** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change TEAM TONY CANCER FOUNDATION, INC. Name change 27-3755241 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 3562 S OSPREY AVE 941-320-3366 termin-ated 315,892. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return SARASOTA, FL 34239 H(a) Is this a group return Applica-F Name and address of principal officer: TONY MCEACHERN Yes X No for subordinates? pending 3562 S. OSPREY AVE., SUITE C, SARASOTA, FL H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or L If "No," attach a list. See instructions J Website: ► WWW.TEAMTONY.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2010 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: TEAM TONY CANCER FOUNDATION Activities & Governance PROVIDES PERSONALIZED MATCHES THAT ENABLE ONE ON ONE SUPPORT AMONG Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 Number of voting members of the governing body (Part VI, line 1a) <u>11</u> Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 236,447. 266,462.Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 32. 19. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. -9.481**.** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 236,479, 257,000. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 32,393. 22,708. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 124,871. 110,550. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 66,734. 61,932. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 223,998. 195,190. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,481. 61,810. Revenue less expenses. Subtract line 18 from line 12 Assets or a Balances Beginning of Current Year **End of Year** 230,363. 292,035. 20 Total assets (Part X, line 16) 138. 0. 21 Total liabilities (Part X, line 26) <u>292,0</u>35. 225. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign THOMAS R. CRAMER, TREASURER Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature THOMAS R. CRAMER P00456445 Paid SUPLEE SHEA CRAMER & ROCKLEIN, P.A. Firm's EIN **►** 59-2213319 Preparer Firm's name Firm's address 800 SOUTH OSPREY AVENUE Use Only SARASOTA, FL 34236-7834 Phone no. 941 - 366 - 3600

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

| Pa | Check if Schedule O contains a response or note to any line in this Part III | |
|----|--|-------------------------------|
| 1 | | |
| ' | ONE ON ONE CANCER SUPPORT - DEDICATED TO PROVIDING ONE | ON ONE CANCER |
| | SUPPORT AND RESOURCES TO THOSE DIAGNOSED WITH CANCER. O | |
| | HELPING CANCER FIGHTERS. | <u></u> |
| | <u></u> | |
| 2 | 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 | 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services | ? Yes X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | 4 Describe the organization's program service accomplishments for each of its three largest program services, a | as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | hers, the total expenses, and |
| | revenue, if any, for each program service reported. | |
| 4a | | enue \$) |
| | ONE ON ONE CANCER SUPPORT | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4b | 4b (Code:) (Expenses \$) (Reve | enue \$) |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | 4c (Code:) (Expenses \$ including grants of \$) (Reve | enue \$ |
| | / (Joseph 1997) / (Joseph 1997 | , |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | 4d Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | 4e Total program service expenses ► 166,834. | |
| | | Form 990 (2020) |

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 | X | |
| 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 | | | 37 |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | 3,7 |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | х |
| • | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | x |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | |
| 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 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| 0 | 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 | | | |
| 5 | 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 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | Ť | | |
| | 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 | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | 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 | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | 37 |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | v |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 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 | 110 | | |
| | 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 | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| 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 | 1990 (2020) TEAM TONY CANCER FOUNDATION, INC. 27-3755 | 241 | Pi | age 4 |
|------|--|-------------------|-----|--------------|
| | rt IV Checklist of Required Schedules (continued) | | | uge : |
| | | | 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 | | | |
| 23 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | x |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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 | | |
| ч | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 2 -1 u | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| D | 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 | 0Eh | | x |
| 00 | Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | х |
| 27 | | 20 | | |
| 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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | Х |
| 37 | | 27 | | х |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | |
| 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 To VI Statements Regarding Other IRS Filings and Tax Compliance | 38 | х | |

Statements Regarding Other IRS Filings and Tax Compliance

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

| | | | | Yes | No |
|----|---|--------|------------|---------|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 6 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | eporta | ble gaming | | |

(gambling) winnings to prize winners? Form **990** (2020) 032004 12-23-20

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | Yes | No | | | | |
|--------|--|------|-----|--------|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 2 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | X | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х | | | | |
| b | If "Yes," enter the name of the foreign country ▶ | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | | | | | |
| 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? | 6a | | X | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | |
| | were not tax deductible? | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | 37 | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | _ | | v | | | | |
| | to file Form 8282? | 7с | | Х | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | | | | | | |
| _ | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | | | | | |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | | | | |
| y h | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 7h | | | | | | |
| Ū | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | |
| а | Gross income from members or shareholders | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | |
| | amounts due or received from them.) | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | |
| | organization is licensed to issue qualified health plans | | | | | | | |
| С | Enter the amount of reserves on hand | | | 37 | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 4- | | Х | | | | |
| | excess parachute payment(s) during the year? | 15 | | Λ | | | | |
| 16 | If "Yes," see instructions and file Form 4720, Schedule N. | 16 | | Х | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | 21 | | | | |
| | If "Yes," complete Form 4720, Schedule O. | Form | 990 | (2020) | | | | |

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 | | | |
| | | | 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 | | | |
| | 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 1 | | | |
| 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 |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | <u> </u> | | |
| ~ | 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: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| 3 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | tion Division (mic coolin 2 requests information about pension not required by the internal revenue code.) | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 103 | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | ···u | | |
| - | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| · | in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | Х |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| 10 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| | Other officers or key employees of the organization | 15b | | Х |
| 5 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 1.00 | | |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| iou | taxable entity during the year? | 16a | | х |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | - iou | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | | 16b | | |
| Sec | exempt status with respect to such arrangements? tion C. Disclosure | 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶FL | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 |)e onli | n avail | ahle |
| 10 | for public inspection. Indicate how you made these available. Check all that apply. | , o orny | , avall | abic |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 10 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar | d fina | ncial | |
| 19 | statements available to the public during the tax year. | u iiiidi | icial | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| 20 | THOMAS CRAMER - 941-366-3600 | | | |
| | 800 S. OSPREY AVENUE, SARASOTA, FL 34236 | | | |

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

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

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

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

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

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

| (A) | (B) | (C) | | (D) | (E) | (F) | | | | | |
|----------------------|-------------------|--------------------------------|---|---------|--------------|------------------------------|-----------|-----------------|-------------------------------|-----------------------|--|
| Name and title | Average | (do | Position (do not check more than one | | Reportable | Reportable | Estimated | | | | |
| | hours per | box | , unle | ss pe | rson | is bot or/trus | h an | compensation | compensation | amount of | |
| | week (list any | | | | | | Ĺ | from the | from related organizations | other compensation | |
| | hours for | r direc | | | | pa | | organization | (W-2/1099-MISC) | from the | |
| | related | stee o | rustee | | | ensat | | (W-2/1099-MISC) | | organization | |
| | organizations | lal tru: | onal t | | oloyee | comp | | | | and related | |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations | |
| (1) LORI KAYSER | 4.00 | | | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 54,705. | 0. | 0. | |
| (2) TONY MCEACHERN | 2.00 | | | | | | | | | | |
| PRESIDENT | | | | Х | | | | 48,000. | 0. | 0. | |
| (3) THOMAS CRAMER | 2.00 | | | | | | | | | _ | |
| TREASURER | | | | Х | | | | 0. | 0. | 0. | |
| (4) JOHN SHEA | 2.00 | | | | | | | | | | |
| CHAIR-CURRENT | | Х | | | | | | 0. | 0. | 0. | |
| (5) SCOTT NEARY | 2.00 | | | | | | | | | | |
| SECRETARY | | | | Х | | | | 0. | 0. | 0. | |
| (6) KRISTI HOSKINSON | 4.00 | | | | | | | | | | |
| CHAIR-PAST | | Х | | Х | | | | 0. | 0. | 0. | |
| (7) NAFI CUNNINGHAM | 2.00 | | | | | | | _ | _ | _ | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (8) WILLIAM SPITLER | 2.00 | | | | | | | _ | _ | _ | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (9) DAVID MORSE | 2.00 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (10) ART DAY | 2.00 | | | | | | | | • | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (11) LINDA VERNON | 2.00 | l | | | | | | | • | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | _ | | | _ | | | | | |
| | | - | | | | | | | | | |
| - | | | \vdash | | | \vdash | | | | | |
| | | ł | | | | | | | | | |
| | | | | | | | | | | | |
| | | 1 | | | | | | | | | |
| | | | | | | _ | | | | - 000 | |

Form **990** (2020)

Page 8

| Par | t VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees | , an | d Hi | ighe | st C | ompensated Employe | es (continued) | | | | |
|-----|---|--|--------------------------------|-----------------------|----------------------|-----------------------|------------------------------|-------------|--|--|------------|---------------|---|----------|
| | (A) Name and title | (B) Average hours per week | (do | | Pos heck ss pe | ition more rson |) than is bot | one h an | (D) Reportable compensation from | (E) Reportable compensation from related | | Est am | (F) imate ount o other | |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MIS | s compensa | | ed | |
| | | | | | | × | 1 0 | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | 102 705 | | 0 | | | |
| С | Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c) | I, Section A | | | | | | | 102,705. 0. 102,705. | | 0. 0. | | | 0. 0. |
| 2 | Total number of individuals (including but n compensation from the organization | | | | | | | | | 0,000 of reportable | <u>-</u> | | | 0 |
| 3 | Did the organization list any former officer, | | | кеу е | emp | loye | e, o | r hig | ghest compensated emp | oloyee on | | | Yes | No |
| 4 | line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 | ım of reportab | le c | omp | ensa | atior | n and | d oth | • | the organization | | 4 | | X |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> | accrue compe | nsat | ion 1 | rom | any | / unr | | | | | 5 | | X |
| Sec | tion B. Independent Contractors | • | | | | | | | | | | | • | |
| 1 | Complete this table for your five highest co the organization. Report compensation for | - | - | | | | | | n the organization's tax | | pens | | | |
| | (A) Name and business | address | N | INC | 3 | | | | (B) Description of s | services | C | (C) compen | | 1 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i \$100,000 of compensation from the organic | - | ot li | mite | d to | | se li: | sted | d above) who received m | nore than | | | | |

| | | Check if Schedule O contains a response or note to any lin | ne in this Part VIII |
|--|------|--|--|
| | | Officer in Schedule o contains a response of note to any in | ne in this Part VIII (A) (B) (C) (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 | a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f | |
| | | Business Code | |
| Program Service Revenue | • | a b c d | |
| jo | | e | |
| _ | | f All other program service revenue g Total. Add lines 2a-2f | |
| | 3 | Investment income (including dividends, interest, and other similar amounts) | 19. 19. |
| | 5 | Royalties | |
| | | (i) Real (ii) Personal a Gross rents 6a b Less: rental expenses 6b | |
| | | c Rental income or (loss) 6c d Net rental income or (loss) | |
| | | a Gross amount from sales of (i) Securities (ii) Other | |
| Revenue | | assets other than inventory b Less: cost or other basis and sales expenses | |
| eve | | c Gain or (loss)7c | |
| Other R | | d Net gain or (loss) a Gross income from fundraising events (not including \$ 155, 267 \cdot of contributions reported on line 1c). See | |
| | | Part IV, line 18 8a 49 , 411 • | |
| | | b Less: direct expenses 8b 58,892. | 0.401 |
| | | c Net income or (loss) from fundraising events | -9,481. |
| | | a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b | |
| | | c Net income or (loss) from gaming activities | |
| | | a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b | |
| | | c Net income or (loss) from sales of inventory | |
| sno | | Business Code | |
| neo | 11 : | | |
| Miscellaneous Revenue | | b | |
| <u> </u> | | d All other revenue | |
| 2 | | e Total. Add lines 11a-11d | |
| | 12 | | 257,000. 0. 09,462. |

Part IX | Statement of Functional Expenses

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

| | Check if Schedule O contains a response amounts reported on lines 6b, d 10b of Part VIII. | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|----------------------------|---|-----------------------|-------------------------------|--------------------|---------------------------|
| | I other assistance to domestic organizations | | expenses | general expenses | expenses |
| | stic governments. See Part IV, line 21 | | | | |
| | nd other assistance to domestic | | | | |
| | s. See Part IV, line 22 | 22,708. | 22,708. | | |
| | nd other assistance to foreign | | , | | |
| | ions, foreign governments, and foreign | | | | |
| • | s. See Part IV, lines 15 and 16 | | | | |
| | paid to or for members | | | | |
| - | sation of current officers, directors, | | | | |
| | and key employees | 48,000. | 40,800. | 4,824. | 2,376 |
| | tion not included above to disqualified | | • | | <u> </u> |
| - | s defined under section 4958(f)(1)) and | | | | |
| | escribed in section 4958(c)(3)(B) | | | | |
| | aries and wages | 54,705. | 43,785. | 7,316. | 3,604 |
| | an accruals and contributions (include | - | - | - | |
| - | 1(k) and 403(b) employer contributions) | | | | |
| | ployee benefits | | | | |
| | xes | 7,845. | 6,668. | 785. | 392 |
| | services (nonemployees): | | | | |
| | nent | | | | |
| | | | | | |
| | ng | | | | |
| | | | | | |
| | al fundraising services. See Part IV, line 17 | | | | |
| | nt management fees | | | | |
| | line 11g amount exceeds 10% of line 25, | | | | |
| _ |) amount, list line 11g expenses on Sch 0.) | 2,491. | 2,188. | 202. | 101 |
| | ng and promotion | 10,966. | 2,188. 9,321. | 1,097. | 548 |
| | penses | 1,624. | 1,381. | 162. | 81 |
| | on technology | | | | |
| | | | | | |
| | су | 29,411. | 24,999. | 2,941. | 1,471 |
| | | 245. | 208. | 25. | 12 |
| 8 Payments | s of travel or entertainment expenses | | | | |
| for any fe | deral, state, or local public officials | | | | |
| 19 Conferen | ces, conventions, and meetings | | | | |
| 20 Interest | | | | | |
| 21 Payments | s to affiliates | | | | |
| | tion, depletion, and amortization | 8,200. | 6,970. | 820. | 410 |
| 3 Insurance | e | 2,234. | 1,899. | 223. | 112 |
| above (List line 24e an | enses. Itemize expenses not covered t miscellaneous expenses on line 24e. If nount exceeds 10% of line 25, column (A) | | | | |
| क्रम कर | st line 24e expenses on Schedule 0.) PHONE AND COMMUNICA | 2 161 | 2,945. | 346. | 173 |
| T70T TTN | TTEER/MENTOR TRAINI | 3,464. 945. | 2,945. 945. | 340. | 1/3 |
| DDTM | | | 945. 746. | 88. | A A |
| | ING AND COPYING | 878. 495. | 420. | 50. | 44 25 |
| | ESSING CHARGES | 979. | 851. | 117. | 11 |
| e All other | | | | | |
| | tional expenses. Add lines 1 through 24e | 195,190. | 166,834. | 18,996. | 9,360 |
| | s. Complete this line only if the organization | | | | |
| - | column (B) joint costs from a combined | | | | |
| | al campaign and fundraising solicitation. | | | | |
| Check here | if following SOP 98-2 (ASC 958-720) | | | | Form 990 (202 |

| Pa | π λ | Balance Sheet | | | | | |
|-----------------------------|-----|---|-------------------|-----------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or | note to ar | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 150,786. | 1 | 221,574 |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | 2,938. | 4 | 2,022 | | |
| | 5 | Loans and other receivables from any currer | | | | | |
| | | trustee, key employee, creator or founder, su | ubstantial | contributor, or 35% | | | |
| | | controlled entity or family member of any of | ons | | 5 | | |
| | 6 | Loans and other receivables from other disq | rsons (as defined | | | | |
| ţ | | under section 4958(f)(1)), and persons descr | ibed in se | ction 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 1,500. | 8 | 1,500 |
| Ä | 9 | Prepaid expenses and deferred charges | | | 4,442. | 9 | 4,442 |
| | 10a | Land, buildings, and equipment: cost or other | er | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 82,315. | | | |
| | b | Less: accumulated depreciation | | 21,963. | 68,552. | 10c | 60,352 |
| | 11 | Investments - publicly traded securities | | | 11 | | |
| | 12 | Investments - other securities. See Part IV, lin | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, li | | 13 | | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | 2,145. | 15 | 2,145 | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | equal line | 33) | 230,363. | 16 | 292,035 |
| | 17 | Accounts payable and accrued expenses | 138. | 17 | 0 | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | ete Part IV | of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or f | ormer offi | cer, director, | | | |
| ₫ | | trustee, key employee, creator or founder, su | ubstantial | contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of | these pers | ons | | 22 | |
| _ | 23 | Secured mortgages and notes payable to un | related th | rd parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrel | ated third | parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, | payables | to related third | | | |
| | | parties, and other liabilities not included on li | nes 17-24 |). Complete Part X | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 138. | 26 | 0 |
| s | | Organizations that follow FASB ASC 958, | check he | e ▶ X | | | |
| Š | | and complete lines 27, 28, 32, and 33. | | | | | |
| alar | 27 | Net assets without donor restrictions | | | 230,225. | 27 | 292,035 |
| Ř | 28 | Net assets with donor restrictions | | | | 28 | |
| Ĕ | | Organizations that do not follow FASB AS | C 958, ch | eck here 🕨 📖 | | | |
| ř | | and complete lines 29 through 33. | | | | | |
| ţ | 29 | Capital stock or trust principal, or current fur | | | | 29 | |
| sse | 30 | Paid-in or capital surplus, or land, building, o | r equipme | nt fund | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulate | | | | 31 | |
| Š | 32 | Total net assets or fund balances | | | 230,225. | 32 | 292,035 |
| | 33 | Total liabilities and net assets/fund balances | | | 230,363. | 33 | 292,035 |

| Ра | rt XI Reconciliation of Net Assets | | | | | | | |
|----|--|-----------|-----|-----|---------------------|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | <u> LL</u> | | | |
| | | | _ | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | $\frac{000.}{190.}$ | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | | | | | | |
| 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 | 92 | 035. | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | <u> </u> | | | |
| | | | | Y | s No | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 | а | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | 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 | b | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar | te 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 | ne audit, | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2 | С | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sc | hedule (| 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 requ | uired aud | dit | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3 | b L | | | | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

TEAM TONY CANCER FOUNDATION, INC. 27-3755241 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other

in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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 | 7.1 | | , | | | |
|-----|---|----------|----------------------|-----------------------|----------------------|----------------------|-----------------------|
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Gifts, grants, contributions, and | . , | , , | , , | , , | ` , | ., |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 167,112. | 173,210. | 296,887. | 374,389. | 295,007. | 1306605. |
| 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 | 465 440 | 450 040 | 006 000 | 254 222 | | 1006605 |
| | Total. Add lines 1 through 3 | 167,112. | 173,210. | 296,887. | 374,389. | 295,007. | 1306605. |
| 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) | | | | | | 10011 |
| | Public support. Subtract line 5 from line 4. | | | | | | 1306605. |
| | ction B. Total Support | • | | | 1 | · | |
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 173,210. | (c) 2018 296, 887. | (d) 2019 374,389. | (e) 2020 295,007. | (f) Total 1306605. |
| | Amounts from line 4 | 167,112. | 1/3,210. | 296,887. | 3/4,389. | 295,007. | 1306605. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 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 | | 2.1 | 2.0 | | | ٥٦ |
| | assets (Explain in Part VI.) | | 31. | 32. | 32. | | 95. 1306700. |
| | Total support. Add lines 7 through 10 | | | | | | 1306/00. |
| 12 | Gross receipts from related activities, | • | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for th | | | • | • | . , . , | |
| 500 | organization, check this box and store ction C. Computation of Publ | | rcentage | | | | <u></u> |
| | Public support percentage for 2020 (l | | | column (f)) | | 14 | 99.99 % |
| | Public support percentage from 2019 | | | | | 15 | $\frac{99.99}{99.99}$ |
| | 33 1/3% support test - 2020. If the o | | | | | <u> </u> | ,,, |
| 100 | stop here. The organization qualifies | • | | • | | • | |
| 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 | - | | | | | |
| | meets the facts-and-circumstances to | | | | | Trion are organiz | . . |
| b | 10% -facts-and-circumstances tes | • | • | • • • • | • | | |
| - | more, and if the organization meets the | - | | | | | |
| | organization meets the facts-and-circle | | | | - | | ightharpoons |
| 18 | Private foundation. If the organization | | - | • | | | s |
| | <u> </u> | | • | · , | | | |

Schedule A (Form 990 or 990-EZ) 2020

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.)

| Section A. Public Support | , , , | , | | | | |
|--|---------------------|---------------------|----------------------|--------------------|---------------------|-----------|
| Calendar 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.") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- | | | | | | |
| formed, or facilities furnished in | | | | | | |
| any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received | | | | | | |
| from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 Amounts from line 6 | | , , | , , | , , | , , | |
| 10a Gross income from interest, | | | | | | |
| dividends, payments received on | | | | | | |
| securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, | | | | | | |
| whether or not the business is | | | | | | |
| regularly carried on | | | | | | |
| 12 Other income. Do not include gain | | | | | | |
| or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the | organization's fi | rst, second, third. | fourth, or fifth tax | year as a section | 501(c)(3) organizat | ion, |
| | _ | | | • | | |
| Section C. Computation of Public | | | | | | |
| 15 Public support percentage for 2020 (lir | ne 8, column (f), o | divided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 2019 | | | | | 16 | % |
| Section D. Computation of Inves | | | | | • | |
| 17 Investment income percentage for 202 | | | | | 17 | % |
| 18 Investment income percentage from 20 | | | | | 18 | 9/ |
| 19a 33 1/3% support tests - 2020. If the o | | | | | | |
| | | | | | | |
| more than 33 1/3%, check this box and | | | | | | |
| b 33 1/3% support tests - 2019. If the c | • | | | • | • | |
| line 18 is not more than 33 1/3%, chec | | | | | | |
| ZU PRIVATA TOURGATION IT THE ORGANIZATION | and not chack a | DOV OR IDA 1/1 10 | a oriun chackt | nie nav and ead in | CITIOTIONS | |

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.)

| | | Yes | No |
|---|----------|-------|----|
| | | | |
| | 1 | | |
| | | | |
| | 2 | | |
| | 3a | | |
| | | | |
| | 3b | | |
| | | | |
| | 3с | | |
| | | | |
| | 4a | | |
| | | | |
| | 4b | | |
| | | | |
| | 4c | | |
| | | | |
| | 5a | | |
| | | | |
| | 5b 5c | | |
| | 30 | | |
| | 6 | | |
| | | | |
| | 7 | | |
| | C | | |
| | 8 | | |
| | 9a | | |
| | 0. | | |
| | 9b | | |
| | 9c | | |
| | | | |
| | 10a | | |
| | 46: | | |
| _ | 10b | 00 E7 | |

| 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 | | | |
| | | n 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 | | | |
| | organi | 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 | | e organization operate for the benefit of any supported organization other than the supported | | | |
| | - | 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 | _ | | |
| 800 | | oported organization(s). | 1 | | |
| sec | lion L | D. All Type III Supporting Organizations | | | |
| | 5 | | | 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 | | | |
| 2 | | ganization maintained a close and continuous working relationship with the supported organization(s). son of the relationship described in line 2, above, did the organization's supported organizations have a | 2 | | |
| 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. | 2 | | |
| Sec | | i. Type III Functionally Integrated Supporting Organizations | 3 | | |
| 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 satisfied the Activities rest. complete line 2 solow. The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | | The organization is the parent of each of its supported organizations. <i>Compete line & seem.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity</i> (see in | structio | ns) | |
| 2 | | ies Test. Answer lines 2a and 2b below. | | Yes | No |
| – a | | bstantially all of the organization's activities during the tax year directly further the exempt purposes of | | 100 | |
| _ | | pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | | 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 | | | |
| | | ese activities constituted substantially all of its activities. | 2a | | |
| b | | 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 | | | |
| | | activities but for the organization's involvement. | 2b | | |
| 3 | | of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | | 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 | | 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 | rt V Type III Non-Functionally Integrated 509(a)(3) Support | ing Orga | nizations | 5 |
|------|--|--------------|-------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust or | n Nov. 20, 1970 (explain in I | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | st complet | e 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-function | ally integra | ted Type III supporting org | anization (see |

Schedule A (Form 990 or 990-EZ) 2020

instructions).

| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (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 | | | |
| а | From 2015 | | | |
| b | From 2016 | | | |
| С | 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: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2020 distributable amount | | | |
| С | 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: | | | |
| а | 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 **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

INC.

OMB No. 1545-0047

2020

Name of the organization

TEAM TONY CANCER FOUNDATION,

Employer identification number

27-3755241

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 Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

TEAM TONY CANCER FOUNDATION, INC.

27-3755241

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|------------|---|----------------------------|--|
| (a) | (b) | (c) | (d) |
| | Name, address, and ZIP + 4 | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$10,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | Name, address, and Zir + + | \$15,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$35,360. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

TEAM TONY CANCER FOUNDATION, INC.

27-3755241

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed. |
|------------|---|---|
| (a) | (b) | (c) (d) |
| | Name, address, and ZIP + 4 | \$ 25,000. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 8 | | \$ 13,574. Person X Payroll Occupation (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 9 | | \$ 5,956. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 10 | | \$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 11 | | \$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| | | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

TEAM TONY CANCER FOUNDATION, INC.

27-3755241

| Part II | Noncash Property (see instructions). Use duplicate copies of Property | art 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 |
| | | | |
| | | <u> </u> | |
| (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 |
| | | | |
| | | | |
| 23453 11-25 | | \$ | 990 990-F7 or 990-PF) (20) |

Employer identification number Name of organization 27-3755241 TEAM TONY CANCER FOUNDATION, INC. 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. `fŕom 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 (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 (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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TEAM TONY CANCER FOUNDATION, INC.

Employer identification number 27-3755241

| Pai | rt I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds | s or Accounts. Complete if the |
|----------|--|---|--------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, lin | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advis | sed funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds can be | e used only |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose | conferring |
| _ | impermissible private benefit? | | Yes No |
| Pai | rt II Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizati | | |
| | Preservation of land for public use (for example, recrea | | f a historically important land area |
| | Protection of natural habitat | Preservation of | f a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | |
| С | Number of conservation easements on a certified historic str | | |
| d | Number of conservation easements included in (c) acquired a | | ture |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rel | leased, extinguished, or terminated by th | e organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ea | - | |
| 5 | Does the organization have a written policy regarding the per | | |
| | violations, and enforcement of the conservation easements it | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing con | servation easements during the year |
| _ | <u> </u> | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conserva | ation easements during the year |
| | \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | • | |
| _ | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservati | • | |
| | balance sheet, and include, if applicable, the text of the footr | note to the organization's financial statem | nents that describes the |
| Dai | organization's accounting for conservation easements. rt III Organizations Maintaining Collections or | f Art Historical Transuras or C | Other Similar Assets |
| Га | Complete if the organization answered "Yes" on Form | - | Allei Sillilai Assets. |
| -1- | If the organization elected, as permitted under FASB ASC 95 | | and balance about works |
| Id | of art, historical treasures, or other similar assets held for put | • | |
| | • | | • |
| b | service, provide in Part XIII the text of the footnote to its finar | | |
| b | If the organization elected, as permitted under FASB ASC 95 | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furt | rierance of public service, |
| | provide the following amounts relating to these items: | | • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| ^ | | acurac or other cimiler access for financia | |
| 2 | If the organization received or held works of art, historical tre | | ai gain, provide |
| _ | the following amounts required to be reported under FASB A | _ | • • |
| a | Revenue included on Form 990, Part VIII, line 1 | | |
| b | Assets included in Form 990, Part X | | 🕨 💲 |

032051 12-01-20

Schedule D (Form 990) 2020

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

| 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tames (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No | Pai | rt III Organizations Maintaining Co | ollections of A | rt, Hist | orical Tr | easures, o | or Othe | er Simi | lar Asse | ts (contin | ued) | |
|--|-----|--|----------------------|-------------|----------------|---------------|------------|------------|--------------|-------------------|--------------|----------------|
| a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance | 3 | Using the organization's acquisition, accession | n, and other record | ls, check | any of the | following tha | at make s | significan | t use of its | | | |
| b Scholarly research e Other Preservation for future generations | | collection items (check all that apply): | | | | | | | | | | |
| c | а | Public exhibition | d | ı | oan or exc | hange progra | am | | | | | |
| 4 Provide a description of the organization solicitor receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization that a management in Part XIII and complete the following table: a Beginning balance C Beginning balance 1b Istributions during the year 1c Is Distributions during the year 1d Is Distributions are proprieted in the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance 1a Beginning of year balance 1b Contributions 1c Net investment earnings, gains, and losses of Contributions 1c Net investment earnings, gains, and losses of Contributions 1c Net investment earnings, gains, and losses of Contributions 1c Net investment earnings, gains, and losses of Contributions 1c Net investment earnings, gains, and losses of the organization answered "Yes" on Form 990, Part IV, line 10. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2 Board designated or quasi-endowment I begin to the organization is endowment funds. 1b Permanent endowment Is Disagration and the organization is endowment fun | b | Scholarly research | е | | Other | | | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to craise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported on Form 990, Part IV, line 9, or reported on Form 990, Part IV, line 9, or reported on Form 990, Part IV, line 9, or reported on Form 990, Part IV, line 9, or reported on Form 990, Part IV, line 9, or reported on Form 990, Part IV, line 9, or reported on Part IVII | С | Preservation for future generations | | | | | | | | | | |
| to be sold to raise funds rather than to be maintained as part of the organization a collection? | 4 | Provide a description of the organization's coll | lections and explain | n how th | ey further t | he organizati | on's exe | mpt purp | ose in Par | t XIII. | | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves | 5 | During the year, did the organization solicit or | receive donations | of art, his | storical trea | sures, or oth | er simila | r assets | | _ | | _ |
| reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Not investment earnings, gains, and losses of Grants or scholarships c Net investment earnings, gains, and losses of Grants or scholarships d Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-indowment | | | | | | | | | L | | | <u></u> No_ |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Additions during the year □ Distributions during the year □ Distribution include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Part V I Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. □ Distributions □ Distrib | Pai | rt IV Escrow and Custodial Arrang | ements. Comple | ete if the | organizatio | n answered | "Yes" on | Form 99 | 0, Part IV, | line 9, or | | |
| on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 1 d 1 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (f) Three years back (e) Four years back (f) Three years back (g) Four years back (g) Three years back (g) Four years back (g) Three years back (g) Three years back (g) Three years back (g) Three years back (g) Four years back (g) Three years back (g) Three years back (g) Three years back (g) Four years back (g) Three years back (g) Four years back (g) Four years back (g) Three years back (g) Four years back (g) Four years back (g) Four years back (g) Four years back (g) Three years back (g) Four years (g) Fo | | reported an amount on Form 990, Part | X, line 21. | | | | | | | | | |
| C Beginning balance | 1a | | | • | | | | | | 7 | | _ |
| c Beginning balance d Additions during the year e Distributions during the year 1 td Ending balance 1 td 1 | | | | | | | | | L | Yes | | 」No |
| c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V | b | If "Yes," explain the arrangement in Part XIII a | nd complete the fo | llowing t | able: | | | | , | | | |
| d Additions during the year 1d 1e 1f 1e 1e 1e 1e 1e 1e | | | | | | | | | | Amount | | |
| e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No In Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Contributions (e) Four years back of Grants or scholarships (e) | С | | | | | | | | | | | |
| f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. | d | | | | | | | | | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | е | | | | | | | 1e | | | | |
| Both Pres." explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Imag | | | | | | | | | | | | |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back | | _ | | | | | | • | | 」Yes | | ∟ No |
| 1a Beginning of year balance Characteristics Characteristic | | | | | | | | | | | | |
| 1a Beginning of year balance | Pal | | | | | | | | | | | |
| b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | | - | (a) Current year | (b) P | rior year | (c) Two year | rs dack | (d) Three | years back | (e) Four | years | раск |
| c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | 1a | | | | | | | | | | | |
| d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | b | | | | | | | | | | | |
| e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | C | | | | | | | | | | | |
| and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | | | | | | | | | | | | |
| g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | е | | | | | | | | | | | |
| provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | | | | | | | | | | | | |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | Ť | | | | | | | | | | | |
| a Board designated or quasi-endowment | g | _ | | - //: | | -\\ - | | | | | | |
| b Permanent endowment | 2 | | ent year end baland | | g, column (a | a)) neid as: | | | | | | |
| c Term endowment ▶ | a | | 0/ | _% | | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 82,315. 21,963. 60,352. | | | | | | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Re | С | | | | | | | | | | | |
| by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations | 20 | | | ation tha | t ara bald a | and administr | rad far t | ha araan | ization | | | |
| (i) Unrelated organizations (ii) Related organizations (iii) Related organization schedule R? (2) Part VI Land, Buildings, Calcumulated (c) Accumulated (d) Book value | Sa | | sion of the organiza | ation tha | it are rieiu a | ina aaministe | erea for t | ne organ | Zation | Г | V = 0 | No |
| (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 82,315. 21,963. 60,352. | | • | | | | | | | | | 162 | INO |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation ta Land b Buildings c Leasehold improvements d Equipment e Other 82,315. 21,963. 60,352. | | | | | | | | | | · • • • • | | _ |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements d Equipment e Other 82,315. 21,963. 60,352. | h | | | | | | | | | | | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other Omnotic fine 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 82,315. 21,963. 60,352. | 4 | | | | | | | | | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 82,315. 21,963. 60,352. | Pai | | | WITIETTE | unus. | | | | | | | |
| Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 82, 315. 21, 963. 60, 352. | | | |). Part IV | '. line 11a. 9 | See Form 990 |). Part X. | line 10. | | | | |
| basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 82,315. 21,963. 60,352. | | · · · · · · · · · · · · · · · · · · · | | | <u>′</u> | i | | | ed | (d) Book | valu | |
| 1a Land b Buildings c Leasehold improvements d Equipment e Other 82,315. 21,963. 60,352. | | 2000. ptolicity | 1 ' ' | | | | | | | (4 , 500k | , aid | - |
| b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other 82,315. 21,963. 60,352. | 1a | Land | | | | . , | | | | | | |
| c Leasehold improvements 6 Equipment d Equipment 82,315. 21,963. 60,352. | | | | | | | | | | | | |
| d Equipment | | | | | | | | | | | | |
| e Other 82,315. 21,963. 60,352. | | | | | | | | | | | | |
| | | | | | 8 | 2,315. | | 21,9 | 63. | 60 | 7,3 | 52. |
| Totall / Go I all Cody 1 for Coda Cody | | | | X, colum | nn (B), line 1 | 10c.) | | | | 60 | , 3 | 52. |

Schedule D (Form 990) 2020

| Schedule D (Form 990) 2020 TEAM TONY C | ANCER FOUNDA | TION, INC. | 27-3755241 Page 3 |
|--|----------------------------|---------------------------------|----------------------------------|
| Part VII Investments - Other Securities. | | | <u> </u> |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | e 11b. See Form 990, Part X, li | ne 12. |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: | Cost or end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | e 11c. See Form 990, Part X, li | ne 13. |
| (a) Description of investment | (b) Book value | (c) Method of valuation: | Cost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | e 11d. See Form 990, Part X, li | ne 15. |
| (a) [| Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 9 15.) | | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | e 11e or 11f. See Form 990, Pa | art X, line 25. |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... Schedule D (Form 990) 2020

(9)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

| Pa | t XI Reconcil | iation of Revenue per Audited | l Financial Statement | s With Revenue per | Return. | |
|---------------------|--|--|---|-------------------------------|-----------|------------|
| | Complete if | the organization answered "Yes" on Fo | orm 990, Part IV, line 12a. | | | |
| 1 | Total revenue, gain | s, and other support per audited financ | ial statements | | 1 | |
| 2 | Amounts included | on line 1 but not on Form 990, Part VIII | line 12: | | | |
| а | Net unrealized gain | s (losses) on investments | | 2a | | |
| b | | nd use of facilities | | 2b | | |
| С | | year grants | | 2c | | |
| d | | Part XIII.) | | 2d | | |
| е | Add lines 2a through | gh 2d | | | 2e | |
| 3 | Subtract line 2e fro | m line 1 | | | 3 | |
| 4 | | on Form 990, Part VIII, line 12, but not | | | | |
| а | Investment expens | es not included on Form 990, Part VIII, | line 7b | 4a | | |
| b | Other (Describe in | Part XIII.) | | 4b | | |
| С | Add lines 4a and 4 | b | | | 4c | |
| 5 | | lines 3 and 4c. (This must equal Form | | | 5 | |
| Pa | | iation of Expenses per Audite | | ts With Expenses pe | r Return. | |
| | | the organization answered "Yes" on Fo | | | | |
| 1 | | d losses per audited financial statemen | | | 1 | |
| 2 | | on line 1 but not on Form 990, Part IX, | | 1 | | |
| а | Donated services a | and use of facilities | | 2a | | |
| b | Prior year adjustme | ents | | 2b | | |
| С | | | | 2c | | |
| d | | Part XIII.) | | 2d | | |
| е | • | | | | 2e | |
| 3 | | m line 1 | | | 3 | |
| 4 | | on Form 990, Part IX, line 25, but not o | I | I | | |
| а | Investment expens | es not included on Form 990, Part VIII, | | 4a | | |
| | - | | | | | |
| b | | Part XIII.) | | 4b | | |
| С | Add lines 4a and 4 | b | | | 4c | |
| с 5 | Add lines 4a and 4 Total expenses. Ad | b Id lines 3 and 4c. (This must equal Forn | | | | |
| с 5 Ра | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem | b Id lines 3 and 4c. (This must equal Form ental Information. | n 990, Part I, line 18.) | | 5 | . Deat VI |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (This must equal Form ental Information. | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |
| 5 Pa | Add lines 4a and 4 Total expenses. Ad rt XIII Supplem ide the descriptions | b Id lines 3 and 4c. (<i>This must equal Form</i> ental Information. required for Part II, lines 3, 5, and 9; Pa | n 990, <i>Part I, line 18.)</i> rt III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line | 5 | ; Part XI, |

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

Open to Public Inspection

Employer identification number Name of the organization 27-3755241 TEAM TONY CANCER FOUNDATION,

| required to complete this part | Complete if the organization answers | erea "Y | es" or | n Form 990, Part IV, | line 17. Form 990-E2 | Tilers are not |
|---|--|---------------------------|----------|------------------------|-----------------------------------|--------------------------------------|
| Indicate whether the organization rais | | ng acti | vities. | Check all that apply | | |
| a Mail solicitations | | | | overnment grants | | |
| b Internet and email solicitations | | | - | nment grants | | |
| c Phone solicitations | g Special | | | | | |
| d In-person solicitations | 9 0p00.a. | ranaro | g | 0.001110 | | |
| 2 a Did the organization have a written o | r oral agreement with any individua | l (inclu | dina o | fficers directors true | stees or | |
| key employees listed in Form 990, Pa | | | | | | ☐ No |
| b If "Yes," list the 10 highest paid indiv | | | | | | |
| compensated at least \$5,000 by the | | aunt to | ugice | mente ander willen | the farialated to to t | ,,, |
| | | | | - | T | |
| (i) Name and address of individual | | (iii) fundr have ci | Did | (iv) Gross receipts | (v) Amount paid | (vi) Amount paid |
| or entity (fundraiser) | (ii) Activity | have con | ustody | from activity | to (or retained by) fundraiser | (vi) Amount paid to (or retained by) |
| or ormity (randraisor) | | contribu | utions? | non donvicy | listed in col. (i) | organization |
| | | Yes | No | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | <u> </u> | | | |
| 3 List all states in which the organization | n is registered or licensed to solicit | contrib | utions | s or has been notified | d it is exempt from re | egistration |
| or licensing. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

032081 11-25-20

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 TEAM TONY CANCER FOUNDATION, INC. 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 JEANS & (add col. (a) through JACKETS 1 GRAN FONDO col. (c)) (event type) (event type) (total number) 70,340. 32,941. 204,678. 101,397 1 Gross receipts 97,362 57,905 155,267. 2 Less: Contributions 12,435. 4,035 32,941. 49,411. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 7,800. 7,800. 6 Rent/facility costs 257. 5,791. 6,048. **7** Food and beverages 3,017. 4,001. 7,018. 8 Entertainment 2,642. 761. 34,623. 38,026. 9 Other direct expenses 58,892. **10** Direct expense summary. Add lines 4 through 9 in column (d) -9,481. 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 (a) Bingo (c) Other gaming Revenue 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:

Schedule G (Form 990 or 990-EZ) 2020

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

| Sch | nedule G (Form 990 or 990-EZ) 2020 TEAM TONY CANCER FOUNDATION, INC. 27-3 | 75524 | 1 Page 3 |
|-----|---|-----------------|-----------------|
| 11 | 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 | | |
| | to administer charitable gaming? | Yes | □ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| | a The organization's facility | 13a | % |
| | o An outside facility | 13b | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | | | |
| | 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: | | |
| • | The root, often name and address of the time party. | | |
| | Name ▶ | | |
| | | | |
| | Address | | |
| 16 | Coming manager information: | | |
| 16 | Gaming manager information: | | |
| | Name ▶ | | |
| | | | |
| | Gaming manager compensation ▶ \$ | | |
| | daming manager compensation > \$ | | |
| | Description of services provided | | |
| | Description of services provided P | | |
| | | | |
| | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | |
| | bliector/officer Employee macpendent contractor | | |
| 17 | Mandatony distributions: | | |
| | Mandatory distributions: | | |
| ć | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | Voc | □ No |
| | retain the state gaming license? Dienter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | 163 | |
| L | · | | |
| Da | organization's own exempt activities during the tax year \$\int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa | rt III linon | 0 0h 10h |
| 1 6 | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | rt III, III les | 9, 90, 100, |
| | 13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Schedule G | i (Form 990 or 990-EZ) | TEAM | TONY | CANCER | FOUNDATION, | INC. | 27-3755241 | Page 4 |
|------------|---|-----------|-----------|--------|-------------|------|------------|--------|
| Part IV | (Form 990 or 990-EZ) Supplemental Info | rmation (| continued |) | | | | |
| | | · | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | <u> </u> | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| • | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| • | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| <u> </u> | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| _ | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| Name o | of the organization | | | | | | | Employer identification number |
|------------|---|------------------------|------------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|---------------------------------------|
| | | | OUNDATION, | INC. | | | | 27-3755241 |
| Part I | | | | | | | | |
| | oes the organization maintain records | | - | | | | | |
| CI | riteria used to award the grants or assi | stance? | | | | | | Yes X No |
| | escribe in Part IV the organization's pr | | | | | | | |
| Part I | di dinto dina otinoi Addictance to | _ | | | | anization answered " | Yes" on Form 990, Par | t IV, line 21, for any |
| | recipient that received more than | 1 | | | | (f) Method of | 1 (15) | T 015 |
| 1 (a | a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 E | nter total number of section 501(c)(3) a | I and government or | I rganizations listed in tl | he line 1 table | | <u> </u> | <u> </u> | > |
| 3 F | nter total number of other organization | s listed in the line | 1 table | | | | | • |

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|---------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| RAVEL AND REIMBURSEMENT FOR CANCER TREATMENT | 24 | 22,708. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the information re | quired in Part I, lin | e 2; Part III, column | (b); and any other a | dditional information. | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(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

Name of the organization

TEAM TONY CANCER FOUNDATION, INC.

Employer identification number 27-3755241

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| CANCER FIGHTERS, SURVIVORS AND CAREGIVERS. |
| |
| FORM 990, PART VI, SECTION B, LINE 11B: |
| DISTRIBUTION BY ELECTRONIC MAIL. |
| |
| FORM 990, PART VI, SECTION B, LINE 12C: |
| BOARD MEMBERS AND STAFF SHALL COMPLETE A DISCLOSURE FORM IDENTIFYING ANY |
| RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH HE OR SHE IS INVOLVED |
| THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST. |
| |
| FORM 990, PART VI, SECTION B, LINE 15A: |
| THE CEO'S PAYROLL INCREASES ARE DISCUSSED AND APPROVED AT BOARD MEETINGS. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: |
| GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. |
| |
| |
| |
| |
| |
| |
| |
| |
| |

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

| Asset No. | Description | Date Acquired | Method | Life | C o n No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|---------------------------|------------------|--------|-------|--------------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 14 | DIGITAL WHITE BOARD | 03/18/19 | SL | 5.00 | HY17 | 4,819. | | | | 4,819. | 482. | | 964. | 1,446. |
| 15 | REFRIGERATOR | 03/18/19 | SL | 5.00 | HY17 | 448. | | | | 448. | 45. | | 90. | 135. |
| 16 | PAPER DRAWER | 03/18/19 | SL | 5.00 | ну17 | 547. | | | | 547. | 55. | | 109. | 164. |
| 17 | TENT | 04/12/19 | SL | 5.00 | ну17 | 386. | | | | 386. | 39. | | 77. | 116. |
| 18 | LAPTOP | 03/21/19 | SL | 5.00 | HY17 | 484. | | | | 484. | 48. | | 97. | 145. |
| 19 | COUNTERTOP | 02/19/19 | SL | 15.00 | HY17 | 458. | | | | 458. | 15. | | 31. | 46. |
| 20 | PATIO PAVERS | 04/05/19 | SL | 15.00 | HY17 | 195. | | | | 195. | 7. | | 13. | 20. |
| | * 990 PAGE 10 TOTAL OTHER | | | | | 7,337. | | | | 7,337. | 691. | | 1,381. | 2,072. |
| | PROGRAM SERVICES | | | | | | | | | | | | | |
| 1 | BIKE | 05/12/15 | 200DB | 5.00 | HY17 | 4,780. | | | | 4,780. | 4,206. | | 574. | 4,780. |
| 2 | FURNITURE AND EQUIPMENT | 06/30/16 | 200DB | 5.00 | HY17 | 959. | | | | 959. | 752. | | 138. | 890. |
| 3 | LAPTOP | 06/30/16 | 200DB | 5.00 | HY17 | 500. | | | | 500. | 392. | | 72. | 464. |
| 4 | MUSIC EQUIPMENT | 09/05/14 | 200DB | 5.00 | ну17 | 700. | | | | 700. | 700. | | 0. | 700. |
| 5 | BUILDING SIGNAGE | 09/18/18 | SL | 5.00 | MQ17 | 1,085. | | | | 1,085. | 298. | | 217. | 515. |
| 6 | CONCRETE WATER FOUNTAIN | 10/17/18 | SL | 15.00 | MQ17 | 5,000. | | | | 5,000. | 375. | | 333. | 708. |
| 7 | COFFEE STATION | 12/17/18 | SL | 5.00 | MQ17 | 430. | | | | 430. | 97. | | 86. | 183. |
| 8 | LEASEHOLD IMPROVEMENTS | 12/03/18 | SL | 15.00 | MQ17 | 51,798. | | | | 51,798. | 3,885. | | 3,453. | 7,338. |
| 9 | KITCHEN EQUIPMENT | 11/13/18 | SL | 5.00 | MQ17 | 263. | | | | 263. | 60. | | 53. | 113. |

028111 04-01-20

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

| Asset No. | Description | Date Acquired | Method | Life | C o n v | unadjuste Cost Or Ba | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|---|------------------|--------|------|---------|-------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 10 | CONFERENCE ROOM TABLE | 11/13/18 | SL | 5.00 | MQ1 | 1,46 | • | | | 1,464. | 330. | | 293. | 623. |
| 11 | FRIDGE AND DISHWASHER | 11/21/18 | SL | 5.00 | MQ1 | 7 79 | | | | 798. | 180. | | 160. | 340. |
| 12 | MISC EQUIPMENT | 12/20/18 | SL | 5.00 | MQ1 | 6,02 | | | | 6,022. | 1,355. | | 1,204. | 2,559. |
| 13 | OFFICE COMPUTER | 01/30/18 | SL | 5.00 | MQ1 | 1,17 | | | | 1,179. | 442. | | 236. | 678. |
| | * 990 PAGE 10 TOTAL PROGRAM SERVICES | | | | | 74,97 | | | | 74,978. | 13,072. | | 6,819. | 19,891. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | 82,31 | | | | 82,315. | 13,763. | | 8,200. | 21,963. |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |