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# Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No 1545-1150

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990

2 Program service recense including overnment fees and contracts 3 Membership dues and assessments 4 Investigation to the basis and sales expenses 5 Gross amount in formate chasis and sales expenses 6 Garn of (loss) income and sales expenses 7 Garn of (loss) income and sales expenses 8 Garn of (loss) income and contributions (sold income the sale and sales and sales sales of income the sales and sal			nue Service											
Room state   Roo					inning	SEP 1	1, 2013	and e	nding DE					
Name analysis and etc.   POUNDATION   TINC:   Number and state (or P.O. box, if mail is not delivered to street address)   Room/sute   E telephone number   (203)675-7492	В	Check if applicab		=						D Employer	dentification number			
Nontrail return   Perminded		7,100,000 0,100,00												
Termosace   2.9 LINDEN AVENUE   (203)675-7492   F. Group Exemption   Number   F. Group Exemption   H. Check   International Control of State   Number   F. Group Exemption   H. Check   International Control of State   Number   H. Check   International Control of State   H. Check		Name	change FO	JNDATION,	INC.									
Amended ratus  City of town, state or province, country, and ZiP or foreign postal code   F Group Exemption   Number   F Group Exe	X	Initial	i Graini			t delivered to	street address)		Room/suite					
Supplementation   BRANFORD, CT 06405   Supplementation   Supplem		Termi					<del></del>							
Accounting Method:		Amen	1404 1014				n postal code			F Group Exe	mption			
Website: N/A  Tax-exempt status (check only one) — X 501(c)(x) 501(c) 1	X	Applica	ation pending BRA								· · · · · · · · · · · · · · · · · · ·			
Tax-exempt status (check only one)	G /	Accour	iting Method:	Cash X	Accrual Othe	er (specify) ►								
K Form of organization:   X   Corporation										· ·				
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, file Form 990 misead of Form 990-EZ  Part I I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to seption of the Sas and assessments and contract is an organization under the Schedule 0 to Goss pround from sends of the third in Intervention of Company and fundrasing events (add lines 6a and 6b and subtract time 6c)  Check if the sum of schedule 0 to send in the sum of such gross income and contributions exceeds \$15,000 to the schedule 0 to send in the sum of such gross income from fundrasing events (add lines 6a and 6b and subtract time 6c)  Check if the sum of schedule 0 to send in the sum of such gross income from fundrasing events (add lines 6a and 6b and subtract	<u>J</u> .	Tax-ex	empt status (chec	k only one) — 🗶	501(c)(3)	501(c) (	) ◀(insert no.)	4947 <u>(a)(</u>	1) or 527	(Form 990	, 990-EZ, or 990-PF).			
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Check if the organization used Schedule O to respond to any question in this Part I  Contributions, grifs, grants, and similar amounts received  1		column	(B) below) are \$5	500,000 or more, file	Form 990 instea	d of Form 990	-EZ				99,093.			
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10   Grants and similar amounts paid (list in Schedule O)   SEE SCHEDULE O   10   50,000.	3	8	Other revenue (d	lescribe in Schedule f	0)					8				
11   Benefits paid to or for members   12   12   12   13   Professional fees and other payments to independent contractors   13   1,525.   14   Occupancy, rent, utilities, and maintenance   14   15   Printing, publications, postage, and shipping   15   16   Other expenses (describe in Schedule O)   SEE SCHEDULE O   16   884.   17   Total expenses. Add lines 10 through 16   17   52,409.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   10,188.   19   Net assets or fund balances at beginning of year (from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   19   0.   0.   0.   0.   1		9	Total revenue A	Add lines 1, 2, 3, 4, 5	c, 6d, 7c, and 8					▶ 9				
Salaries, other compensation, and employee benefits  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  20 Other changes in net assets or fund balances (explain in Schedule O)		10	Grants and simila	ar amounts paid (list	ın Schedule 0)		SI	EE SCHE	DULE O	<del></del>	50,000.			
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	_	21	Net assets or fur	nd balances at end of	year. Combine li	nes 18 throug	ի 20			▶ 21	10,188.			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

orn	m 990-EZ (2013) FOUNDATION, INC.				<u> 30 – </u>	095	<u>0665</u>	Page 2
Pa	art II Balance Sheets (see the instructions for Part II)		_					
	Check if the organization used Schedule O to re	spond to any que				<u>_</u>		<u> </u>
		-	(A) Beginning o			(	B) End of	
22	· · · · · · · · · · · · · · · · · · ·	-		0.		<del> </del> -	32	2,188.
23			<del></del>		23	<b></b>	<del></del>	000
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26	· · · · · · · · · · · · · · · · · · ·	·		0.				188.
27 Da	Net assets or fund balances (line 27 of column (B) must agree with line 21) art III   Statement of Program Service Accomplishme	nts (see the instri	uctions for Pa		.   21	-	Expense	
Fc	Check if the organization used Schedule O to re				X	(Requ	ired for se	
A/ha	at is the organization's primary exempt purpose? SEE SCHEDULE (		otion in time i	<u> </u>			)(3) and 50	
	•		nenses in a clear and	concise			ızatıons an a)(1) trust	s; optional
	cribe the organization's program service accomplishments for each of its three largest program oner, describe the services provided, the number of persons benefited, and other relevant infori		penses in a clear and	CONCISO		for oth	ners.)	
) R	HELD A GALA TO RAISE MONEY TO DONA	TE TO MEDICA	AL					
	INSTITUTIONS INVOLVED IN LUNG CANCE							
	TREATMENT.							
	(Grants \$ 50,000.) If this amount includes foreign	grants, check here		<b></b>		28a	50	,000.
29								
			_					
	(Grants \$ ) If this amount includes foreign	grants, check here		<u> </u>	<u> </u>	29a		
30								
						1 1		
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	Other program services (describe in Schedule O)	•		<b>&gt;</b>				
	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign	•		<b>&gt;</b>		31a	E.C.	
32	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign Total program service expenses (add lines 28a through 31a)	grants, check here		<b>&gt;</b>	$\overline{}$	31a 32		0,000.
32	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV List of Officers, Directors, Trustees, and Key I	grants, check here Employees (list each			$\overline{}$	31a 32		
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Form	1 990-EZ (2013) <b>FOUNDATION, INC.</b> 80-095	<u> </u>		Page 3
Pa	art'V Other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V) Check if the organization used Sch. O to respond to any question in t	this Par	rt V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
••	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	"		
07	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
25.	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported		_	
JJa	on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	030	14/	-
Ü	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
26	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	330		<u> </u>
36	complete applicable parts of Schedule N	36	l	х
27.		).		
				v
	Did the organization file Form 1120-POL for this year?	37b		X
308	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	200		x
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
	If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 504(x)(7) appropriate a Fature  N/A			1
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9  See a second and the second feet by the second skills feet by the second skill feet by the second skills feet by the skills feet by the second skills feet by the skill feet by the skills feet by the skill feet by the skills feet by the skill feet	$\dashv$		
	Gross receipts, included on line 9, for public use of club facilities  39b N/A	$\dashv$	1	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u>			
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the		}	
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?	406		х
_	If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	40b		
Ü	or disqualified persons during the year under sections 4912, 4955, and 4958	ļ		
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	-		
u		Ì		
	organization  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	-		
6	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed $ ightharpoonup CT$	406	<b></b>	
	The organization's books are in care of ► LINDSAY MAROTTOLI  Telephone no. ► (203)	675-	749	2
72.0	Located at ► 290 LINDEN AVENUE, BRANFORD, CT ZIP+4 ►			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	0010		
·	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	·		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		_X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		_X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	L ,	
3321	73	Form 9	90-EZ (	(2013)

### **SCHEDULE A**

(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.

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

➤ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

THE MELISSA MAROTTOLI HOGAN INC.

FOUNDATION.

**Employer identification number** 80-0950665

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 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) 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). 10 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. a L\_\_\_ Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated 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, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(ii) (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 (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary in col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the support governing document? (i) of your support? above or IRC section (see instructions)) Yes

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

Schedule A (Form 990 or 990-EZ) 2013

Page 2 Schedule A (Form 990 or 990-EZ) 2013 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support **(b)** 2010 (f) Total (c) 2011 (d) 2012 (e) 2013 (a) 2009 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (b) 2010 (c) 2011 (d) 2012 (e) 2013 (a) 2009 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2012 Schedule A, Part II, line 14 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<u>. L</u>	
	Schedule A (Form 990 or 990-EZ)	20	13

17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION, INC.

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

Sac	tion A. Public Support	elow, please com	piete Part II )				
	<del></del>	(-) 0000	(-) 0010	(-) 2011	(4) 2012	(-) 2012	// Total
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and					į	
	membership fees received. (Do not					45,059.	4E 0E0
	include any "unusual grants.")	<u> </u>	<del> </del>			45,059.	45,059.
1	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					54,034.	54,034.
3	Gross receipts from activities that						
;	are not an unrelated trade or bus-					1	
- 1	iness under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5					99,093.	99,093.
	Amounts included on lines 1, 2, and						
:	3 received from disqualified persons						0.
b .	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		ļ.,				<u> </u>
C	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6) tion B. Total Support	·	L				99,093.
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	( <u>u) 2000</u>	(5) 2010	(0) 201	(0) 2012	99,093.	99,093.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					3370333	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
;	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
•	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)	L	<u> </u>		<u></u>	99,093.	<u>99,093.</u>
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiza	ition,
	check this box and stop here						
Sec	tion C. Computation of Publ	ic Support Pe	rcentage			<del></del>	
15	Public support percentage for 2013 (I	ine 8, column (f) d	livided by line 13, o	olumn (f))		15 1	00.00 %
16	Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
<u>Sec</u>	tion D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	13 (line 10c, colu	mn (f) divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2013. If the						
	more than 33 1/3%, check this box ai						$\triangleright \mathbf{X}$
b :	33 1/3% support tests - 2012. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
1	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	top here. The orga	anızatıon qualıfıes	as a publicly supp	oorted organization	▶□
20	Private foundation If the organization	n did not chack a	hay on line 14 19	a or 19h chack th	nis hox and see in	structions	ightharpoonup

# Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION, INC. 80-0950665 P Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 80-0950665 Page 4 Also complete this part for any additional information. (See instructions)

THE MELISSA MAROTTOLI HOGAN

# **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.

2013

Open To Public Inspection

Name of the organization

THE MELISSA MAROTTOLI HOGAN

Employ

**Employer identification number** 

80-0950665 FOUNDATION, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations g X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) fundraiser have custody or control of contributions? to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col (i) Yes **Total** 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2013

# THE MELISSA MAROTTOLI HOGAN

Schedule G (Form 990 or 990-EZ) 2013 FOUNDATION, INC. 80-0950665 Page 2 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 gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events GALA NONE (add col (a) through FUNDRAISER col (c)) (event type) (total number) (event type) 92,514 92,514. Gross receipts 38,480 38,480. 2 Less Contributions 54,034. 54,034 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Expenses 28,880. 28,880. 6 Rent/facility costs Food and beverages 4,075. 4,075. Entertainment 3,541. 3,541. Other direct expenses 36,496. 10 Direct expense summary Add lines 4 through 9 in column (d) 17,538. 11 Net income summary Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses % Yes Yes Yes 6 Volunteer labor Nο No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) 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? \_\_ Yes b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2013 332082 09-12-13

# THE MELISSA MAROTTOLI HOGAN

Sch	edule G (Form 990 or 990-EZ) 2013 FOUNDATION, INC.	<u>80-0</u>	<u> 19506</u>	<u>65</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Y	es	☐ 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?		. □ Ye	es	☐ No
13					
	The organization's facility		13a		%
	o An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds.			
•					
	Name				<del></del>
	Address >				<del></del>
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	es	☐ No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	ount			
	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				
4-					
	Mandatory distributions.				
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		v.	es	No
	retain the state gaming license?	41		25	NO
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	. In the			
Pa	organization's own exempt activities during the tax year  \$\infty \\$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Part III li	nes 9 9t	10	15h
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruc			J, 10.	
					<del></del>
			<del></del>		
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Schedule G	(Form 990 or 990-EZ)	FOUNDATION,	INC.		80-0950665 Page 4
Part IV	(Form 990 or 990-EZ)  Supplemental Infor	rmation (continued)			
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					Schedule G (Form 990 or 990-EZ

THE MELISSA MAROTTOLI HOGAN

### SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

**Employer identification number** 

THE MELISSA MAROTTOLI HOGAN 80-0950665 FOUNDATION, INC. FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS: ACTIVITY CLASSIFICATION: RESEARCH GRANT GRANTEE NAME: YALE-NEW HAVEN HOSPITAL THORACIC ONCOLOGY TRANSLATIONAL RESEARCH FUND GRANTEE ADDRESS: P.O. BOX 1849 NEW HAVEN, CT 06508 DATE OF GIFT: 12/19/13 50,000. AMOUNT GIVEN: FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: AMOUNT: DESCRIPTION OF OTHER EXPENSES: OFFICE SUPPLIES 85. BOARD AND COMMITTEE MEETINGS 768. 31. TRAVEL TOTAL TO FORM 990-EZ, LINE 16 884. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: BEG. OF YEAR DESCRIPTION END OF YEAR PLEDGES RECEIVABLE 3,000. FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: BEG. OF YEAR END OF YEAR DESCRIPTION 0. 25,000. GRANTS PAYABLE FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE MISSION OF THE ORGANIZATION IS TO FUNDRAISE AND SUPPORT LUNG CANCER RESEARCH, TO SERVE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

### SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection **Employer identification number** 

80-0950665 FOUNDATION. INC. AS A CLEARINGHOUSE FOR INFORMATION ABOUT PSYCHOLOGICAL AND SUPPORT SERVICES AVAILABLE FOR LUNG CANCER PATIENTS, TO PROMOTE LUNG CANCER AWARENESS AND EDUCATION TO THE GENERAL PUBLIC AND TO PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS WITH LUNG CANCER AND THEIR FAMILIES REGARDLESS OF ABILITY TO PAY. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.