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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Form **990** (20

and ending A For the 2011 calendar year, or tax year beginning D Employer identification number Check if C Name of organization ROBERT A. WELKE CANCER RESEARCH Address change FOUNDATION, INC. C/O ELIZABETH N. WELKE Name change 06-1403527 Doing Business As Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Termin-203-255-2275 171 SYCAMORE LANE Amende City or town, state or country, and ZIP + 4 G Gross receipts \$ 448. Applica-tion pending FAIRFIELD, CT 06824 H(a) Is this a group return Yes X No F Name and address of principal officer ELIZABETH N. WELKE for affiliates? H(b) Are all affiliates included? SAME AS C ABOVE 527 Tax-exempt status X 501(c)(3) (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) H(c) Group exemption number ▶ J Website: ► N/A K Form of organization: X Corporation Trust Association Other > L Year of formation: 1994 M State of legal domicile: CTPart I | Summary Briefly describe the organization's mission or most significant activities FUNDRAISING FOR CANCER RESEARCH Governance If the organization discontinued its operations or disposed of more than 25% of its net assets Check this box ▶ Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 0 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0. 7b **Prior Year Current Year** 72,254 76.410. Contributions and grants (Part VIII, line 1h) 0 0. Program service revenue (Part VIII, line 2g) 48. 38. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -34,427 690. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e 11 Total revenue - add lines 8 through 11 (must equal Part VIII, edumn 37,875. 44,758. 6 ဥ္ဌ 45,000. 40,000. Grants and similar amounts paid (Part IX, column (A), SCANNED JUN 2 Benefits paid to or for members (Part IX, column (A), line 0. 0. 0. Salaries, other compensation, employee benefits (Part 1) О. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 50. 50. Other expenses (Part IX, column (A), lines 11a-11d, 11f 24e) 45,050. 40,050. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -7,175. 4,708. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 45,690. 50,398. 20 Total assets (Part X, line 16) 0. 0. 21 Total liabilities (Part X, line 26) Set 690. 398. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of periony, 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 afficer) is based on all information of which preparer has any knowledge. ature of officer Sign WELKE, CHAIRMAN, ASST SECRETARY, DIRECTOR ELIZĂBETH N. Here Type or print name and title PTIN Date Check Print/Type preparer's name Preparer's signature P00013993 Paid NORMAN G. GRILL, JR., CPA self employed Firm's name SRILL & PARTNERS, LLC Firm's EIN 06-1180833 Preparer Use Only Firm's address 111 BEACH ROAD Phone no (203)254-3880 FAIRFIELD, CT 06824 Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

# ROBERT A. WELKE CANCER RESEARCH FOUNDATION. INC. C/O ELIZABETH N. WELKE

	990 (2011) t III Statemer	FOUNDAT			ZABETH N. WE	LKE 06-14	03527	Page 2
	Check if Sch	nedule O contains a re	sponse to any	question in this Part	H			
1	Briefly describe th	e organization's mission of the control of the cont	on					
	-				<del>-</del> ·	<del></del>		
2	the prior Form 990	or 990-EZ?		services during the	year which were not liste	ed on	Yes	X No
3	· ·	these new services on		cant changes in how	it conducts, any progra	m sanucas?	Yes	X No
3	_	these changes on Sch		ant changes in now	it conducts, any program	ii services	165	
4	Section 501(c)(3)		tions and section	on 4947(a)(1) trusts a	s three largest program are required to report the ported.			ı
4a		(Expenses \$		Including grants of \$		) (Revenue \$		)
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4b	(Code )	(Expenses \$		including grants of \$		) (Revenue \$	<del></del>	)
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4d	· -	rvices (Describe in Sch			\		1	
40	(Expenses \$	ervice expenses	including grants o	40,050 <b>.</b>	) (Revenue \$			
70	. Otal program se				· · · · · · · · · · · · · · · · · · ·	·· · · · · · · · · · · · · · · · · · ·	Form 99	0 (2011)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
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? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		37
_	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			v
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		Х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1,0		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		<u> X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	146		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		- 25
13	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
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? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		_		

Form 990 (2011) FOUNDATION, INC. C/O ELIZABETH N. WELKE

Part IV Checklist of Required Schedules (continued) 06-1403527 Page 4

			Yes	No	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the				
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X		_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,				
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_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? If "Yes," complete				
	Schedule J	23		Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No", go to line 25	24a		X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a				
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		X	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified				
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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			37	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х	
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)	00-		v	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		Α	
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		-21	
30	contributions? If "Yes," complete Schedule M	30		Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?				
•	If "Yes," complete Schedule N, Part I	31		х	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
_	Schedule N, Part II	32		Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х	
34	Was the organization related to any tax-exempt or taxable entity?				
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of				
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37	ļ	Х	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		<u>-</u>		
	Note. All Form 990 filers are required to complete Schedule O	38	X ]		•
		Form	990 (2	2011)	

Form 990 (2011) FOUNDATION, INC. C/O ELIZABETH N. WELKE

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  11a  12a		Check if Schedule O contains a response to any question in this Part V				
Enter the number of Forms W2C included in line 1a. Enter O-If not applicable					Yes	No
to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) without prize without payments to prize without prize with prize without	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable				
gambling) winnings to prize winnings?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendary pair ending with or within the year covered by this ratum  b 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 1 and 2 is greater than 250, you may be required to e-frée (see instructions)  3a Od the organization have unrelated business gross income of \$1,000 or more during the year?  4a A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?  4b If "Yes," enter the name of the foreign country   when year a bank account, securities account, or other financial account?  5c Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5c Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for this department of the organization for this department of the organization than the way or is a party to a prohibited tax sheller transaction or gifts were not tax deductible?  6c 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).  8 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 The United the organization notify the donor of the value of the goods or services provided?  8 If "Yes," and did no organization is all exchange, or otherwise deposes of tangelse personal property for which it was required to the form 1088-C?  9 If the organization received a contribution of cans, boats, arplanes, or other vehicles, did the organization file of the supporting organization make an d	b	• •				
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calandar year ending with or within the year covered by this return.  b 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 ta and 2a is greater than 250, you may be required to e-file (see instructions)  3a	С		eportable gaming			
filed for the calendary year ending with or within the year covered by this return   2a			1 1	1c		
Note. If the sum of these 1a and 2a is greater than 250, you may be required to e-rife (see instructions)  3a   X   3b   1 "Ves," has it filed a Form 990-Ti or this year?   7.70   7.7	2a	····				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-tife (see instructions) 3			<u> </u>	1		
3a	b			2b		
b if "Yes," has if field a Form 990-T for this year? if "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a X  X  b if "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  8a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Dod any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Dos 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?  6c Dose 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?  6b Vers, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Dose the organization receive adeductible contributions under section 170(c).  6c Dose the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8 Dose the organization neceive a payment in excess of \$75 made partly as a contribution of the goods or services provided?  9 Dot the organization sell, exchange, or other was departly as a contribution of the year of the goods or services provided?  9 Dot the organization sell, exchange, or other were provided to the Form 1084 C?  7c X  7d If the organization seceived a contribution of cas, boats, analyses and partly to goods and services provided to the form 1085 C?  7d Provided the organization seceived a contri			S)			
4a All 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)?  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization and the stay shelf transaction of Foreign Bank and Financial Accounts?  By Was the organization are you to a prohibited tax shelter transaction of any time during the tax year?  Call if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  By Was 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?  Organizations that that may receive deductible contributions under section 170(c).  Did the organization nection include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  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?  Tyes," indicate the number of Forms 8282 filed during the year  Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Tyes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?  Tyes," indicate the number of Forms 8282 filed during the year  Did the organization received a contribution of qualified intellectual property, did the organization file or Form 1098-C?  Spensoring organization smalling donor advised funds and section 599(s)3) supporting organization file a Form 1098-C?  Spensoring organization is maintaining donor advised funds.  Did the organization make any ta						X
financial account in a foreign country   Such as a bank account, securities account, or other financial account)?  b   fi "Yes," either the name of the foreign country   See instructions for filing requirements for Form TD F 90-21, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  See in the program of the program o				3b		
b if "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 Did 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?  50 If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?  51 Organizations that may receive deductible contributions under section 170(c).  52 If yes," did the organization notify the donor of the value of the goods or services provided?  53 If Yes," did the organization notify the donor of the value of the goods or services provided?  54 If Yes," did the organization notify the donor of the value of the goods or services provided?  55 If the organization service exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  56 If Yes," did the organization notify the donor of the value of the goods or services provided?  57 If the organization of the surportion of qualified intellectual property, did the organization file Form 8899 as required?  57 If the organization of qualified intellectual property, did the organization file Form 8899 as required?  58 Spensoring organizations maintaining doon of qualified intellectual property, did the organization file Form 8899 as required?  59 Spensoring organizations maintaining doon of qualified intellectual property, did the organization file Form 8899 as requir	4a		•			v
See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year. 58 X 59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 59 Did she to reginaration flow annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 50 Dest the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 70 Organizations that may receive deductible contributions under section 170(c). 81 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 81 If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution of or services provided? 82 If "Yes," indicate the organization notify the donor of the value of the goods or services provided? 83 If "Yes," indicate the number of Forms 8282 filed during the year. 94 If "Yes," indicate the number of Forms 8282 filed during the year. 95 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 96 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 97 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 98 Sponsoring organizations maintaining donor advised finds and section 509(3)3 supporting organizations fold the supporting organization maintaining donor advised finds and section 509(3)3 supporting organization file a Form 1098 C? 99 Sponsoring organizations maintaining donor advised funds. 90 Did the organization make any taxable distributions under section 4966? 91 Section 501(c)(17) organ			account	4a		Α_
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Obes 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? 6c Did 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? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 Did the organization shall may receive deductible contributions under section 170(c). 9 Did the organization shall express of \$75 made partly \$3 a contribution and partly for goods and services provided to the payor? 10 If "Yes," did the organization notify the donor of the value of the goods or services provided? 11 The organization shall express of \$75 made partly \$3 a contribution and partly for goods and services provided to the payor? 12 If the organization express all exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282? 13 If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 15 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 16 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1986-00 Payor 1971 organization received a contribution of qualified intellectual property, did the organization file a Form 1986-00 Payor 1971 organization received and valved funds and exclined section 9496. Payor 1971 organization make any taxable distributions under section 4966? 25 Spensoring organizat	b		Accounts			
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			10a			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b if "Yes," enter the amount of tax-exempt interest received or accrued during the year.  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	11	Section 501(c)(12) organizations. Enter				
amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а	Gross income from members or shareholders	11a			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	Gross income from other sources (Do not net amounts due or paid to other sources against				
b 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.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		•				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b				12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a	b	•	12b			
Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	13					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а			13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  13b  13c  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		•				
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b		425			
14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	_					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			130	142	+	x
		· · · · · · · · · · · · · · · · ·	e O			
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Form 990 (2011)

FOUNDATION, INC. C/O ELIZABETH N. WELKE

06-1403527

Page 6

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

	Check if Schedule O contains a response to any question in this Part VI			$\mathbf{X}$
Sec	tion A. Governing Body and Management			
		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 2			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	-	X
b	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		х
	taxable entity during the year?	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	166		
500	tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed ▶CT			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are states with which a copy of this Form 990 is required to be filled PCT.	wailah	 le	
10	for public inspection. Indicate how you made these available. Check all that apply	.,		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year	- 1111411	J,u1	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨		
0	ELIZABETH N. WELKE - 203-255-2275			
	171 CYCAMORE LANE FAIRETELD CT 06824			

Form 990 (2011) FOUNDATION, INC. C/O ELIZABETH N. WELKE 06-1403527 Page Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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

Check if Schedule O contains a response to any	question in this Part VII		L

### 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	l I	d organization compensa (C)							ì	
(A)		(B)						(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per	box.	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	T			T	100,	from	from related	other
	(describe hours for	ilect				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	6 OT (	ig Eg			sate		(W-2/1099-MISC)	(***2/1099*181130)	organization
	organizations	ruste	ļ į		9	mpeu		(** 27 1033 141100)		and related
	ın Schedule	duati	tto it		lg le	stco				organizations
	O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	<b>Рог</b> шег			3
(1) ELIZABETH N. WELKE	,									
CHAIRMAN, AST. SEC, DIRECTOR		<u> </u>	<u> </u>				ļ	0.	0.	0 .
(2) BARBARA J. NELSON										
PRESIDENT, DIRECTOR		-	<u> </u>	ļ		<b> </b>	_	0.	0.	0 .
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ran	VII Section A. Officers, Directors, Tru		nplo	yee			High	est	1		- 1			
	(A)	(B)			•	C)	,		(D)	(E)		(F)		
	Name and title	Average hours per		not c		more	than		Reportable	Reportable	- 1		ımate	-
		week					ıs bot or/trus		compensation from	compensation from related			ount o other	)T
		(describe	ĕ						the	organization			ensa	tion
		hours for	ag .	_,			Ē		organization	(W-2/1099-MIS	SC)	•	m the	
		related	Individual trustee or director	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)			-	ınızatı	
		organizations in Schedule	ual tr	lonal		Key employee	E a	_					relate nızatıc	
		0)	Divipu	nstitu	Officer	ey em	tighes ample	Богше				Olga	inzatio	7113
	The state of the s		_	_	Ĭ	-		-						
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				L.,	l	l								
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)			14.			<u> </u>		0.	000 of reportable	0.			0.
2	Total number of individuals (including but r compensation from the organization	to timited to tr	iose	IISTE	eu a	DOV	e) wi	10 Г	eceived more than \$100	,000 of reportable	e			0
	compensation from the organization		-									- 1	Yes	No
3	Did the organization list any former officer	director, or tru	ıste	e. ke	ev er	nplo	ovee	. or	highest compensated e	mployee on	[			
_	line 1a? If "Yes," complete Schedule J for s			-,		•	-,	,		, ,		3		Х
4	For any individual listed on line 1a, is the si		le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sch	edul	e J	for such individual		ļ	4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	y uni	elat	ted organization or indivi	dual for services				
	rendered to the organization? If "Yes," con	nplete Schedul	e <i>J 1</i>	or s	uch	per	son					5		<u>X</u>
Sect	tion B. Independent Contractors									_				
1	Complete this table for your five highest co										pens	ation fr	om	
	the organization Report compensation for	the calendar y	ear	enai	ng v	vitn	or w	'itnii	_	/ear		10	`	
	(A) Name and business	address	N	INC	FC				( <b>B</b> ) Description of s	ervices	С	(C ompen		1
			-11	<u> </u>										
							<del>-</del>							
	Total number of independent contractors (	including but a	O+ 1-	mito	d to	tho	nea I	etec	d above) who received ~	ore than				
2	\$100,000 of compensation from the organ	•	J. II	iiiie	u io		0	31 <del>5</del> (	above, who received it	lore triail				
	\$100,000 or compensation from the organ						-					Form \$	90 (2	2011)

rai	it viii	Statement of Never	nue _		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
t s	1 a	Federated campaigns	1a					
E		Membership dues	1b					
اللاين		Fundraising events	1c	76,410.				
a ii		Related organizations	1d	-				
S,E		Government grants (contribut	<del>- 1</del>					
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, gran	· -					
le et	•	similar amounts not included abo						İ
풀	а	Noncash contributions included in lines		·				
a So	_	Total, Add lines 1a-1f	-	<b>•</b>	76,410.			
				Business Code	•			
ا به	2 a							
, ş	b							
Program Service Revenue	c							
E S	ď			•		-		
ğœ	e							
F.	-	All other program service reve	enue					
		Total. Add lines 2a-2f		•				
	3	Investment income (including	dividends, intere	est, and				
	_	other similar amounts)	,	▶	38.	38.		
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties	, ,	<b>•</b>				
	_		(ı) Real	(II) Personal				
	6 a	Gross rents	V					
		Less rental expenses						
- 1		Rental income or (loss)	-					
		Net rental income or (loss)		<b>•</b>				1
		Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory	()					
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		<b></b>				
		Gross income from fundraising	ng events (not					
Other Revenue	-	including \$76,4	110. of					
eve		contributions reported on line						
<u>ت</u> ۳		Part IV, line 18	а	0.				
ţ	b	Less direct expenses	b	31,690.				
9		Net income or (loss) from fun-	draising events	<b>•</b>	-31,690.			-31,690.
	9 a	Gross income from gaming a	ctivities See		•			
		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gar	ning activities	<b>&gt;</b>				
ļ	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less cost of goods sold	b					
1	С	Net income or (loss) from sale	es of inventory	<b>&gt;</b>	=			
Ī		Miscellaneous Reveni		Business Code				
Ì	11 a							
	b							
	c							
		All other revenue						
	е	Total. Add lines 11a-11d		<b>&gt;</b>				
	12	Total revenue See instructions	- <del></del>	<u> </u>	44,758.	38.	0.	
13200 01-23		<del>-</del>						Form <b>990</b> (2011)

Form 990 (2011)

FOUNDATION, INC. C/O ELIZABETH N. WELKE

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) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a respor	nse to any question in th	is Part IX		
	not include amounts reported on lines 6b, 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 governments and	-	·		
	organizations in the United States. See Part IV, line 21	40,000.	40,000.		
2	Grants and other assistance to individuals in				
_	the United States See Part IV, line 22				
3	Grants and other assistance to governments,		-	-	
_	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits		·		
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	<u> </u>			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	_	·		
g	Other				
12	Advertising and promotion			_	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			····	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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.)				
а	DUES AND FEES	50.	50.		
b					
c					
d					
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	40,050.	40,050.	0.	0.
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)				

Form 990 (2011)

Part X | Balance Sheet (B) Beginning of year End of year 1 Cash · non-interest-bearing 45,690. 50,398. Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 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 6 employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 45,690. 50,398 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 Organizations that follow SFAS 117, check here 
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 

X
and complete lines 30 through 34. 45,690. 50,398. 30 Capital stock or trust principal, or current funds 30 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 0. 0. 32 Retained earnings, endowment, accumulated income, or other funds 32 45,690. 50,398. 33 33 Total net assets or fund balances

50,398.

45,690.

Total liabilities and net assets/fund balances

**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 (2011) FOUNDATION, INC. C/O ELIZABETH N. WELKE	06-1403	3527	Pa	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	4,7	<u>58.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	0,0	<u>50.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		4,7	08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	<u>5,6</u>	90.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	<u>5</u>	0,3	<u>98.</u>
Pa	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990. X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Act and OMB Circular A-133?	ngle Audit	3a		х

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form,990 or 990-EZ)

**Public Charity Status and Public Support** 

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2011

Open to Public Inspection

Name of the organization

ROBERT A. WELKE CANCER RESEARCH FOUNDATION, INC. C/O ELIZABETH N.

Employer identification number

06-1403527

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  $\mathbf{X}$ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h \_\_ Type I **b** Type II c X Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) X (ii) A family member of a person described in (i) above? 11g(ii) X (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

(i) Name of supported (ii) EIN organization		(iii) Type of organization (described on lines 1-9 above or IRC section	in col (i) la	organization sted in your document?	organizat	ion in col.	(vi) Is organizatio (i) organiz U.S	the on in col ed in the	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
BRANDER		CANCER							
CANCER RESEA		RESEARCH		X	Х		X		35,000.
YALE CANCER	<del>-</del> -	CANCER							
CENTER		RESEARCH		X	Х		X		5,000.
	•								
									<u></u>
Total									40,000.

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not				•				
	ınclude any "unusual grants ")			<u> </u>					
2	Tax revenues levied for the organ-			"					
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3				***				
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)								
6	Public support. Subtract line 5 from line 4								
	etion B. Total Support		l	<u> </u>	I				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
	Amounts from line 4	(8) 2001	(6) 2000	(0) 2000	(4) 2010	16,2011			
	Gross income from interest,								
0	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
•									
9	Net income from unrelated business								
	activities, whether or not the								
40	business is regularly carried on				<u> </u>				
10	Other income Do not include gain					1			
	or loss from the sale of capital								
	assets (Explain in Part IV)						<del></del>		
	Total support. Add lines 7 through 10			<u> </u>		1			
	Gross receipts from related activities,					12			
13	3 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)								
56/	organization, check this box and stop ction C. Computation of Publi	ic Support Pe	rcentage						
			<del></del>						
	Public support percentage for 2011 (I	**		column (f))		14	%		
	5 Public support percentage from 2010 Schedule A, Part II, line 14								
16a	- · ·	=			14 IS 33 1/3% OF I	nore, cneck this bo	x and		
_	stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support test - 2010. If the c	=			d line 15 is 33 1/3%	6 or more, check tr	is box		
	and stop here. The organization qual				40.40				
17a	10% -facts-and-circumstances test	-							
	and if the organization meets the "fac					rt IV how the organ	ization		
	meets the "facts-and-circumstances"	<del>-</del>		· · · · · · · · · · · · · · · · · · ·	-				
b	10% -facts-and-circumstances test	•							
	more, and if the organization meets the				•				
	organization meets the "facts-and-circ		•				▶∟		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17					
					Cab.	adula A (Earm 000	000 E7\ 0044		

### 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)

9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalities 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 120 their income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 120 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 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 2011 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2010 Schedule A, Part III, line 15 16 96 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 19a 33 1/3% support tests - 2011. 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 - 2010. 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	Se	ction A. Public Support		•						
membership fees received (Do not include any nursusal grants ?)  2 Gross receipts from admissions, mechanises and or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activates that are not an unrelated trade or business under section 513  4 Tax revenues level for the organization's benefit and either paid to or expended on its behalf 5  5 The value of services and services and to organization's benefit and either paid to or expended on its behalf 5  7 a Amounts included on ines 1, 2, and 3 received from designating benefits and services organization's benefit and either paid to organization without charge 6  7 a formulation to the services or services organization and the services organization and the services organization without charge 6  8 Total. Add lines 1 through 5  7 a Amounts included on lines 1, 2, and 3 received from designating benefits and services organization without charge 6  9 Amounts included on lines 1, 2, and 3 received from designating benefits and services organization without charge 6  9 Amounts included a lines 1, 10, 10, 10, 10, 10, 10, 10, 10, 10,	Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
include any *unusual grants.")  Gross receipts from admissions, mechandries sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3. Gross receipts from activities that are not an unrelated trade or bus inness under section 513  4. Tax revenues level for the organization's tax-exempt unrelated trade or bus inness under section 513  5. The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf  6. Total. Add lines 1 through 5  7. A mounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included no lines 1, 2, and 3 received from disqualified persons by Amounts included no lines 1, 2, and 3 received in the second in the se	1	Gifts, grants, contributions, and								
and contained the second of services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513  4. Tax revenues lewed for the organization is tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513  5. The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5. 2, and 3 received from dequalified persons by Amounts included on lines 1, 2, and 3 received from dequalified persons by Amounts included on lines 1, 2, and 3 received from dequalified persons by Amounts included on lines 1, 2, and 3 received from dequalified persons by Amounts included on lines 1, 2, and 3 received from dequalified persons on the semination of the business of the semination of the s		membership fees received (Do not								
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b Amounts reduced on time? a and 3 reserved from online than desqualified persons that secreed the greater of \$5,000 or 1% of	7 a	Amounts included on lines 1, 2, and								
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assets (Explain in Part IV)  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 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15  16 %  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2011. 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 - 2010. 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  17 Interval in Part IV  18	12									
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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 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2011. 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 - 2010. 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  10 Investment income percentage from 2010 Schedule A, Part III, line 17  11 Investment income percentage from 2010 Schedule A, Part III, line 17  12 Investment income percentage from 2010 Schedule A, Part III, line 17  13 Investment income percentage from 2010 Schedule A, Part III, line 17  14 Investment income percentage from 2010 Schedule A, Part III, line 17  15 Investment income percentage from 2010 Schedule A, Part III, line 17  16 Investment income percentage from 2010 Schedule A, Part III, line 17  17 Investment income percentage from 2010 Schedule A, Part III, line 17  18 Investment income percentage from 2010 Schedule A, Part III, line 17  18 Investment income percentage from 2010 Schedule A, Part III, line 17  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19 Investment income percentage from 2010 Schedule A, Part III, line 17  19 Investment income percentage fr	13						*	-		
Section C. Computation of Public Support Percentage  15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2011. 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 - 2010. 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  ▶ □			r the organization'	s first, second, thi	rd. fourth. or fifth t	ax vear as a secti	on 501(c)(3) organiz	ation.		
Section C. Computation of Public Support Percentage  15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2011. 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 - 2010. 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		•	<b>.g</b>		,,	,		▶□		
15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2011. 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 - 2010. 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  •	Se	<del></del>	ic Support Pe	rcentage				. <u> </u>		
16 Public support percentage from 2010 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2011. 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 - 2010. 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		•			column (f))		15	<u>%</u>		
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2011. 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 - 2010. 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		* * * * * * * * * * * * * * * * * * * *	, ,	•	· · · · · · · · · · · · · · · · · · ·					
17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2011. 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 - 2010. 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						<del></del>				
18 Investment income percentage from 2010 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2011. 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 - 2010. 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		<del></del>					17	%		
19a 33 1/3% support tests - 2011. 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 - 2010. 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										
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 - 2010. 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		•			on line 14, and line	e 15 is more than	· · · · · · · · · · · · · · · · · · ·			
b 33 1/3% support tests - 2010. 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	.56	• •	•					▶□		
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ŀ			•				and		
		• •	-					▶□		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20				·		•			

### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form,990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2011

Open To Public Inspection

Name of the organization

ROBERT A. WELKE CANCER RESEARCH

Employer identification number

Schedule G (Form 990 or 990-EZ) 2011

FOUNDAT	ION, INC. C/O ELIZ	ABETH	N. WELKE	<u>  06-1403</u>	527
Part I Fundraising Activities required to complete this part	<ul> <li>Complete if the organization answit</li> </ul>	ered "Yes"	to Form 990, Part IV,	line 17 Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of non- tion of gove fundraising I (including professional	government grants ernment grants g events officers, directors, tru I fundraising services'	stees or	
(i) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) Did fundraiser have custod or control of contributions	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
<sup>-</sup> otal		•			
3 List all states in which the organization or licensing	in is registered or licensed to solicit	contribution	ns or has been notified	d it is exempt from re	gistration
			12.00		
			· · · · · · · · · · · · · · · · · · ·		

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

Schedule G (Form 990 or 990-EZ) 2011 FOUNDATION, INC. C/O ELIZABETH N. WELKE 06-1403527 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b List 6	events with gross receip	ots greater than \$5,000				
			(a) Event #1 CHARITY GOLF EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through				
•			(event type)	(event type)	(total number)	col (c))				
une										
Revenue	1	Gross receipts .	76,410.			76,410.				
	2	Less Charitable contributions	76,410.		<del></del>	76,410.				
	3	Gross income (line 1 minus line 2)								
!	4	Cash prizes								
ses	5	Noncash prizes								
Direct Expenses	6	Rent/facility costs			<del> </del>					
Direct	7	Food and beverages								
	8	Entertainment			·	7				
	9	Other direct expenses								
10 Direct expense summary Add lines 4 through 9 in column (d)										
Da	11 Net income summary Combine line 3, column (d), and line 10  Part III   Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than									
ГС	Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a									
		ψ10,000 CH1 CH1 030 L2, IIII 0 0		(b) Pull tabs/instant		(d) Total gaming (add				
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))				
Revenue	1	Gross revenue								
ses	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes% No	Yes% No	Yes% No					
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	(				
	8_	Net gaming income summary Combine line 1	, column d, and line 7							
а	9 Enter the state(s) in which the organization operates gaming activities  a Is the organization licensed to operate gaming activities in each of these states?  b If "No," explain									
		ere any of the organization's gaming licenses re Yes," explain			ear?	Yes No				
	Schodulo G (Form 900 or 900 E7) 2011									

Sch	nedule G (Fòrm 990 or 990 EZ) 2011 FOUNDATION, INC. C/O ELIZABETH N. WELKE 06-	<u>1403527</u>	Page 3
11	Does the organization operate 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 operated in		
a	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	<u> </u>	
	Name		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Yes	∟ No
b	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	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		
	Mandatory distributions		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
k	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 > \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii	) and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	n (see instruc	tions)
_			

								OMB No 1545-0047	
(Form 990)			Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Star	s, tes		2011	
Department of the Treasury Internal Revenue Service		Compl	Complete if the organization	n answered "Yes" to Fo Attach to Form 990.	' to Form 990, Par m 990.	ganization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.		Open to Public Inspection	
Name of the organization	ation ROBERT A. V	WELKE INC.	CANCER RESEARCH C/O ELIZABETH	CH H N. WELKE	<b>H</b>			Employer identification number $06-1403527$	ber 7
Part I General I	General Information on Grants and Assistance	d Assistance							
1 Does the organ	Does the organization maintain records to substantiate the amount of	substantiate the		or assistance, the	grantees' eligibility	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
criteria used to	criteria used to award the grants or assistance?	tance?						X Yes	ŝ
꺐	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monit	oring the use of grant	funds in the United	States				
Part II Grants a	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	sovernments and	1 Organizations in the	United States. C	omplete if the orga	anization answered "Y	'es" to Form 990, Part	IV, line 21, for any	ſ
recipient	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	5,000 Check this	box if no one recipien	t received more th	an \$5,000 Part II	can be duplicated if a	Part II can be duplicated if additional space is needed		7
1 (a) Name and a or go	(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, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
BRANDER CANCER R	CANCER RESEARCH INSTITUTE								
15 DANA ROAD VAI.HAI.A NY 10595	٠ د د د د د د د د د د د د د د د د د د د			35 000	O			CANCER RESEARCH	
1									
YALE CANCER CENTER 333 CEDAR STREET PO NEW HAVEN, CT 06520	IER I PO BOX 208028 6520			.000,5	0,			CANCER RESEARCH	
2 Enter total num	Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations listed in th	listed in the line 1 table				<b>A</b>	
3 Enter total num	Enter total number of other organizations listed in the line 1 table	listed in the line	1 table					•	
LHA For Paperwor	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ions for Form 990.					Schedule I (Form 990) (2011)	011)

Schedule I (Form 990) (2011)

Part III

Page 2

06-1403527

(Form 990) (2011) FOUNDATION, INC. C/O ELIZABETH N. WELKE

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

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

132 102 01-27-12

### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

## 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.

2011 Open to Public Inspection

Name of the organization

ROBERT A. WELKE CANCER RESEARCH FOUNDATION, INC. C/O ELIZABETH N. WELKE Employer identification number 0.6 – 1.4.0.3.5.2.7

TOUNDATION, INC. C/O BELLADETH N. WEBKE 00 1405527
FORM 990, PART VI, SECTION A, LINE 2: THE DIRECTORS, ELIZABETH N. WELKE
AND BARBARA J. NELSON, ARE SISTERS.
AND BARBARA U. NELISON, ARE SISIERS.
FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY OF FORM 990 IS
PROVIDED TO THE GOVERNING BODY FOR APPROVAL BEFORE IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE TO THE
PUBLIC UPON REQUEST.
FOBLIC OFON REQUEST:

### Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1 2012)

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			ightharpoons		
	are filing for an Additional (Not Automatic) 3-Month Ex			this form)				
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868			
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	6 months for a co	rporation		
required '	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 8	868 to request an	extension		
of time to	file any of the forms listed in Part I or Part II with the exi	ception of	Form 8870, Information Return for T	Transfers ,	Associated With (	Certain		
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	on the elec	ctronic filing of thi	s form,		
visit www	urs.gov/efile and click on e-file for Charities & Nonprofits	1						
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).				
A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete				
Part I onl	у .					▶ □		
All other	corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time			
to file inc	ome tax returns.							
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	r identification nu	mber (EIN) or		
print	ROBERT A. WELKE CANCER RESI	EARCH						
	FOUNDATION, INC. C/O ELIZAL	BETH 1	N. WELKE	X	06-14035	527		
File by the due date for	Number, street, and room or suite no If a P O box, s	ee instruc	tions	Social se	curity number (S	SN)		
filing your return See	171 SYCAMORE LANE							
Instructions City, town or post office, state, and ZIP code For a foreign address, see instructions								
	FAIRFIELD, CT 06824							
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Application			Application			Return		
ls For			ls For			Code		
Is For         Code         Is For           Form 990         01         Form 990-T (corporation)						07		
Form 990		Form 1041-A			08			
Form 990	)-EZ	01	Form 4720			09		
Form 990	)-PF	04	Form 5227			10		
Form 990	9-T (sec 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	P-T (trust other than above)	06	Form 8870			12		
	ELIZABETH N. W	ELKE						
• The be	ooks are in the care of <b>171 SYCAMORE L</b>	ANE -	FAIRFIELD, CT 068	24				
Teleph	none No ► 203-255-2275		FAX No 🕨					
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ □		
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole group	, check this		
box 🕨	If it is for part of the group, check this box	and atta	ich a list with the names and EINs of	f all memb	ers the extension	is for		
1   re	quest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	untıl				
	AUGUST 15, 2012 , to file the exemp	t organiza	tion return for the organization name	ed above	The extension			
	or the organization's return for							
<b>&gt;</b>	X calendar year 2011 or							
<b>&gt;</b>	tax year beginning	, an	id ending		_			
2 If the	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on Initial return	Fınal retur	'n			
	Change in accounting period							
3a If the	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any					
noi	nrefundable credits. See instructions			3a	\$	0.		
	nis application is for Form 990 PF, 990-T, 4720, or 6069,	enter any	refundable credits and					
	imated tax payments made Include any prior year overp	-		3b	\$	0.		
	lance due. Subtract line 3b from line 3a Include your pa							
	using EFTPS (Electronic Federal Tax Payment System)	-		3с	\$	0.		
	aution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8879 EO for payment instructions							

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

# Form **8868** (Rev January 2012) Department of the Treasury

Internal Revende Service

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

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2012)

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			ightharpoons	
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this forn	n)		
Do not	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed	Form 8868		
Electro	nic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tin	ne to file	(6 months	for a corporation	
require	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	ıle Form	8868 to re	quest an extension	
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfer	s Associat	ed With Certain	
Person	al Benefit Contracts, which must be sent to the IRS in pag	er format	(see instructions) For more details of	on the e	lectronic fil	ing of this form,	
	w irs gov/efile and click on e-file for Chanties & Nonprofits					,	
Part	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).			
A corpo	ration required to file Form 990-T and requesting an autor	matic 6-mc	onth extension - check this box and	complet	е		
Part I o	nly			·		▶ □	
All othe	r corporations (including 1120-C filers), partnerships, REM	ICs, and to	rusts must use Form 7004 to reques	st an ext	ension of t	ıme	
to file in	come tax returns		·				
Type or	Name of exempt organization or other filer, see instru	ictions		Emplo	er identific	ation number (EIN) or	
print						<b>,</b> ,	
	EDNA MARTIN CHRISTIAN CENT	ER. II	NC.	X	35-	1072577	
File by the	North an atriact and reason are suite as K a D O have					ımber (SSN)	
filing your	PO BOX 18388						
return See Instructions City, town or post office, state, and ZIP code For a foreign address, see instructions							
INDIANAPOLIS, IN 46218-0388							
						<del> </del>	
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
		o a copa a	as application to caomically				
Application Return Application Return						Return	
Is For         Code         Is For         Cod           Form 990         01         Form 990-T (corporation)         07					07		
Form 9		02	Form 1041-A			08	
Form 9		01	Form 4720			09	
Form 9		04	Form 5227		<del></del>	10	
	90-T (sec 401(a) or 408(a) trust)	05	Form 6069				
	• • • • • • • • • • • • • • • • • • • •	06				11	
FUIII 9	90-T (trust other than above)  TYSHA HARDY-SE:	1	Form 8870			12	
• The			E TMDTANADOLTC	T 3.T A	6210	0200	
	books are in the care of <b>▶</b> <u>1970 CAROLINE</u>	WA PINO		1N 4	0210-	0300	
		Al I I-	FAX No	_			
	e organization does not have an office or place of busines						
	s is for a Group Return, enter the organization's four digit	_				ole group, check this	
box 🕨			ach a list with the names and EINs o		nbers the e	extension is for	
1	request an automatic 3-month (6 months for a corporation						
_		ot organiza	tion return for the organization name	ed abov	e The exte	ension	
15	for the organization's return for						
	► X calendar year 2011 or						
	tax year beginning	, an	nd ending				
2 1	the tax year entered in line 1 is for less than 12 months, o	check reas	on Initial return	Final ref	urn		
	Change in accounting period						
3a II	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
<u>n</u>	onrefundable credits. See instructions			3	a \$	0.	
b II	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			- · · · <del></del>	
e	stimated tax payments made. Include any prior year overp	payment a	llowed as a credit	3	5 \$	0.	
c E	alance due. Subtract line 3b from line 3a Include your pa	ayment wit	th this form, if required,				
	y using EFTPS (Electronic Federal Tax Payment System).	-		3	s   \$	0.	
	n. If you are going to make an electronic fund withdrawal			orm 887	9-EO for p		

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.