN, UT 84201-0027 | 0 |
| | * | | |
| DEPARTMENT OF THE TREASURY | 9 | CONNECTICUT SPORTS FOUNDATION AGAIN | |
| INTERNAL REVENUE SERVICE CENTER | 9 | CANCER, INC. | |
| OGDEN, UT 84201-0027 | 0 | 455 BOSTON POST RD., NO. 203B | |
| | T | OLD SAYBROOK, CT 06475 | |
| | C | | |
| DEPARTMENT OF REVENUE SERVICES | T | | |
| STATE OF CONNECTICUT | 9 | | |
| PO BOX 5014 | 9 | | |
| HARTFORD, CT 06102-5014 | T | | |

TAX RETURN FILING INSTRUCTIONS

CONNECTICUT FORM CT-990T

FOR THE YEAR ENDING

JUNE 30, 2016

PREPARED FOR:

CONNECTICUT SPORTS FOUNDATION AGAINST
CANCER, INC.
455 BOSTON POST RD. NO. 203B
OLD SAYBROOK, CT 06475

PREPARED BY:

COHNREZNICK LLP
350 CHURCH STREET, 12TH FLOOR
HARTFORD, CT 06103

TO BE SIGNED AND DATED BY:

THE AUTHORIZED INDIVIDUAL(S).

AMOUNT OF TAX:

| | | |
|------------------------------|----|-------|
| TOTAL TAX | \$ | 2,139 |
| LESS: PAYMENTS AND CREDITS | \$ | 0 |
| PLUS: OTHER AMOUNT | \$ | 0 |
| PLUS: INTEREST AND PENALTIES | \$ | 178 |
| BALANCE DUE | \$ | 2,317 |

OVERPAYMENT:

| | | |
|-----------------------------------|----|---|
| CREDITED TO YOUR ESTIMATED TAX | \$ | 0 |
| OTHER AMOUNT | \$ | 0 |
| REFUNDED TO YOU | \$ | 0 |

MAKE CHECK PAYABLE TO:

COMMISSIONER OF REVENUE SERVICES

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

DEPARTMENT OF REVENUE SERVICES
STATE OF CONNECTICUT
PO BOX 5014
HARTFORD, CT 06102-5014

RETURN MUST BE MAILED ON OR BEFORE:

NOVEMBER 15, 2016

SPECIAL INSTRUCTIONS:

Form CT-990T

Connecticut Unrelated Business Income Tax Return

2015

Complete this return in blue or black ink only.

Enter Income Year Beginning **JULY 1**, 2015, and Ending **JUNE 30**, 2016

| | | |
|----------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Taxpayer (Please type or print) | Organization name <i>(please type or print)</i> CONNECTICUT SPORTS FOUNDATION AGAINST | CT Tax Registration Number |
| | Address Number and street PO Box 455 BOSTON POST RD. | DRS use only - - 20 |
| | City or town State ZIP code OLD SAYBROOK, CT 06475 | Federal Employer ID Number (FEIN) 06-1240574 |

Check and Complete All Applicable Boxes

If the organization is annualizing its income check here

Change of: Mailing address Closing month (Attach explanation.) **Return status:** Amended return Initial return Final return
If final return: Dissolved Withdrawn Merged/reorganized: Enter survivor's CT Tax Reg. Number. _____
Type of organization: Corporation Domestic trust Foreign trust Other: Explain _____

1. Date unrelated trade or business began in Connecticut: _____
2. Nature of unrelated trade or business income activity: **SALE OF ARTWORK & INVESTMENT ACTIVITY**
3. **Corporation only:** Enter state of incorporation: **CONNECTICUT** Date of organization: _____

Date qualified in Connecticut if not incorporated in Connecticut: _____

- Attach a Complete Copy of Form 990-T Including all Schedules as Filed With the Internal Revenue Service -

Computation of Income

| | | | |
|--------------------------------------------------------------------------------------------------------------|---|--------|----|
| 1. Federal unrelated business taxable income from 2015 federal Form 990-T, Part II, Line 34 | 1 | 26,370 | 00 |
| 2. Federal net operating loss deduction from 2015 federal Form 990-T, Part II, Line 31 | 2 | | 00 |
| 3. Federal deduction for Connecticut tax on unrelated business taxable income | 3 | 2,145 | 00 |
| 4. Total: Add Lines 1, 2, and 3 | 4 | 28,515 | 00 |
| 5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income | 5 | | 00 |
| 6. Unrelated business taxable income: Subtract Line 5 from Line 4 | 6 | 28,515 | 00 |

Computation of Tax

| | | | |
|----------------------------------------------------------------------------------------------------------|---|--------|----|
| 1. Unrelated business taxable income from Line 6 above. If 100% Connecticut, enter also on Line 3 | 1 | 28,515 | 00 |
| 2. Apportionment fraction from <i>Schedule A</i> , Line 5 on page 2. Carry to six places | 2 | | |
| 3. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2 | 3 | 28,515 | 00 |
| 4. Operating loss carryover from <i>Schedule B</i> , Line 15 on page 2. Do not exceed 50% of Line 3 | 4 | | 00 |
| 5. Income subject to tax: Subtract Line 4 from Line 3 | 5 | 28,515 | 00 |
| 6. Tax: Multiply Line 5 by 7.5% (.075) | 6 | 2,139 | 00 |

Computation of Amount Payable

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|----|
| 1. Tax: Include surtax if applicable. See instructions | 1 | 2,139 | 00 |
| 2. <i>Reserved for future use</i> | 2 | | |
| 3. Total Tax: Enter the amount from Line 1 | 3 | 2,139 | 00 |
| 4. Tax credits from Form CT-1120K , Part III, Line 9. Do not exceed amount on Line 1 | 4 | | 00 |
| 5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0." | 5 | 2,139 | 00 |
| 6a. Paid with application for extension from Form CT-990T EXT | 6a | | 00 |
| 6b. Paid with estimates from Forms CT-990T ESA, ESB, ESC, & ESD | 6b | | 00 |
| 6c. Overpayment from prior year | 6c | | 00 |
| 6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c | 6 | | 00 |
| 7. Balance of tax due (overpaid): Subtract Line 6 from Line 5 | 7 | 2,139 | 00 |
| 8. Add Penalty <input type="checkbox"/> (8a) _____ .00 Interest <input type="checkbox"/> (8b) _____ .00 CT-1120I Interest <input type="checkbox"/> (8c) 178 .00 | 8 | 178 | 00 |
| 9. Amount to be credited to 2016 estimated tax <input type="checkbox"/> (9a) _____ .00 Refunded <input type="checkbox"/> (9b) _____ .00 | 9 | | 00 |

For faster refund, use Direct Deposit by completing Lines 9c, 9d, and 9e.

9c. Checking Savings

9d. Routing number _____ 9e. Account number _____

9f. Will this refund go to a bank account outside the U.S.? Yes 9g. Bank name _____

10. **Balance due with this return:** Add Line 7 and Line 8 10 2,317 00

Visit the DRS website at www.ct.gov/DRS TSC Taxpayer Service Center Mail to: Dept. of Revenue Services, State of Connecticut, PO Box 5014, Hartford CT 06102-5014 Make check payable to: Commissioner of Revenue Services

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

| | | | |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sign Here | Name of officer or fiduciary <i>(print)</i> JANE G. ELLIS | Signature of officer or fiduciary | Date |
| | Officer's email address <i>(print)</i> | | |
| Keep a copy of this return for your records. | Title EXECUTIVE DIRECTOR | Telephone number 860-388-0788 | May DRS contact the preparer shown below about this return? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | Paid preparer's signature | Date | |
| | Firm's name and address COHNREZNICK LLP 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103 | FEIN 22-1478099 | Telephone number 959-200-7000 |

Schedule A - Unrelated Business Income Apportionment: See instructions.

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

| Factor | Item | Column A Connecticut | | Column B Everywhere | | Column C Divide Column A by Column B. Carry to six places |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|----|------------------------|----|-----------------------------------------------------------------|
| Property (Average value) | 1. (a) Inventories | | 00 | | 00 | |
| | (b) Tangible property | | 00 | | 00 | |
| | (c) Real property | | 00 | | 00 | |
| | (d) Capitalized rent | | 00 | | 00 | |
| | 1. Total | | 00 | | 00 | |
| Receipts | 2. (a) Sales of tangibles | | 00 | | 00 | |
| | (b) Services | | 00 | | 00 | |
| | (c) Rentals | | 00 | | 00 | |
| | (d) Other | | 00 | | 00 | |
| | 2. Total | | 00 | | 00 | |
| Wages, salaries, and other compensation | 3. Total | | 00 | | 00 | |
| 4. Total: Add Lines 1, 2, and 3 in Column C. | | | | | | |
| 5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on <i>Schedule C, Line 4; and also on page 1, Computation of Tax, Line 2.</i> | | | | | | |

Schedule B - Connecticut Apportioned Operating Loss Carryover Applied to 2015

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. 2000 Connecticut net operating loss available for use in 2015 | 1. | 00 |
| 2. 2001 Connecticut net operating loss available for use in 2015 | 2. | 00 |
| 3. 2002 Connecticut net operating loss available for use in 2015 | 3. | 00 |
| 4. 2003 Connecticut net operating loss available for use in 2015 | 4. | 00 |
| 5. 2004 Connecticut net operating loss available for use in 2015 | 5. | 00 |
| 6. 2005 Connecticut net operating loss available for use in 2015 | 6. | 00 |
| 7. 2006 Connecticut net operating loss available for use in 2015 | 7. | 00 |
| 8. 2007 Connecticut net operating loss available for use in 2015 | 8. | 00 |
| 9. 2008 Connecticut net operating loss available for use in 2015 | 9. | 00 |
| 10. 2009 Connecticut net operating loss available for use in 2015 | 10. | 00 |
| 11. 2010 Connecticut net operating loss available for use in 2015 | 11. | 00 |
| 12. 2011 Connecticut net operating loss available for use in 2015 | 12. | 00 |
| 13. 2012 Connecticut net operating loss available for use in 2015 | 13. | 00 |
| 14. 2013 Connecticut net operating loss available for use in 2015 | 14. | 00 |
| 15. 2014 Connecticut net operating loss available for use in 2015 | 15. | 00 |
| 16. Total: Add Lines 1 through 15. Enter here and on <i>Computation of Tax, Line 4.</i> Do not exceed 50% of <i>Computation of Tax, Line 3</i> | 16. | 00 |

Schedule C - Computation of Net Operating Loss Carryforward

| | | |
|-------------------------------------------------------------------------------------------------------------|----|----|
| 1. Enter amount from <i>Computation of Income, Line 6</i> , if less than zero | 1. | 00 |
| 2. Add back specific deduction from 2015 federal Form 990-T, Part II, Line 33 | 2. | 00 |
| 3. Subtotal: Add Line 1 and Line 2 | 3. | 00 |
| 4. Apportionment fraction from <i>Schedule A, Line 5</i> | 4. | |
| 5. 2015 Connecticut net operating loss available for carryforward: Line 3 or Line 3 multiplied by Line 4 | 5. | 00 |

Form CT-1120I
Computation of Interest Due on Underpayment of Estimated Tax

2015

JUL 1 , 2015 , and Ending JUN 30 , 2016

| | |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Corporation name <p align="center">CONNECTICUT SPORTS FOUNDATION AGAINST CANCER, INC.</p> | Connecticut Tax Registration Number |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------|

Part I - Computation of Required Annual Payment

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 1. Tax due from 2015 Form CT-1120 or Form CT-1120U, Schedule C, Line 6, minus Schedule C, Line 1c; Form CT-1120CR, Part IV, Line 13, minus Part IV, Line 4; or Form CT-990T, Computation of Amount Payable, Line 5. See instructions. | 1. | 2,139. |
| 2. Multiply Line 1 by 90% (.90). | 2. | 1,925. |
| 3. Tax from 2014 Form CT-1120 or Form CT-1120U, Schedule C, Line 1, minus Schedule C, Line 1c; or Form CT-1120CR, Part IV, Line 7, minus Part IV, Line 4; or Form CT-990T, Computation of Amount Payable, Line 3. See instructions. | 3. | |
| 4. Multiply Line 3 by 100% (1.00). | 4. | |
| 5. Required annual payment: Enter the lesser of Line 2 or Line 4. | 5. | 1,925. |

Part II - Computation of Required Installments

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|----|------|
| 6. First required installment: Multiply Line 5 by 30% (.30). Enter here and on Part III, Line 13, Column A, or Part IV, Line 10a. | 6. | 578. |
| 7. Second required installment: Multiply Line 5 by 40% (.40). Enter here and on Part III, Line 13, Column B, or Part IV, Line 13c. | 7. | 770. |
| 8. Third required installment: Multiply Line 5 by 10% (.10). Enter here and on Part III, Line 13, Column C, or Part IV, Line 16c. | 8. | 193. |
| 9. Fourth required installment: Multiply Line 5 by 20% (.20). Enter here and on Part III, Line 13, Column D, or Part IV, Line 19c. | 9. | 385. |

Part III - Annualized Income Installment Schedule

| Estimated Payment Calculation | A | First 2 Months | B | First 5 Months | C | First 8 Months | D | First 11 Months |
|--------------------------------------------------------------------------------------------------------------------------------------------|---|----------------|---|----------------|---|----------------|---|-----------------|
| 1. Enter your Connecticut corporation business income for each period. See instructions. | | | | | | | | |
| 2. Annualization factor | | 6 | | 2.4 | | 1.5 | | 1.09091 |
| 3. Annualized Connecticut corporation business income: Multiply Line 1 by Line 2. | | | | | | | | |
| 4. Multiply Line 3 by 7.5% (.075). | | | | | | | | |
| 5. Enter amounts for surtax and preference tax, if applicable. | | | | | | | | |
| 6. Add Line 4 and Line 5. | | | | | | | | |
| 7. Corporation business tax credits: See instructions. | | | | | | | | |
| 8. Total annualized corporation business tax: Subtract Line 7 from Line 6. | | | | | | | | |
| 9. Applicable percentages | | .27 | | .63 | | .72 | | .90 |
| 10. Multiply Line 8 by Line 9. | | | | | | | | |
| 11. Add the amounts in all preceding columns of Line 10. See instructions. | | | | | | | | |
| 12. Annualized income installment using net income: Subtract Line 11 from Line 10. If zero or less, enter "0." | | | | | | | | |
| 13. Enter your required installment for the period. See instructions. | | | | | | | | |
| 14. Enter the amount from Line 16 of the preceding column of this worksheet. | | | | | | | | |
| 15. Add Line 13 and Line 14 and enter here. | | | | | | | | |
| 16. If Line 15 is more than Line 12, subtract Line 12 from Line 15 (otherwise enter "0"). | | | | | | | | |
| 17. Enter the lesser of Line 12 or Line 15. | | | | | | | | |
| 18. Total required installment for the period: Add Line 11 and Line 17. | | | | | | | | |
| 19. Estimated tax payments made through the due date for the period. | | | | | | | | |
| 20. Estimated tax payment required by the next due date: Subtract Line 19 from Line 18 and enter the result, but not less than "0." | | | | | | | | |

| Part IV - Computation of Interest | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|
| 10a. First installment: Enter the required installment amount due on the fifteenth day of the third month. | 10a | 578. |
| 10b. Enter payments made or credits received on or before the fifteenth day of the third month. | 10b | |
| 10c. First installment underpayment balance: Subtract Line 10b from Line 10a. | 10c | 578. |
| 10. Interest due - Sixteenth day of the third month through the fifteenth day of the fourth month. Multiply Line 10c by .01 if greater than zero. | 10 | 6. |
| 11a. Enter payments made or credits received on or before the fifteenth day of the fourth month. | 11a | |
| 11b. First installment underpayment balance: Subtract Line 11a from Line 10c. | 11b | 578. |
| 11. Interest due - Sixteenth day of the fourth month through the fifteenth day of the fifth month. Multiply Line 11b by .01 if greater than zero. | 11 | 6. |
| 12a. Enter payments made or credits received on or before the fifteenth day of the fifth month. | 12a | |
| 12b. First installment underpayment balance: Subtract Line 12a from Line 11b. | 12b | 578. |
| 12. Interest due - Sixteenth day of the fifth month through the fifteenth day of the sixth month. Multiply Line 12b by .01 if greater than zero. | 12 | 6. |
| 13a. Second installment: Enter payments made or credits recd on or before the fifteenth day of the sixth month. | 13a | |
| 13b. First installment underpayment balance: Subtract Line 13a from Line 12b. | 13b | 578. |
| 13c. Enter the second required installment amount due on the fifteenth day of the sixth month. | 13c | 770. |
| 13d. Second installment underpayment balance: Add Line 13b and Line 13c. | 13d | 1,348. |
| 13. Interest due - Sixteenth day of the sixth month through the fifteenth day of the seventh month. Multiply Line 13d by .01 if greater than zero. | 13 | 13. |
| 14a. Enter payments made or credits received on or before the fifteenth day of the seventh month. | 14a | |
| 14b. Second installment underpayment balance: Subtract Line 14a from Line 13d. | 14b | 1,348. |
| 14. Interest due - Sixteenth day of the seventh month through the fifteenth day of the eighth month. Multiply Line 14b by .01 if greater than zero. | 14 | 13. |
| 15a. Enter payments made or credits received on or before the fifteenth day of the eighth month. | 15a | |
| 15b. Second installment underpayment balance: Subtract Line 15a from Line 14b. | 15b | 1,348. |
| 15. Interest due - Sixteenth day of the eighth month through the fifteenth day of the ninth month. Multiply Line 15b by .01 if greater than zero. | 15 | 13. |
| 16a. Third installment: Enter payments made or credits received on or before the fifteenth day of the ninth month. | 16a | |
| 16b. Second installment underpayment balance: Subtract Line 16a from Line 15b. | 16b | 1,348. |
| 16c. Enter the third required installment amount due on the fifteenth day of the ninth month. | 16c | 193. |
| 16d. Third installment underpayment balance: Add Line 16b and Line 16c. | 16d | 1,541. |
| 16. Interest due - Sixteenth day of the ninth month through the fifteenth day of the tenth month. Multiply Line 16d by .01 if greater than zero. | 16 | 15. |
| 17a. Enter payments made or credits received on or before the fifteenth day of the tenth month. | 17a | |
| 17b. Third installment underpayment balance: Subtract Line 17a from Line 16d. | 17b | 1,541. |
| 17. Interest due - Sixteenth day of the tenth month through the fifteenth day of the eleventh month. Multiply Line 17b by .01 if greater than zero. | 17 | 15. |
| 18a. Enter payments made or credits received on or before the fifteenth day of the eleventh month. | 18a | |
| 18b. Third installment underpayment balance: Subtract Line 18a from Line 17b. | 18b | 1,541. |
| 18. Interest due - Sixteenth day of the eleventh month through the fifteenth day of the twelfth month. Multiply Line 18b by .01 if greater than zero. | 18 | 15. |
| 19a. Fourth installment: Enter payments made or credits received on or before the fifteenth day of the twelfth month. | 19a | |
| 19b. Third installment underpayment balance: Subtract Line 19a from Line 18b. | 19b | 1,541. |
| 19c. Enter the fourth required installment amount due on the fifteenth day of the twelfth month. | 19c | 385. |
| 19d. Fourth installment underpayment balance: Add Line 19b and Line 19c. | 19d | 1,926. |
| 19. Interest due - Sixteenth day of the twelfth month through the fifteenth day of the thirteenth month. Multiply Line 19d by .01 if greater than zero. | 19 | 19. |
| 20a. Enter payments made or credits received on or before the fifteenth day of the thirteenth month. | 20a | |
| 20b. Fourth installment underpayment balance: Subtract Line 20a from Line 19d. | 20b | 1,926. |
| 20. Interest due - Sixteenth day of the thirteenth month through the fifteenth day of the fourteenth month. Multiply Line 20b by .01 if greater than zero. | 20 | 19. |
| 21a. Enter payments made or credits received on or before the fifteenth day of the fourteenth month. | 21a | |
| 21b. Fourth installment underpayment balance: Subtract Line 21a from Line 20b. | 21b | 1,926. |
| 21. Interest due - Sixteenth day of the fourteenth month through the fifteenth day of the fifteenth month. Multiply Line 21b by .01 if greater than zero. | 21 | 19. |
| 22a. Enter payments made or credits received on or before the fifteenth day of the fifteenth month. | 22a | |
| 22b. Fourth installment underpayment balance: Subtract Line 22a from Line 21b. | 22b | 1,926. |
| 22. Interest due - Sixteenth day of the fifteenth month to the first day of the sixteenth month. Multiply Line 22b by .01 if greater than zero. | 22 | 19. |
| 23. Total interest due: Add Lns 10 through 22. Enter here and on the appropriate Connecticut tax form. | 23 | 178. |