Department of the Treasury

Т

Internal Revenue Service

# EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For th	e 2023 calendar year, or tax year beginning and	ending	_	
B	Check if applicat	le: C Name of organization		D Employer identific	cation number
	Addr chan	13THIRTY CANCER CONNECT, INC.			
	Nam chan	Doing business as		47-449303	13
	Initia returi	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returi termi			585-563-0	
	ated Amer returi	ded DOCHECTED NV 14620		G Gross receipts \$ H(a) Is this a group re	878,021.
				for subordinates	
	pend	<sup>ing</sup> 245 CITATION DRIVE, HENRIETTA, NY 144	67	H(b) Are all subordinates in	
Τ.	Tax-e>	empt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1)	or 527		list. See instructions
J	Webs	ite: WWW.13THIRTY.ORG		H(c) Group exemption	
ĸ	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 2016 M	State of legal domicile: NY
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: EDUC TEENS AND YOUNG ADULTS IMPACTED BY CANCE	ATION	AND ACTIVIT:	IES FOR
Activities & Governance					
/eri	2	Check this box			sets. 15
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)			15
ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
ties	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			50
tivi	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	
				452,392.	Current Year 632,987.
ue	8	Contributions and grants (Part VIII, line 1h)		452,592.	0.000
Revenue	9	Program service revenue (Part VIII, line 2g)		26,452.	39,270.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,000.	<u> </u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		479,844.	672,257.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		290,126.	328,014.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·····	290,120.	-
en		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 15, 6		0.	0.
Ä		5 1 ( ) ( )		126,895.	138,302.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		417,021.	466,316.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			-
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		62,823. eginning of Current Year	205,941.
Net Assets or Fund Balances				888,079.	End of Year 1,113,355.
Bala	20	Total assets (Part X, line 16)	······	192,261.	182,469.
let A	21	Total liabilities (Part X, line 26)		695,818.	
_		Net assets or fund balances. Subtract line 21 from line 20		.010,020	930,886.
	ar t II	Signature Block			

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

Sign	Signature of officer				Date				
-	· · · · · · · · · · · · · · · · · · ·	DIRECTOR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN			
Paid	TIMOTHY M. HERN, CPA	TIMOTHY M.	HERN,						
Preparer	Firm's name RDG + PARTNERS CH	PAS, PLLC			Firm's EIN 20-	3723571			
Use Only	Firm's address 10 WINTHROP STREE	ΞT							
	ROCHESTER, NY 146	507			Phone no. 585 -	673-2600			
May the IF	re LAUREN SPIKER, EXECUTIVE DIRECTOR Type or print name and title d Print/Type preparer's name Preparer's signature TIMOTHY M. HERN, CPA Preparer's signature TIMOTHY M. HERN, CPA Preparer's signature TIMOTHY M. HERN, CPA Preparer's signature TIMOTHY M. HERN, CPA Preparer's signature TIMOTHY M. HERN, CPA PO0895031 Firm's EIN 20-3723571 Phone no.585-673-2600 y the IRS discuss this return with the preparer shown above? See instructions X Yes No								
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

Form	990 (2023) 13THIRTY CANCER CONNECT, INC. 47-4493013 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO HELP TEENS AND YOUNG ADULTS IMPACTED BY CANCER LIVE THEIR VERY BEST LIVES THROUGH A COMPREHENSIVE CONTINUUM OF SUPPORT.
	LIVED THROUGH A COMPREHENSIVE CONTINUOM OF BUTTORI.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	
	THE ORGANIZATION CONTINUES TO LEAD THE WAY WITH INNOVATIVE,
	AGE-APPROPRIATE RESOURCES FOR ADOLESCENTS AND YOUNG ADULTS (AYAS) WITH
	CANCER. A NEW MOBILE WEB APP, FOCUSED ON FITNESS AND NUTRITION, AND
	GEARED TO THEIR UNIQUE NEEDS, ABILITIES AND INTERESTS, HELPS AYAS STAY
	STRONG DURING TREATMENT, BUILDS CONFIDENCE AND SELF-ESTEEM AFTER
	TREATMENT, AND DEVELOPS HEALTH-MAINTENANCE HABITS FOR HEALTHY
	SURVIVORSHIP. ORGANIZATIONAL OUTREACH CONTINUES TO EXPAND IN BOTH
	COMMUNITIES WHERE THE ORGANIZATION HAS A PHYSICAL CENTER, ROCHESTER AND
	SYRACUSE, NY. APPROXIMATELY 150 AYAS, AND THEIR FAMILIES AND FRIENDS,
	PARTICIPATED IN THE ORGANIZATION'S PEER SUPPORT PROGRAMS THIS YEAR,
	BOTH IN-PERSON AND VIRTUALLY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses     422,923.
	Form <b>990</b> (2023)
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591	008 149812 13TH013 2023.04020 13THIRTY CANCER CONNECT, IN 13TH0131

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Part IV Checklist of Required Schedules

13THIRTY CANCER CONNECT, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
e	similar amounts as defined in Rev. Proc. 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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '		
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	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			v
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	10-		x
h	· · · · · · · · · · · · · · · · · · ·	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		1-14		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? 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,"			<u>.</u> _
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X (2023)
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Part IV Checklist of Required Schedules (continued)

			Yes	N
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Σ
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			<u>.</u> ,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	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
	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		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Fai	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	N
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2			
1a				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
b c		1c	X 990	

Form 990	(2023)
Part V	Sta

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 13THIRTY
 CANCER
 CONNECT
 INC.

 Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 6					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
	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		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
•	to file Form 8282?	7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
-	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.	-				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders 11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.) 11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	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.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
с	Enter the amount of reserves on hand 13c					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.					
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13THIRTY CANCER CONNECT, INC.

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion A. Governing Body and Management					Τ.
		1.1	1	5	Yes	-
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	Ł	-		
	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 on Schedule O.		1	5		
	Enter the number of voting members included on line 1a, above, who are independent			5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					ł
_	officer, director, trustee, or key employee?			2	-	╀
3	Did the organization delegate control over management duties customarily performed by or under		-			
	of officers, directors, trustees, or key employees to a management company or other person?					+
4	Did the organization make any significant changes to its governing documents since the prior Form					4
5	Did the organization become aware during the year of a significant diversion of the organization's a					4
6	Did the organization have members or stockholders?			6		+
7a	Did the organization have members, stockholders, or other persons who had the power to elect or					
	more members of the governing body?			7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockhol	ders, or			I
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the	following:			1
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	ſ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached at	the			I
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue	Code.)			_
					Yes	
l0a	Did the organization have local chapters, branches, or affiliates?			10a		
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		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before	e filing the form?	11a	X	T
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		C			t
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	I
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri				X	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					t
-	on Schedule O how this was done			12c	x	I
13	Did the organization have a written whistleblower policy?			13	X	t
14	Did the organization have a written document retention and destruction policy?				+	╋
15	Did the process for determining compensation of the following persons include a review and appro					t
15		•	lependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			45-	x	ł
	The organization's CEO, Executive Director, or top management official				<u> </u>	╉
α	Other officers or key employees of the organization			15b		+
IC -	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang			10		1
	taxable entity during the year?			16a		+
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		•			I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization	'S			ł
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>NY</b>		T (	(0)		
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-	i (section 501(c)	(3)s onl	y) avai	Ia
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (expla		,			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict o	f interest policy,	and fina	ancial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's to	ooks and	l records			
	LAUREN SPIKER - 585-563-6221					
	245 CITATION DRIVE, HENRIETTA, NY 14467				~	
200	6 12-21-23			Fori	n <b>990</b>	) (
91	7 008 149812 13TH013 2023.04020 13THIRTY CANCE			ง 1 ว	ጥሀቦ	۱
· т	UUU IIJUUIJ ZUZJOUZU IJIMIKII CANCI	an CO.	LATATICT' TI	и то	T 110	

Part VII	Compensation of Officers,	Directors,	Trustees, H	Key Employ	yees, Highest	Compensated
	Employees, and Independe	ent Contrac	tors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

(A)	(B)	(C)				(D)	(E)	(F)		
Name and title	Average	(10	Position (do not check more than one			) then		Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an			is bot	h an	compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or din	Ð			ated		organization	(W-2/1099-MISC/	from the
	related	istee	truste		e	pensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	onal		ploye	t com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LAUREN SPIKER	40.00	<u> </u>	드	5	ž	Ξъ	2			
EXECUTIVE DIRECTOR		1		x				60,312.	0.	0.
(2) CHARLES COTE, L.C.S.W.	2.00									
PRESIDENT		X		x				0.	0.	0.
(3) CHRIS PIEDICI, CPA	2.00									
TREASURER		X		Х				0.	0.	0.
(4) BRANNAN KARG	1.00									
DIRECTOR		Х						0.	0.	0.
(5) ALEXIS ARNOLD	1.00									_
DIRECTOR		Х						0.	0.	0.
(6) MARY BETH MORELLE	1.00									
DIRECTOR		х						0.	0.	0.
(7) LISA DENUNZIO	1.00									
DIRECTOR		х						0.	0.	0.
(8) CHRISTINA DIBAUDO	1.00									0
DIRECTOR		X						0.	0.	0.
(9) ERICKA ELLIOTT, ESQ	2.00									0
PRESIDENT - ELECT		X		X				0.	0.	0.
(10) LINDA JACOBSON	2.00									0
SECRETARY	1 00	X		X				0.	0.	0.
(11) TAD MACK	1.00							0		0
DIRECTOR	1 0 0	X						0.	0.	0.
(12) MARIA MARTENS	1.00	x						0.	0.	0.
DIRECTOR (13) KIMBERLY KOETTER	1.00							0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(14) KEITH POOLE	1.00							0.	0.	
DIRECTOR	1.00	x						0.	0.	0.
(15) KELLY SMITH	1.00									
DIRECTOR		x						0.	0.	0.
(16) GEORGE POULIOS	1.00									
DIRECTOR		x						0.	0.	0.
		1								
222227 10 01 02										Eorm <b>990</b> (2023)

8

332007 12-21-23

08591008 149812 13TH013 2023.04020 13THIRTY CANCER CONNECT, IN 13TH0131

Form **990** (2023)

	990 (2023) <b>13THIRTY</b>						-			47-44	930	013	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust (A) Name and title	tees, Key Em (B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				l than o is botl	one h an	e Reportable Reportabl compensation from relate the organizatio			on amount o d other		of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC 1099-NEC)	;/	orga and	om the anizat d relat anizatie	ion ed
с	Subtotal Total from continuation sheets to Part VII	, Section A							60,312. 0. 60,312.		0. 0. 0.			0.0.
 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization												Yes	0. 0 No
3 4	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	<i>uch individual</i> m of reportabl	le co	ompe	ensa	ation	n and	d otl	her compensation from	-		3		x x
	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comp</i> tion <b>B. Independent Contractors</b>	ccrue comper plete Schedule	nsati e <i>J f</i> e	on f	rom <i>ich</i> j	any pers	unr son	elat	ed organization or indiv	idual for services		5		X
1	Complete this table for your five highest cor the organization. Report compensation for t (A) Name and business	he calendar y	ear e		ng v					year.		(C		n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	nite	d to	tho:	se lis	stec	d above) who received n	nore than				
											F	Form	9 <b>90</b> (2	2023)

332008 12-21-23

					<u>CAN</u> C	ER CONNE	CT, INC.		47-4493	013 Page 9
Pa			Statement of Re							
			Check if Schedule O	contains a res	sponse	or note to any lir	ne in this Part VIII			
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
nts nts	1	а	Federated campaigns	1:	a	9,422.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		b					
ts, ( Am		с	Fundraising events		c 🗌	168,247.				
Gifl		d	Related organizations		d					
ns, Sim			Government grants (cont		e					
utio er S		f	All other contributions, gifts,	-		455 210				
Oth			similar amounts not included		_	455,318.				
pu		-	Noncash contributions included in	-	g \$		632,987.			
a O		h	Total. Add lines 1a-1f			Business Code	032,907.			
•	~	_				Business Code				
Program Service Revenue	Z	a b								
Ser		c								
an evel		d								
Be		e								
Pro			All other program service	revenue						
		g	Total. Add lines 2a-2f							
	3		Investment income (inclue							
			other similar amounts)				23,634.			23,634.
	4		Income from investment of	of tax-exempt	bond p	proceeds				
	5		Royalties							
				(i) R	eal	(ii) Personal				
	6		Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
	_		Net rental income or (loss			1				
	7	а	Gross amount from sales of	(i) Sect 7a 206,		(ii) Other				
		h	assets other than inventory Less: cost or other basis	7a 200,	000.					
e		D	and sales expenses	7ь 191,	164.					
evenue		c	Gain or (loss)	7c 15,						
			Net gain or (loss)	LI			15,636.			15,636.
Other R	8		Gross income from fundraisi							,
đ				3,247. o						
			contributions reported on							
			Part IV, line 18		8a					
			Less: direct expenses							
			Net income or (loss) from				0.			
	9	а	Gross income from gamir							
		_	Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from		ities					
	10	а	Gross sales of inventory,		10-					
		h	and allowances Less: cost of goods sold							
			Net income or (loss) from							
		<u> </u>				Business Code				
sno	11	а								
ane		b								
sells		c								
Miscellaneous Revenue			All other revenue							
<			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				672,257.	0.	0.	39,270.
33200	a 12	21								Form <b>990</b> (2023

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2023.04020 13THIRTY CANCER CONNECT, IN 13TH0131

47-4493013 Page 9

<sup>10</sup> 

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Insurance

13THIRTY CANCER CONNECT, INC.

10,542.

569.

55.

1,421.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 60,312. 56,693. 603. 3,016. trustees, and key employees 6 Compensation not included above to disgualified

214,833.

202,142.

5,476.

422,923.

2,149.

853.

244.

680.

125.

2,110.

6,604.

4,390.

2,764.

2,010.

3,816.

881.

550.

27,790

11

Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 27,003. 28,425. Other employee benefits 24,444. 22,779. Payroll taxes Fees for services (nonemployees): 6,803. 6,123. a Management 125. Legal 2,110. Accounting Lobbying Professional fundraising services. See Part IV, line 17 6,604. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,103. 1,037. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 37,657. 33,267. Office expenses 3,741. 3,741. Information technology Royalties 27,636. 24,872. Occupancy 20,099. 18,089. Travel Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 3,816. Interest Payments to affiliates 16,747. 17,628. Depreciation, depletion, and amortization 5,504. 4,954.

# Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) DUES AND SUBSCRIPTIONS All other expenses 466,316. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

if following SOP 98-2 (ASC 958-720)

educational campaign and fundraising solicitation.

persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)

Other salaries and wages

332010 12-21-23

Check here

Form 990 (2023)

15,603.

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11 2023.04020 13THIRTY CANCER CONNECT, IN 13TH0131

5,476.

13THIRTY CANCER CONNECT, INC. Part X Balance Sheet

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

(A) (B) Beginning of year End of year 217,665. 228,145. Cash - non-interest-bearing 1 1 1,106. 1,106. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 134,371. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 95,431. 56,568. 38,940. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 567,161. 806,005. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 45,579. 39,159. Other assets. See Part IV, line 11 15 15 888,079. 1,113,355. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 9,543. 6,243. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, \_iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 138,700. 138,700. 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 37,526. 44,018. 25 of Schedule D 192,261. 182,469. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 682,318. 917,386. Net assets without donor restrictions 27 27 13,500. 13,500. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 695,818. 930,886. Total net assets or fund balances 32 32 888,079. 1,113,355. 33 33 Total liabilities and net assets/fund balances ...

Form **990** (2023)

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Form 990 (2023)

Part XI Reconciliation of Net Assets

	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>						
					۱	57		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>, 4</u>	$\frac{57}{16}$		
2	Total expenses (must equal Part IX, column (A), line 25)	2				16.		
3	Revenue less expenses. Subtract line 2 from line 1	3				41.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				18.		
5	Net unrealized gains (losses) on investments	5		25	1,⊥	27.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments 8							
9	9 Other changes in net assets or fund balances (explain on Schedule O)							
10	0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🔲 Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2	b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audi	t.					
-	review, or compilation of its financial statements and selection of an independent accountant?			c		x		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl			-				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
Uu	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?							
h	<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
5	or audits, explain why on Schedule O and describe any steps taken to undergo such audits							

13THIRTY CANCER CONNECT, INC.

Form **990** (2023)

(Form 990)

# 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.

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047
2023
Open to Public Inspection

Employer identification number

Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organizati	on

				R CONNECT, I					7-4493013
Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	See instruction	S.	
The 1 2	organ	ization is not a private found A church, convention of ch A school described in <b>secti</b>	urches, or associatio	on of churches described	d in <b>sectio</b>	,			
3		A hospital or a cooperative				(b)(1)(A)(i	ii).		
4	$\square$	A medical research organiz						(iiii) Enter	the hospital's name
-		city, and state:		njunction with a nospital	desended				the hospital s hame,
-		An organization operated for	ar the henefit of a co			tod by o a	overnmentel	nit dooorik	and in
5		•		liege of university owned	a or operation	led by a g	overnmentaru	init descrit	
_		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov							
7	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8		A community trust describe	ed in <b>section 170(b)</b>	( <b>1)(A)(vi).</b> (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from a	contributio	ons, membersl	nip fees, a	nd gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of i	ts support	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See s	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section &	509(a)(2).	See section 5	6 <b>09(a)(3).</b> (	Check the box on
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and corr	plete lines	s 12e, 12f, and	d 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or truste	es of the s	supporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	ving
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connec <sup>-</sup>	tion with, a	and functional	ly integrate	ed with,
		its supported organization						, ,	
d		Type III non-functionally						ted organi	zation(s)
		that is not functionally int	• • •					•	
		requirement (see instruct			•		-		
е		Check this box if the orga		•				II. Type III	
		functionally integrated, or					,	··, · <b>,</b> - <b>,</b> - ···	
f	Ente	er the number of supported of	ragnizationa	, , , , , , , , , , , , , , , , , , , ,	5 5				
		vide the following information	•						
	(	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
<b>.</b>									
Tota	1								

# Schedule A (Form 990) 2023

13THIRTY CANCER CONNECT, INC.

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	383,192.	277,737.	348,315.	452,392.	632,987.	2,094,623.
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 $\dots$						
4	Total. Add lines 1 through 3	383,192.	277,737.	348,315.	452,392.	632,987.	2,094,623.
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.						2,094,623.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	383,192.	277,737.	348,315.	452,392.	632,987.	2,094,623.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	21,227.	6,379.	47,227.	26,452.	39,270.	140,555.
9	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 VI.)				1,000.		1,000.
11	Total support. Add lines 7 through 10						2,236,178.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2023 (					14	93.67 %
15	Public support percentage from 2022	2 Schedule A, Part	II, line 14			15	93.66 %
<b>16</b> a	<b>33 1/3% support test - 2023.</b> If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			X
b	<b>33 1/3% support test - 2022.</b> If the o	organization did no	t check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			
<b>1</b> 7a	10% -facts-and-circumstances tes	<b>t - 2023.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and <b>stop he</b>	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	<b>t - 2022.</b> If the org	anization did not o	check a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circur	nstances test, che	eck this box and <b>st</b>	t <b>op here.</b> Explain ii	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicl	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a		
						Schedule A	(Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support		i	1					
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e)	2023	<b>(f)</b> Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the								
~	organization's tax-exempt purpose								—
3	Gross receipts from activities that are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								—
Ū	furnished by a governmental unit to								
	the organization without charge $\dots$								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year								
	Public support. (Subtract line 7c from line 6.)								—
	ction B. Total Support								—
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e)	2023	(f) Total	—
	Amounts from line 6	(4) 2010	(0) 2020	(0) 2021	(4) 2022		_020	(i) rotai	—
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b								—
11									
12	Other income. Do not include gain or loss from the sale of capital								
13	assets (Explain in Part VI.)								_
	First 5 years. If the Form 990 is for th	Le organization's fi	I irst second third	fourth or fifth tax	vear as a section !	1 501(c)(3)	organizati	on	
••	ale a statistic to see all address to see	-			-		organizati		٦
Sec	ction C. Computation of Publ							····· L	<b>_</b>
	Public support percentage for 2023 (			column (f))		15			%
	Public support percentage from 2023 ( Public support percentage from 2022		•			16			<u>%</u>
	ction D. Computation of Inves			<u> </u>		10			70
	•					17			0/
	Investment income percentage for 20								%
	Investment income percentage from 2						and Bara d		%
198	<b>33 1/3% support tests - 2023.</b> If the								٦
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2022. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 3		and	_
~	line 18 is not more than 33 1/3%, che								$\exists$
	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	inis box and see ins				<u> </u>
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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

# Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

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

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# Schedule A (Form 990) 2023 13THIRTY CANCER CONNECT, INC.

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
_				

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	Type II	Supporting	Organizations	

			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supporte	d a governmental entity	y. Describe in Part VI how	you supported a	governmental entity	(see instructions).
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18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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3b | Schedule A (Form 990) 2023

2a

2b

За

Yes

No

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13THIRTY CANCER CONNECT, INC.

All other Type III non-functionally integrated supporting organizations r		g	(B) Ourmont Maar
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continue</sub>	ed)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	IS	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	5	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

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	(Form 990) 2023				CONNEC				7-449301	
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sect	lines 1, 2, 3b, 3c, 4l ion D, lines 2 and 3	o, 4c, 5a ; Part IV	a, 6, 9a, 9b, /, Section E,	9c, 11a, 11b lines 1c, 2a,	, and 11c; 2b, 3a, an	Part IV, Sectio d 3b; Part V, liı	n B, lines 1 an ne 1; Part V, S	d 2; Part IV, Se ection B, line 1e	ction C.
	Section D, lines 5, ( (See instructions.)	6, and 8; and Part V	, Sectio	on E, lines 2,	5, and 6. Als	so complet	e this part for a	any additional	information.	-
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# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.



Employer identification number

93013

INC.	47-44
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Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

13THIRTY CANCER CONNECT

# **General Rule**

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

# Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is received *nonexclusively* religious.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

47-4493013

# 13THIRTY CANCER CONNECT, INC.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>	D'AMANDA CHARITABLE REMAINDER TRUST 234 MILL ST ROCHESTER, NY 14614	\$ <u>176,867.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WEGMANS		Person X
	1500 BROOKS AVE	\$33,000.	Payroll Noncash
	ROCHESTER, NY 14624		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARILYN LICHTMAN FOUNDATION		Person X
	3200 SUNRISE HIGHWAY	\$26,000.	Payroll Noncash
	WANTAGH, NY 11793		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	LAUREN & DOUG SPIKER		Person X
	245 CITATION DR	\$25,447.	Payroll Noncash
	HENRIETTA, NY 14468		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ROBERT D AND CONSTANCE L MOORE		Person X
	5 CANAL PARK PLACE	\$22,000.	Payroll Noncash
	PITTSFORD, NY 14534		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ROSWELL PARK CANCER INSTITUTE		Person X
	665 ELM ST.	\$21,267.	Payroll Noncash
	BUFFALO, NY 14203		(Complete Part II for noncash contributions.)
323452 12-2	6-23 23		Schedule B (Form 990) (2023)

Name of organization

Employer identification number

<u>13THI</u>	RTY CANCER CONNECT, INC.	47	7-4493013
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ROBERT J. LATOUR & PATRICIA A. TAYLOR 26 WOODBURY PL ROCHESTER, NY 14618	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ROCHESTER AREA COMMUNITY FOUNDATION500 EAST AVENUE SUITE 100ROCHESTER, NY 14607	\$14,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

24

08591008 149812 13TH013

323452 12-26-23

<u>13THI</u>	RTY CANCER CONNECT, INC.		47-4493013
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
323453 12-2	25	I `	

Name of organization

Employer identification number

47-4493013

08591008 149812 13TH013

ame of organi	zation			Employer identification r
	CANCER CONNECT, INC			47-4493013
fro con Us	clusively religious, charitable, etc., contributi m any one contributor. Complete columns (a) ppleting Part III, enter the total of exclusively religious, c e duplicate copies of Part III if additional	through (e) and the following line charitable, etc., contributions of \$1,000	entry For orc	1(c)(7), (8), or (10) that total more than \$1,000 fo lanizations year. (Enter this info. once.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
_	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of		
	Transferee's name, address, a			lationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee

SCHEDULE D	)
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(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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



Department of the Treasury Internal Revenue Service Name of the organization

# 13THIRTY CANCER CONNECT, INC.

Employer identification number 47-4493013

Par			Similar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		<b>i</b>	
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	-		
~	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o impermissible private benefit?			
Par				
1	Purpose(s) of conservation easements held by the organizati		5 611 6111 556,1 4111	, 110 7.
•	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a cert	• •
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ution in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, a	and not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or t	erminated by the organ	nization during the tax
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	id enforcing conservati	on easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and en	forcing conservation ea	asements during the year
0		acticfulthe requirements	of a star $170(h)(4)(D)$	
8	Does each conservation easement reported on line 2d above and eastion 170(b)(4)(P)(ii)2			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati			
9	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.	lote to the organization s		
Par	t III Organizations Maintaining Collections of	f Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		,	
1a	If the organization elected, as permitted under FASB ASC 95		enue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for put	· ·		
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	e statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtheranc	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical treat	asures, or other similar as	ssets for financial gain,	provide
	the following amounts required to be reported under FASB A	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2023
332051	09-28-23	27		
		47		

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	dule D (Form 990) 2023 13THIRT t III Organizations Maintaining C	Y CANCER C		-		or Othe				B Page <b>2</b> ued)
3	Using the organization's acquisition, access	ion, and other record	ds, check an	y of the	following that	it make si	gnificant (	use of its		
	collection items (check all that apply).									
а	Public exhibition	c	1 🛄 Loa	n or exc	hange progra	am				
b	Scholarly research	e	e 🗌 Oth	er						
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how they	further t	he organizati	on's exen	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, histor	ical trea	sures, or oth	er similar	assets		_	
	to be sold to raise funds rather than to be m	aintained as part of	the organiza	tion's co	ollection?			L	Yes	No No
Par	t IV Escrow and Custodial Arran		te if the orga	anizatior	n answered ""	Yes" on F	orm 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod							_	-	_
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table	э:			· · · · ·			
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance								1	
	Did the organization include an amount on F						ty?	∟	Yes	No
_	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds Complete if				rm 990, Part		<b>d)</b> Three ye	are hack	(a) Four	years back
		(a) Current year	(b) Prior	year		S DACK (		Sals Dack	(e) i oui	years back
	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
-	End of year balance Provide the estimated percentage of the cur			aluma (a						
2		rent year end baland	%		a)) neiù as.					
a b	Board designated or quasi-endowment Permanent endowment	%	70							
c		%								
C	The percentages on lines 2a, 2b, and 2c sho									
39	Are there endowment funds not in the posse		ation that a	o hold a	nd administe	ared for th				
ou	organization by:		adon that a						Г	Yes No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?									
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the								0.2	
Par	t VI Land, Buildings, and Equipn									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, lir	e 11a. S	See Form 990	), Part X, I	line 10.			
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investi			(other)	• •	reciation		. ,	
1a	Land									
	Buildings									
	Leasehold improvements				2,262.		43,49			3,763.
	Equipment				0,885.		13,60			7,282.
	Other			6	1,224.		38,32	29.		2,895.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 10c,	column	n (B))				38	3,940.

Schedule D (Form 990) 2023

332052 09-28-23

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) MUTUAL FUNDS	700,269.	END-OF-YEAR MARKET VALUE
(B) FIXED INCOME	104,188.	
(C) EQUITIES	1,548.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	806,005.	
Complete if the organization answered "Yes" of <b>(a)</b> Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	(b) BOOK value	(C) Method of Valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.
-	Description	(b) Book value
(1)	•	
(2)		
(3)		

(4) (5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

#### Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	37,526.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

# Schedule D (Form 990) 2023

332053 09-28-23

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#### Schedule D (Form 990) 2023 13THIRTY CANCER CONNECT, INC.

Part VII Investments - Other Securities

Sche	dule D (Form 990) 2023 13THIRTY CANCER CONNECT,	INC.	47-4493013 Page 4
	t XI Reconciliation of Revenue per Audited Financial State	ments With Re	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial State		xpenses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		
3	Subtract line <b>2e</b> from line <b>1</b>		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
_	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>t XIII</b> Supplemental Information		
1 a			

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

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047
(Form 990)	Complete if the	or if the	2023					
Department of the Treasury		Attach to Form 990 c						Open to Public
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instruc	ctions	and t	he latest informatio	_	Employor id	Inspection entification number
Name of the organization		Y CANCER CONNECT,	INC				47-449	
		Complete if the organization answe			n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
<ol> <li>Indicate whether the a Mail solicitate</li> <li>Mail solicitate</li> <li>Internet and</li> <li>Phone solicitate</li> <li>Phone solicitate</li> <li>In-person social</li> <li>In-person social</li> <li>Did the organization</li> <li>key employees list</li> </ol>	e organization rais tions email solicitations tations blicitations on have a written o ted in Form 990, P 0 highest paid indiv	sed funds through any of the followir e Solicitat f Solicitat g Special or oral agreement with any individual vart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees,	Ye	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	trol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total		<u> </u>						
	ich the organizatio	on is registered or licensed to solicit o	contrib	outions	s or has been notified	d it is	exempt from	registration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

13THIRTY CANCER CONNECT, INC.

47-4493013 Page 2

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

		of fundraising event contributions and g	-	· · · · · · · · · · · · · · · · · · ·		ots greater than \$5,000		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			JOURNEY	BALD FOR	NONE	(add col. (a) through		
			AUCTION	BUCKS EVENT	0	col. <b>(c)</b> )		
an			(event type)	(event type)	(total number)			
нечепие	1	Gross receipts	160,140.	22,707.		182,847		
	2	Less: Contributions	145,540.	22,707.		168,247		
	3	Gross income (line 1 minus line 2)	14,600.			14,600		
	4	Cash prizes						
ņ	5	Noncash prizes						
	6	Rent/facility costs						
nireci Experises	7	Food and beverages						
1	8	Entertainment						
		Other direct expenses				14,600		
		Direct expense summary. Add lines 4 throug				14,600		
		Net income summary. Subtract line 10 from	line 3, column (d)			0		
<b>a</b>	rt I	<b>3 1 1 1 1 1 1 1 1 1 1</b>	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than			
_		\$15,000 on Form 990-EZ, line 6a.		() Dull tabe/instant				
3			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d		
				bingo/progrossive binge				
2	-	Gross revenue						
	<u> </u>							
,	2	Cash prizes						
	3	Noncash prizes						
הוובתו דילהבווסבים	4	Rent/facility costs						
	5	Other direct expenses						
┥	<u> </u>		Yes %	Yes %	Yes %			
	6	Volunteer labor	□ No	□ No	No			
		Direct expense summary. Add lines 2 throug	h 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)					
)		er the state(s) in which the organization cond						
		he organization licensed to conduct gaming a				Yes N		
b	lf "I	No," explain:						
Na	a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							
		Yes," explain:						
2								
		12.02			C.L.	dulo G (Earm 000) 000		
:08	sz 09	)-13-23			Sche	dule G (Form 990) 202		
				• •				

<u>Sch</u>	edule G (Form 990) 2023	<u>13THIRTY</u>	CANCER	CONNECT,	, INC.	47-	4493013	B Page
11	Does the organization conduct of						Yes	
	Is the organization a grantor, be	eneficiary or trustee	of a trust, or a	member of a part	tnership or other e	entity formed		
	to administer charitable gaming						Yes	
	Indicate the percentage of gami						1 1	
	The organization's facility							
	An outside facility						13b	
14	Enter the name and address of t	the person who pre	pares the orga	nization's gaming	J/special events bo	ooks and records:		
	Nama							
	Name							
	Address							
15a	Does the organization have a co	ontract with a third p	party from who	m the organizatic	on receives gaming	revenue?	Yes	
	C		,	U U	0 0			
b	If "Yes," enter the amount of gai	ming revenue receiv	ved by the orga	anization \$		and the amount		
	of gaming revenue retained by t	he third party \$				-		
С	If "Yes," enter name and addres	s of the third party:						
	Name							
	Address							
16	Gaming manager information:							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	า \$						
	0 0 1	·						
	Description of services provided	t						
	_		_	-				
	Director/officer	Employee		Independent co	ontractor			
17	Mandatory distributions:							
а	Is the organization required und						Vee	
L.	retain the state gaming license?							
D	Enter the amount of distribution	-		stributed to othe	r exempt organiza	tions or spent in the		
Pa	organization's own exempt activ rt IV Supplemental Info			ons required by F	Part L line 2h. colur	mns (iii) and (v): and F	Part III lines 0	9h 1(
	15b, 15c, 16, and 17b, a		•			() ()	art III, iirico o	, 55, 1
	100, 100, 10, 414 110, 0		storido any ad					
320	83 09-13-23					Sche	dule G (Form	990) 2
				33				1000,1
91	L008 149812 13TH0	13 2	2023.040		RTY CANCE	R CONNECT,	-	-

Schedu	ule (	G (	Form	990

Part IV Supplemental Information	(continued)
	Schedule G (Form 990)
2084 04-01-23	34
91008 149812 13тн013	2023.04020 13THIRTY CANCER CONNECT, IN 13TH0131

SCHEDULE O

Department of the Treasury

Internal Revenue Service
Name of the organization

(Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.

Open to Public Inspection

OMB No 1545-0047

47-4493013

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

THE ORGANIZATION'S EXECUTIVE DIRECTOR, TREASURER AND BOARD OF DIRECTORS

REVIEW AND APPROVE THE FORM 990 BEFORE IT IS FILED.

13THIRTY CANCER CONNECT,

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

THE ORGANIZATION MAINTAINS CONFLICT OF INTEREST FORMS FOR EACH BOARD

MEMBER. ON AN ANNUAL BASIS, THE FORM IS REVIEWED AND UPDATED WITH EACH

MEMBER.

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

THE SALARY OF THE ORGANIZATION'S EXECUTIVE DIRECTOR IS REVIEWED AND

APPROVED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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# CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

<b>1.General Informat</b>								
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2023 and Ending (mm/dd/yyyy) 12/31/2023								
Check if Applicable: Address Change	Name of Organization: 13THIRTY CANCE	R CONNECT, IN	с.	Employer Identification Number (EIN): $47 - 4493013$				
Name Change				NY Registration Number: $45 - 46 - 25$				
Final Filing	City / State / ZIP: ROCHESTER, NY	14620		Telephone: 585 563-6221				
Reg ID Pending	Website: WWW.13THIRTY.O	RG		Email: LAUREN@13THIRTY.ORG				
Check your organization's registration category: TA only EPTL only X DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.								
2. Certification								
See instructions for certif	cation requirements. Imprope	r certification is a violation	of law that may be subject to	o penalties. The certification requires				
two signatories.								
	enalties of perjury that we revi e true, correct and complete ir			best of our knowledge and belief, plicable to this report.				
President or Authorized	Officer:		LAUREN SPIK EXECUTIVE D					
	Signature		Print Name a					
Chief Financial Officer or	Treasurer:		TREASURER					
	Signature		Print Name a	and Title Date				
3. Annual Reporting	g Exemption							
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.          3a. 7A filing exemption:       Total contributions from NY State including residents, foundations, government agencies, etc. did not								
	exceed \$25,000 <u>and</u> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.							
	3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.							
4. Schedules and A	ttachments							
See the following page for a checklist of schedules and attachments to complete your filing.       Yes       X       No       4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.								
5. Fee								
See the checklist on the next page to calculate yo fee(s). Indicate fee(s) you are submitting here:	ur \$ 25.	EPTL filing fee:	Total fee: \$ 125.	Make a single check or money order payable to: <b>"Department of Law"</b>				
		·	* <u></u>					
	<sup>·</sup> Charitable Organizations (Up fers to an organization's NYS	• ·	not refer to its IRS tax desig	gnation.				

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# 13THIRTY CANCER CONNECT, INC.

	CHAR500	Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:			
	<b>UTANJUU</b>	- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.			
A	Annual Filing Checklist	- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.			
	andar ming choolaist	- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3			

# **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fur If you answered "yes" in Part 4b, submit Schedule 4b: Government C	nd Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
<ul> <li>Check the financial attachments you must submit with your CHAR500:</li> <li>IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable</li> <li>All additional IRS Form 990 Schedules, including Schedule B (Sched disclosure and will not be available for public review.</li> <li>Our organization was eligible for and filed an IRS 990-N e-postcard. O filing year. We have included an IRS Form 990-EZ for state purposes</li> </ul>	Dur revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certif Review Report if you received total revenue and support greater than Audit Report if you received total revenue and support greater than If the fiscal year begins before that date, an Audit Report is required No Review Report or Audit Report is required because total revenue We are a DUAL filer and checked box 3a, no Review Report or Audit	n \$250,000 and up to \$1,000,000 \$1,000,000 and the fiscal year begins on or after July 1, 2021. if total revenue and support is greater than \$750,000 and support is less than \$250,000
Calculate Your Fee	
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a	<b>7A</b> filers are registered to solicit contributions in New York

X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b	á
\$25, if the NET WORTH is less than \$50,000	I
$\hfill \eqref{star}$ \$50, if the NET WORTH is \$50,000 or more but less than \$250,000	I
$\mathbf{X}$ \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	á
250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	ļ
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	0
\$1500, if the NET WORTH is \$50,000,000 or more	Ľ

# Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov **7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

<sup>368461</sup> <sup>04-01-23</sup> 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

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