Form **991**

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.

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	2020 calendar year, or tax year beginning and end	ding		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		45-39688	33
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone numbe	
	Final return/			916-501-	
_	termin ated Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	314,143.
H				H(a) Is this a group re	
L	tiòn pendir	F Name and address of principal officer: PAMELA WHITEHEAD 947 ENTERPRISE DR LOFT B, SACRAMENTO, CA	. 95	for subordinates H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or □	527		list. See instructions
		e: WWW.TRIUMPHFOUND.ORG		H(c) Group exemptio	
K	Form of	organization: X Corporation	L Year o		A State of legal domicile: CA
	art I	Summary	•	•	·
_	1	Briefly describe the organization's mission or most significant activities: PROVID	E CA	NCER FITNES	S PROGRAMS
Governance		TO CANCER SURVIVORS AT NO COST TO PARTICIP.	ANT		
rna	2	Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
ত ত	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
Š		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			8
ξĘ		Total number of volunteers (estimate if necessary)			0
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		168,705.	253,504.
nue		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		45.	22.
E		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		71,752.	44,599.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		240,502.	298,125.
	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)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă X	b	Total fundraising expenses (Part IX, column (D), line 25)	•		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		267,987.	313,101.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		267,987.	313,101.
	19	Revenue less expenses. Subtract line 18 from line 12		-27,485.	-14,976.
Net Assets or Find Balances			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		229,773.	213,411.
t As	21	Total liabilities (Part X, line 26)		2,560.	1,174.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		227,213.	212,237.
	art II	Signature Block			
	•	lties of perjury, I declare that I have examined this return, including accompanying schedules an		·	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.	
		Signature of officer		Date	
Sig				Date	
He	re	PAMELA WHITEHEAD, PRESIDENT Type or print name and title			
			In	Date Check	PTIN
Do!	d	Print/Type preparer's name Preparer's signature	ا	if	
Pai		TONYA R. CASIMIRO		self-employe	68-0293548
	parer Only	Firm's name FITZPATRICK & CASIMIRO, CPAs, INC Firm's address 3600 AMERICAN RIVER DRIVE #210	•	FIRM'S EIN	00-0453340
USE	Unity	Firm's address 3600 AMERICAN RIVER DRIVE #210 SACRAMENTO, CA 95864		Phone no. (9	16) 483-7100
_	41 25			Prione no. (9	
ıvla	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	Charlet Ocharlet O contains a war and the contains a walk to be shall be sh
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROVIDE CANCER FITNESS PROGRAMS TO CANCER SURVIVORS AT NO COST TO
	PARTICIPANT
	IMITCHMI
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
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 293,460 • including grants of \$) (Revenue \$
	TRIUMPH FITNESS PROGRAM: 12 WEEK FITNESS PROGRAM SPECIFICALLY FOR
	CANCER SURVIVORS OFFERED AT NO COST TO THE PARTICIPANT. DURING 2020 WE
	RAN 14 12 WEEK CLASSES, 6 OF WHICH WERE EXTENDED AN ADDITIONAL 4 WEEK
	AS WE TRANSITIONED TO A VIRTUAL PLATFORM DUE TO THE PANDEMIC. TOTAL
	CLIENTS SERVED-100
4b	(Code:) (Expenses \$
	TRIUMPH TO 5K RUN/WALK AND TEAM TRIUMPH EVENT TRAINING: 10 WEEK FITNESS
	PROGRAM FOR CANCER SURVIVORS OFFERED AT NO COST. PROGRAM TRAINS
	PARTICIPANTS TO WALK OR RUN A 5 KILOMETER RUN. ALSO INCLUDES TEAM
	TRIUMPH EVENT TRAINING AND PARTICIPATION EXPENSES. TOTAL CLIENTS SERVED
	15-20 FOR TRIUMPH TO THE SUMMIT
4c	(Code:) (Expenses \$
40	(Code:) (Expenses \$
	TRIUMPH FITNESS THREE TIMES PER YEAR. A REFRESHER COURSE FOR GRADUATES
	TO REMIND THEM OF THE SKILLS THEY LEARNED DURING TRIUMPH FITNESS. TOTAL
	CLIENTS SERVED 55.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 300,133.
	Form 990 (2020)

Form 990 (2020) TRIUMPH CANC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 25
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 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		х
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		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11.5		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	446		x
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		1
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Λ	-
19	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2020) TRIUMPH CANCER FOU Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3,7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			3,7
	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%			x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	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			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
C	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 •		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	l

Form 990 (2020) TRIUMPH CANCER FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, led of the tocalenary are ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to 6-fede se instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes,* has it filled a Form 990-T for this year? If Ye' to line 2b, provide an explanation on Schedule 0 3c If Yes, has the filled a Form 990-T for this year? If Ye' to line 2b, provide an explanation on Schedule 0 3c If Yes, has the filled a Form 990-T for this year? If Ye' to line 2b, provide an explanation on Schedule 0 3d If Yes, has the filled a Form 990-T for this year? If Ye' to line 2b, provide an explanation on Schedule 0 3d If Yes, has the filled a Form 990-T for this year? If Ye' to line 2b, provide an explanation on Schedule 0 3d If Yes, has the filled a Form 990-T for this year? 5a Was the organization share from 100 provides as a baint account, securities account, or other financial account()? 5b If Yes, has the filled a Form 990-T for this year? 5c If Yes to line is a rob, did fill any taxable party notify the organization than 1 was or is a party to a prohibited tax share transaction? 5c If Yes to line is a rob, bid in the school of Yes or prohibited tax shelter transaction? 5c If Yes, and the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, and the organization have annual gross receipts that an enormally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5c If Yes, and the organization school appropriation in a party and the property organization school appropriation in a party and the organization school appropriation in a party and the property organization school appropriation in a party and the org					Yes	No
b If a least one is reported on line 2a, did the organization file all required toderal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A at any time during the calendary early differed they are? If No? to the 3b, provide an explanation on Schedule O 3b If Yes, has it filed a Form 990-T for this year? If No? to the 3b, provide an explanation on Schedule O 3b If Yes, and a foreign country (such as a bank account, securities account, or other financial account)? 4a A tany time the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5a Verse instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization have the organization that It was or is a party to a prohibited tax shelter transaction? 5b If Yes, if the isa care 5b, did the organization the Form 898617. 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If Yes, if did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If Yes, if did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b If Yes, if did the organization notify the donor of the value of the goods or services provided? 7c If If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c If If If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and servi	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrolated business gross income of \$1,000 or more during the year? 3b If "Yea," has it filed a Form 990-T for this year? If "No" to fire 3b, provide an explanation on Schedule 0 3b If "Yea," has it filed a Form 990-T for this year? If "No" to fire 3b, provide an explanation on Schedule 0 3b If "Yea," the street 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 5b If "Yea," enter the name of the foreign country \$\frac{1}{2}\$ be a bank account; securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a If the Did any taxable party norify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yea," to line sa or Sb, did the organization file Form 8889.17? 5c If "Yea," of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as charitable contributions? 6c If "Yea," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or a did the organization shall many receive deductible contributions and party for goods and services provided to the payor? 7c Organizations that many receive deductible contributions under section 170(c). 8d If "Yea," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization receive any premium to express of \$15 made party as a contribution of update the payor of		filed for the calendar year ending with or within the year covered by this return	2a 8			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b if 1''es', "has it filed a Form 990T for the year of "Not for line", 3b, provide an explenation on Schedule O b if 1''es', "has it filed a Form 990T for the year of "Not for line", 3b, provide an explenation on Schedule O b if 1''es', "has it filed a Form 990T for the year of "Not for line", 3b, provide an explenation on Schedule O b if 1''es', "has it filed a Form 990T for the year of the organization have an interest in, or a signature or other authority over, a financial accountly and the foreign country (such as a bank account, securities account, or other financial accountly of the provided of the organization in the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). b bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	3?	2 b	Х	
b If Yes, 'has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account? 4b If Yes, 'enter the name of the foreign country Such as bank account, securities account, or other financial accounts? 5cen instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5cen instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5cen instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5cen instructions of the organization tall it was or is a party to a prohibited tax shelter transaction? 5c		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
4a A 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)? 4b If "Yes," face the the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization the foreign country to a prohibited the foreign bank and Financial Accounts (FBAR). 5b Was the organization to a prohibited for Financial Accounts (FBAR). 5c If "Yes" to lie Sa or 5b, did the organization final Form 888-17. 5d Did any taxable party notify the organization final for Form 888-17. 5d Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5d If "Yes" in did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). a bil the organization state were not tax deductible as charitable contributions under section 170(c). a bil the organization state any receive deductible contributions under section 170(c). b If "Yes", "did the organization notify the donor of the value of the goods or services provided? 7b Organizations that may receive deductible contributions under section 170(c). a bil the organization state were not tax deductible as charitable contributions or file wature of the goods or services provided to the payor? 7b If "Yes", indicate the number of Forms 8282 filed during the year 7c Organization section and notify the donor of the value of the goods or services provided? 7c If Did the organization neceived an contribution of organization indirectly, to pay premiums on a personal benefit contract? 7c If Did the organization received an contribution of contribution or foundirectly, and payor service	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
financial account in a foreign country Such as a bank account, securities account, or other financial account)? 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? 5b Did any staxeble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any staxeble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did not staxeble party notify the organization file Form 8886-17? 6c I "Yes" to line Sa or 5b, did the organization file Form 8886-17? 6d Does the organization include with every solicitation an express statement that such contributions or glifs were not tax deductible? 7 organizations that many receive deductible contributions under section 170(c). 8 Did the organization receive a payment in sexess of 55 made party as a contribution and party for goods and services provided to the payor? 7 a Was in the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 8 Did the organization receive a payment is excess of 55 made party as a contribution on a personal benefit contract? 7 b Did the organization feel and any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 c Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8298 as required? 8 phonosoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: 1 a initiation fees and capital contributions included on Part VIII, line 12 1 Section 4974(R) on excernpt				3b		
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X						
	16		ncome?	16		Х
		If "Yes," complete Form 4720, Schedule O.				

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			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۲		
	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	Tu		
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15		
		8a	Х	
a h	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
800	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		21
000	tion b. I onoics (mis section b requests information about policies not required by the internal nevertue code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X
		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		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a		12b		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		-25
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		х
40	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Λ
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA		,	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(s)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization - 916-501-3554			

TRIUMPH CANCER FOUNDATION

45-3968833

Page 7

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

Check if Schedule O contains a response	or note to any line in this Part V	/II	
Check if Schedule O Contains a response	of flote to arry life in this Fart v	" L	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization	nor any related	orga	aniza	ation	<u>cor</u>	npe	nsat	ted any current officer,	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	_	Cer ai	lu a u	lirecio)/ ii us	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9e or 0	stee			ısatec		(W-2/1099-MISC)	(***2/1099*181130)	organization
	organizations	truste	Institutional trustee		yee	mper		(** = *********************************		and related
	below	idual	tution	-e	Key employee	est co loyee	Je.			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Form			
(1) PAMELA WHITEHEAD	8.00									
PRESIDENT				Х				0.	0.	0.
(2) ALICIA LOWE	2.00									
BOARD MEMBER				Х				0.	0.	0.
(3) MICHAEL GUTTERMAN	2.00									
BOARD MEMBER				Х				0.	0.	0.
(4) STEVE CHILDS	2.00									
BOARD MEMBER				Х				0.	0.	0.
(5) ALAN ANDERSON	1.00									
BOARD MEMBER				Х				0.	0.	0.
(6) JAMIE BAKER	2.00									
BOARD MEMBER				Х				0.	0.	0.
(7) SKIP ROSENBLOOM	1.00							_	_	_
BOARD MEMBER				Х				0.	0.	0.
(8) PAULA PLESHA	4.00							_	_	_
BOARD MEMBER				Х				0.	0.	0.
(9) JOHN WINN	2.00	1								
BOARD MEMBER				Х				0.	0.	0.
		1								
		1								
		1								
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Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			_ (0	•			(D)	(E)			(F)	
Name and title	Average hours per week (list any	box, offic	not c	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from the	Reportable compensatio from related organization:		am	timate ount o other oensat	of
	hours for related organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga and	om the anization of relate anization	e on ed
	line)	Individ	Institu	Officer	Keyen	Highes	Forme				orgu		
		-											
		-											
		-											
41- 0-11-1-1							L	0.		0.			0.
Subtotal Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section A							0.		0.			0.
Total number of individuals (including but compensation from the organization	t not limited to th),000 of reportable				(
3 Did the organization list any former offic		ee, k	еу е	emp	loye	e, o	r hig	ghest compensated emp	oloyee on			Yes	No
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the	sum of reportab	le co	mpe	ensa	atior	n and	d otl	her compensation from			3		X
and related organizations greater than \$ 5 Did any person listed on line 1a receive or	or accrue compe	nsati	on f	rom	any	/ uni	elat		idual for services		4		X
rendered to the organization? If "Yes," consection B. Independent Contractors	omplete Schedui	e J fo	or su	uch	pers	son .					5		X
Complete this table for your five highest the organization. Report compensation f										npens	ation fr	om	
(A) Name and busine			NI					(B) Description of s		C	(C Comper) isation	า
							_						
2 Total number of independent contractor		not lin	nite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the orga	anization >					<u> </u>					Form 9	390 (2	2020

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 82,500. c Fundraising events 1c 1d d Related organizations 43,875. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 127,129 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 253,504. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 22. 22. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$82,500. ofcontributions reported on line 1c). See 60,617. Part IV, line 18 16,018. **b** Less: direct expenses _____ 8b 44,599. 44,599. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 298,125. 0. 44,621 Total revenue. See instructions 12

Form 990 (2020) TRIUMPH CANCER FOUNDATION Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
_	Crante and other aggietance to democtic organizations		ехрепзез	general expenses	ехрепзез
1	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				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
^	· · · · · · · · · · · · · · · · · · ·				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	750		750	
С	Accounting	750.		750.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	- 446		- 110	
12	Advertising and promotion	5,413.		5,413.	
13	Office expenses	597.		597.	
14	Information technology	3,284.		3,284.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	159.		159.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,765.		2,765.	
24	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.)				
а	PROGRAM FEES	178,770.	178,770.		
h	PROGRAM DEVELOPMENT	108,608.	108,608.		
c	PROGRAM VIDEO PRODUCTIO	12,755.	12,755.		
d		-,:-,-	_,::•		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	313,101.	300,133.	12,968.	0.
26	Joint costs. Complete this line only if the organization	,		,	
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
02201	11-23-20				Form 990 (2020)

Form 990 (2020) Part X Balance Sheet

rait	^	Balance Sneet						
		Check if Schedule O contains a response or	note to	any	ine in this Part X			
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				229,773.	1	213,411
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net					4	
	5	Loans and other receivables from any currer	nt or for	mer	fficer, director,			
		trustee, key employee, creator or founder, su	ubstant	ial co	ntributor, or 35%			
		controlled entity or family member of any of	these p	erso	s		5	
	6	Loans and other receivables from other disq	qualified	pers	ons (as defined			
		under section 4958(f)(1)), and persons descr	ribed in	sect	on 4958(c)(3)(B)		6	
3	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use					8	
۲	9	Prepaid expenses and deferred charges					9	
1	10a	Land, buildings, and equipment: cost or other	er					
		basis. Complete Part VI of Schedule D	10	Оа				
	b	Less: accumulated depreciation	10)b			10c	
1	11	Investments - publicly traded securities					11	
1	12	Investments - other securities. See Part IV, li	ine 11 .				12	
1	13	Investments - program-related. See Part IV, I	line 11				13	
1	14	Intangible assets		14				
1	15	Other assets. See Part IV, line 11					15	
1	16	Total assets. Add lines 1 through 15 (must e	equal lir	ne 33		229,773.		213,41
1	17	Accounts payable and accrued expenses				2,560.	17	1,17
1	18 Grants payable						18	
1	19	Deferred revenue					19	
2	20	Tax-exempt bond liabilities					20	
2	21	Escrow or custodial account liability. Comple	ete Part	: IV o	Schedule D		21	
2	22	Loans and other payables to any current or	former o	office	, director,			
		trustee, key employee, creator or founder, su	ubstant	ial co	ntributor, or 35%			
2		controlled entity or family member of any of	these p	erso	s		22	
2	23	Secured mortgages and notes payable to ur	nrelated	l thire	parties		23	
2	24	Unsecured notes and loans payable to unrel	lated th	ird p	rties		24	
2	25	Other liabilities (including federal income tax	, payab	les t	related third			
		parties, and other liabilities not included on l	ines 17	-24).	Complete Part X			
		of Schedule D				2.50	25	4.5
2	26	Total liabilities. Add lines 17 through 25				2,560.	26	1,17
,		Organizations that follow FASB ASC 958,	check	here	>			
3		and complete lines 27, 28, 32, and 33.						
2	27	Net assets without donor restrictions					27	
2	28	Net assets with donor restrictions					28	
		Organizations that do not follow FASB AS	C 958,	che	k here 🕨 🔼			
;		and complete lines 29 through 33.						
2	29	Capital stock or trust principal, or current fur				0.	29	(
វ្ 3	30	Paid-in or capital surplus, or land, building, o				0.	30	010 021
	31	Retained earnings, endowment, accumulate				227,213.	31	212,23
_	32	Total net assets or fund balances				227,213.	32	212,237
3	33	Total liabilities and net assets/fund balances	3			229,773.	33	213,411

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	
			_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 125.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			101.
3	Revenue less expenses. Subtract line 2 from line 1	3			976.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	27,	213.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2	<u>12,</u>	237.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	s No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
	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 the	e audit,	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2	c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule (Э.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		
	Act and OMB Circular A-133?		3	а	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	<u> </u>	

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization TRIUMPH CANCER FOUNDATION **Employer identification number** 45-3968833

Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
The	organ	nization is not a private found	dation because it is: ((For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch			•	•				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	\Box	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	H						-	the hospital's name		
7	ш	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name,								
_		city, and state:	ar the benefit of a co	llaga ar university avenue	d ar anara	tod by a a	avaramantal unit dagarik	and in		
5		An organization operated for		niege or university owner	or opera	ted by a g	overnmental unit descrit	pea in		
_		section 170(b)(1)(A)(iv). (C								
6	37	A federal, state, or local go								
7	X	An organization that norma		intial part of its support f	rom a gov	ernmental	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (C								
8	Щ	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college		
		or university or a non-land-o	grant college of agric	culture (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 supp	port from o	contributio	ons, membership fees, a	nd gross receipts from		
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in		
		lines 12a through 12d that	-							
а		Type I. A supporting orga	* *			•	· · · · · ·	v aivina		
		the supported organization	· ·	•						
		organization. You must o			,					
b		Type II. A supporting org	-		tion with it	s support	ed organization(s) by ha	ivina		
~		control or management o	· · · · · · · · · · · · · · · · · · ·					-		
		organization(s). You mus			arric perse	ons that of	ontrol of manage the sup	ported		
c	. [Type III functionally inte			in connec	tion with	and functionally integrate	ed with		
	· L	its supported organizatio	-				• •	od with,		
d		Type III non-functionally		•				zation(s)		
							• • • • •	• •		
		that is not functionally int	-	• •	-		•	iveriess		
		requirement (see instruct	•							
е	•	☐ Check this box if the orga					a Type I, Type II, Type III			
		functionally integrated, or		nally integrated support	ng organiz	zation.				
f		er the number of supported of								
0		vide the following information (i) Name of supported	n about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
	,	organization	(11) = 111	(described on lines 1-10	in your governi		support (see instructions)	support (see instructions)		
				above (see instructions))	Yes	No				
Tota	al									

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	135,323.	162,299.	160,870.	168,705.	209,629.	836,826.
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	105 000	1.60	1 4 4 4 4 4 4	1.60 - 0.		
4	Total. Add lines 1 through 3	135,323.	162,299.	160,870.	168,705.	209,629.	836,826.
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)						006 006
6	Public support. Subtract line 5 from line 4.						836,826.
	ction B. Total Support	1	<u> </u>		г	r - 1	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018 160,870.	(d) 2019	(e) 2020	(f) Total 836,826.
	Amounts from line 4	135,323.	162,299.	160,870.	168,705.	209,629.	836,826.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	20	٥،	4.7			1.61
	and income from similar sources	28.	86.	47.			161.
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.)						836,987.
11	• • • • • • • • • • • • • • • • • • • •		`			40	030,307.
12	Gross receipts from related activities,	•		f		12	
13	First 5 years. If the Form 990 is for the				-		. □
500	organization, check this box and stopetion C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2020 (l			oolumn (f))		14	99.98 %
15	Public support percentage from 2019					15	99.98 %
	33 1/3% support test - 2020. If the o						
102	stop here. The organization qualifies	O .		,		*	
h	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
.,,	and if the organization meets the fact	ū					*
	meets the facts-and-circumstances to		*	-	·	vi now the organiz	. .
h	10% -facts-and-circumstances tes	•	•		•		
	more, and if the organization meets the	_					.570 01
	organization meets the facts-and-circ		•				ightharpoonup
18	Private foundation. If the organization						s

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.)

Galledar year (or fiscal year septiming in) Galledar year (or fiscal	Sec	tion A. Public Support	now, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feet received. (Do not include any "unusual grants.") 2 Gross eneights from admissions, merchandise acid or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3. Gross neceipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf. 6 Total. Add lines 1 through 5. 7 A mounts included on lines 1, 2, and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons that second to gratues of 18,000 or 1% of the annual received and annual received annu		· · · · · · · · · · · · · · · · · · ·	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
membership fees received. (Do not include any trustal grants?) 2 Gross receipts from admissions, membranding sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization is transpared to or expended on its behalf 5 The value of services or scalities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 6 Total. Add lines 1 through 5		· ` ` ` · · · · · · · · · · · · · · · ·	(-, -5.5	(-,,	(-, 25.5	(=, ==:=	\-,	(-)
include any *unusual grants*) 2 Gross recipits from admissions, merchandies sold or services per formed, or facilities furnished in any activity that is related to the organization's trave-empt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's trave-empt purpose 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and offitting the properties of		, ,						
2 Gross receipts from admissions, merchandles 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 business under section 513 4 Tax revenues leviet for the organization's benefit and either paid to or expanded on its behalf to every period of the behalf of the paid to or expanded on its behalf to the organization without charge 6 Total. Add lines 1 through 5 7 Ta waute of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons but a service of the paid of th								
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's traveweriph purpose 3. Gross receipts from activities that are not an unrelated trade or bus- iness under section 513. 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5. The value of services or statities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts include on lines 2 and 7 served from the first of the pay 6. Add lines 7 and 7 b. 8. Public support, secretal solution 9. Amounts fortion line 6. 10. Gross income from interest, dividendis, payments received on and income from similar sources b. Unrelated business tzable income (less section 5.1 laxes) from businesses acquired after June 30, 1975 9. Add lines 10a and 10b 11. Net income from unrelated business whether or not the business is regulatly carried on 12. The First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, critical 15. Public support percentage for 2020 (line 16, april III, line 17) 15. Section D. Computation of Public Support Percentage 16. Public support percentage for 2020 (line 16, column II), divided by line 13, column (li) 15. 99. 16. Public support percentage for 2020 (line 16), column (li), divided by line 13, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ine 18 is not more than 33 1/3%, check this box and stop here. The organization and line 16 is line 16 is mo		, , , , , , , , , , , , , , , , , , ,						
any activity that is related to the organization is tax-exempt purpose of congruents from activities that are not an unrelated trade of business under section 513 1 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons that one or the service of the service		•						
origanization's tax-exempt purpose 3 Cross recepts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons b Amonita included on lines 2 and 3 received trom other than decapitately persons b Amonita included on lines 2 and 3 received trom other than decapitately persons b A mounts included on lines 2 and 3 received trom other than decapitately persons b A received from disqualified persons b A received from disqualifie		*						
3. Gross receipts from activities that are not an unvested trade or business under section 513 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. a Amounts included on lines 1, 2, and 3 received from disqualified persons 1. Amounts included on lines 3 and 3 received from disqualified persons 1. Amounts included on lines 3 and 3 received the services of the se								
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 8 A mounts included on lines 1, 2, and 3 received from disqualified persons but have been serviced by a service of the service of th		· · · · •						
Interest under section 513 4 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5		•						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5		5						
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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described in line 11a above?	11b		
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
C		oported organization(s).	1		Ц
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	-	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		son of the relationship described in line 2, above, did the organization's supported organizations have a			
3	-				
		cant voice in the organization's investment policies and in directing the use of the organization's e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ies Test. Answer lines 2a and 2b below.		Yes	No
а		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported 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,			
		ne organization was responsive to those supported organizations, and how the organization determined			
	that th	ese activities constituted substantially all of its activities.	2a		
b	Did the	e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		I the reasons for the organization's position that its supported organization(s) would have engaged in			
	these a	activities but for the organization's involvement.	2b		
3	Parent	of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the	e 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.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	iizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.								
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 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							
Sect	ion 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-functional	ally integrate	ed Type III supporting org	anization (see					
	instructions).								

Schedule A (Form 990 or 990-EZ) 2020

Fai	t v Type III Non-Functionally integrated 509	(a)(o) Supporting Org	(continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2020

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TRIUMPH CANCER FOUNDATION

Employer identification number

45-3968833

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

TRIUMPH CANCER FOUNDATION

45-3968833

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DIGNITY HEALTH 6403 COYLE AVE STE 200 CARMICHAEL, CA 95608	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FLEET FEET SPORTS 2311 J STREET SACRAMENTO, CA 95816	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SACRAMENTO REGION COMMUNITY FOUNDATION 955 UNIVERSITY AVE STE A SACRAMENTO, CA 95825	\$32,485.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DELTA DENTAL ONE DELTA DR MECHANICSBURG, PA 17055	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	KAISER PERMANENTE 6600 BRUCEVILLE RD SACRAMENTO, CA 95823	\$\$	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
002450 11 0		\$	Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TRIUMPH CANCER FOUNDATION

45-3968833

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
		\$	

Name of organization Employer identification number 45-3968833 TRIUMPH CANCER FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (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, and ZIP + 4 Relationship 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, and ZIP + 4 Relationship 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, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

TRIUMPH CANCER FOUNDATION

Employer identification number 45-3968833

Schedule G (Form 990 or 990-EZ) 2020

Part I	Fundraising Activities required to complete this par	Complete if the organization answer	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
1 Indica		sed funds through any of the followi			Check all that apply overnment grants		
b c d	Internet and email solicitations Phone solicitations In-person solicitations		tion of	gover	nment grants		
2 a Did the key b If "Ye	he organization have a written ormployees listed in Form 990, P	or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursections organization.	orofess	ional f	fundraising services?	Yes	
	e and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
Fotol							
Total 3 List al or lice		on is registered or licensed to solicit	contrib	outions	L s or has been notified	d it is exempt from re	L egistration

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events DINNER/WINET None (add col. (a) through ASTING col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 143,117. 143,117. 82,500 82,500. 2 Less: Contributions 60,617. 60,617. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 16,018. 16,018. 16,018 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2020 TRIUMPH CANCER FOUNDATION 45-3	3968	833	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No.
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		V	□ Na
40	to administer charitable gaming?	¹	Yes	∟ No
	Indicate the percentage of gaming activity conducted in:	ا ءمدا		0.4
	a The organization's facility	13a		%
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name			
	Name ►Address ►			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$			
,	If "Yes," enter name and address of the third party:			
Ì				
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	L \	Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lin	ies 9,	9b, 10b,

Schedule 6	G (Form 990 or 990-EZ)	TRIUMPH C	CANCER	FOUNDATION	45-3968833	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continue	d)			
		,	,			
-						
-						

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TRIUMPH CANCER FOUNDATION

Employer identification number 45-3968833

Foi	m 990	, Part	. VI	, Section	В,	line	11	b:				
NO	REVIE	WILL	BE	CONDUCTE	D OI	₹ 990	вч	ENTIRE	GOVERNING	BODY.	REVIEWED	ВҮ
PRI	ESIDEN'	r/CEO.										
For	m 990	, Part	VI	, Section	C,	Line	19	:				
DOC	CUMENT	S ARE	AVA	ILABLE ON	WEI	BSITE						