HURRICANE IAN-EXTENDED TO FEBRUARY 15, 2023

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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury

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

and ending A For the 2021 calendar year, or tax year beginning 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 317,716. 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 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. 10 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 266,462. 291,497.Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 19. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -9.481.-2,098. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 257,000. 289,404. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 22,708. 29,578. 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) 110,550. 119,525. 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) 61,932. 57,299. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 195,190. 206,402. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 61,810. 83,002. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year** 292,035 375,037. 20 Total assets (Part X, line 16) 0. О. 21 Total liabilities (Part X, line 26) Net/ 292,035. 375,037. 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 & MILLER, 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

Page **2**

Form 990 (2021)

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	ONE ON ONE CANCER SUPPORT - DEDICATED TO PROVIDING ONE ON ONE CANCER	
	SUPPORT AND RESOURCES TO THOSE DIAGNOSED WITH CANCER. CANCER SURVIVORS	
	HELPING CANCER FIGHTERS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
3	If "Yes," describe these changes on Schedule O.	10
	·	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 173,803 • including grants of \$ 29,578 •) (Revenue \$)	
4a	(Code:) (Expenses \$1/3,803 • including grants of \$29,5/8 •) (Revenue \$)
	ONE ON ONE CANCER SUPPORT	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		— ′
4c	(Onder) (France 6) (France 6	
40	(Code:) (Expenses \$	_ '
		_
4d		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 173,803.	
	Form 990 (20	021)

TEAM TONY CANCER FOUNDATION, INC.

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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			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		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
3	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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	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. See instructions	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?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u>-</u> _
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1.10
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
ZTU	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	LI		
	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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
34	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			177
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	(gambling) winnings to prize winners?	1c	Х	
	/O O/ O F.:=			

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							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х				
	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		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
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?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f						
f								
g								
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 sponsoring organization have excess business holdings at any time during the year?								
9 Sponsoring organizations maintaining donor advised funds.								
a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 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							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	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	15		х				
excess parachute payment(s) during the year?								
	If "Yes," see the instructions and file Form 4720, Schedule N.			v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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.

						Λ		
Sec	tion A. Governing Body and Management							
		1 1	1 0		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10					
	If there are material differences in voting rights among members of the governing body, or if the governing		- 1					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other						
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision	Γ					
	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		г	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X		
6	Did the organization have members or stockholders?		г	6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		···· ├					
	more members of the governing body?			7a		Х		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,		⋯ ⊦					
	persons other than the governing body?		- 1	7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		····					
				8a	Х			
a			- 1	oa 8b	X			
b			⊦	on	- 21			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					Х		
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		- 71		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	revenue Coae.)						
			г		Yes	No X		
	Did the organization have local chapters, branches, or affiliates?		├	10a		Λ		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		г	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form	1?	11a	Х			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		- 1		Х			
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe						
	on Schedule O how this was done			12c	X			
13	Did the organization have a written whistleblower policy?		[13	X			
14	Did the organization have a written document retention and destruction policy?		[14		X		
15	Did the process for determining compensation of the following persons include a review and approve	al by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•						
а	The organization's CEO, Executive Director, or top management official		L	15a	Х			
b	Other officers or key employees of the organization		[15b		X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a						
	taxable entity during the year?		Г	16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		Ī					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	ınization's	- 1					
	exempt status with respect to such arrangements?		Г	16b				
Sec	tion C. Disclosure							
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, a	and 990-T (section 501)	(c)(3)s	s only	availa	able		
	for public inspection. Indicate how you made these available. Check all that apply.	,	,	,				
		n on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or		v. and	d finar	ncial			
	statements available to the public during the tax year.		, ,					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records						
	THOMAS CRAMER - 941-366-3600							
	800 S. OSPREY AVENUE, SARASOTA, FL 34236							
	, the state of the							

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Positio (do not check mor				than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	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/	1099-NEC)	organization
	organizations	al tru	onal t		oloyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KELLY DEAM	2.00									
EXECUTIVE DIRECTOR				Х				49,470.	0.	0.
(2) THOMAS CRAMER	2.00									
TREASURER		Х		Х				0.	0.	0.
(3) JOHN SHEA	2.00									
CHAIR-CURRENT		Х		Х				0.	0.	0.
(4) SCOTT NEARY	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) LORI KAYSER	4.00									
VICE CHAIR		Х		Х				0.	0.	0.
(6) VERONDA LONGCRIER	2.00									
DIRECTOR		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.
		1								
		-								
		-								
		1								
		\vdash	\vdash	\vdash	\vdash	\vdash	\vdash			
		1								
		\vdash								
		1								
					<u> </u>	<u> </u>				- 000

Form **990** (2021)

Part VII Section A. Officers, Directors, Tru		ploy	/ees			ighe	st C		es (continued)				
(A)	D-31											(F)	
Name and title	Average hours per	Position (do not check more than one			than		Reportable	Reportable			timate		
	week					is bot or/trus		compensation from	compensation from related			nount o other	DΪ
	(list any	tor	ctor					the	organizations			pensat	tion
	hours for	r direc				pa:		organization	(W-2/1099-MIS			om the	
	related	stee o	rustee			ensa		(W-2/1099-MISC/	1099-NEC)		_	anizati	
	organizations below	lal tru	onal t		loyee	comb		1099-NEC)				d relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizatio	oris
	 	드	트	5	<u>\$</u>	포늄	프						
		1											
		1											
						-							
		1											
							L	40 470		_			_
1b Subtotal								49,470.		0.			0.
c Total from continuation sheets to Part V								49,470.		0.			0.
d Total (add lines 1b and 1c)									000 of reportable	-			<u> </u>
compensation from the organization	iot iii iiitoa to ti	1030	, 11310	Ju ai	DOV	C) WI	10 11	cocived more than \$100	,000 of reportable	C			0
												Yes	No
3 Did the organization list any former officer	, director, trust	ee, I	key e	emp	loye	e, o	r hig	ghest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		X
4 For any individual listed on line 1a, is the s	•							•	•				77
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or	=				-			-			5		Х
rendered to the organization? If "Yes," cor Section B. Independent Contractors	ipiete Scriedui	e J i	OI SI	uCH	pers	SOII .					5		- 21
1 Complete this table for your five highest of	ompensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
the organization. Report compensation for										•			
(A)				_				(B)		_	(C		
Name and business	s address	N	INC	<u> </u>				Description of s	ervices		omper	nsatior	1
							-						
							_						
2 Total number of independent contractors \$100,000 of compensation from the organ		ot li	mite	d to		se li:	stec	d above) who received m	nore than				
+											Corm (000 (0	

Form **990** (2021)

			Check if Schedule O contains a response or note to any	line in this Part VIII			
			Check if Schedule O contains a response or note to any	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
					lunction revenue	business revenue	sections 512 - 514
nts nts	1	а	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b				
s, G			Fundraising events 1c 160,810	$\overline{\cdot \cdot}$			
Sift lar,			Related organizations 1d				
imi		е	Government grants (contributions) 1e				
tior S		f	All other contributions, gifts, grants, and				
ibu:			similar amounts not included above 11 130,687	•			
a o		g	Noncash contributions included in lines 1a-1f				
<u>a</u> 2		h	Total. Add lines 1a-1f	291,497.			
			Business Cod	le			
မွ	2	а					
e Ž		b					
Program Service Revenue		С					
eve leve		d					
об П		е					
ď		f	All other program service revenue				
		g	Total. Add lines 2a-2f	•			
	3		Investment income (including dividends, interest, and	_			_
			other similar amounts)	5.			5.
	4		Income from investment of tax-exempt bond proceeds	>			
	5		Royalties	>			
			(i) Real (ii) Persona	<u> </u>			
	6	а	Gross rents 6a				
			Less: rental expenses 6b				
			Rental income or (loss) 6c				
			Net rental income or (loss)	•			
	7	а	Gross amount from sales of (i) Securities (ii) Other	_			
			assets other than inventory 7a	_			
Φ.		b	Less: cost or other basis				
her Revenue			and sales expenses 7b	_			
eve			Gain or (loss)7c				
ج ج			Net gain or (loss)	•			
the	8	а	Gross income from fundraising events (not				
ŏ			including \$ 160 , 810 . of				
			contributions reported on line 1c). See				
			Part IV, line 18 Less: direct expenses 8a 26,214 8b 28,312				
				-2,098.			-2,098.
			Net income or (loss) from fundraising events	-2,090.			-2,090.
	9	а	Gross income from gaming activities. See				
		L	Part IV, line 19 9a Less: direct expenses 9b	_			
	40		Ret income or (loss) from gaming activities				
	10	а	and allowances 10a				
		h	Less: cost of goods sold 10b				
			Net income or (loss) from sales of inventory	·			
		Ť	Business Cod	le			
Miscellaneous Revenue	11	а					
ane nue	'	b			1		
elle		c					
lisc R			All other revenue				
2			Total. Add lines 11a-11d	.			
	12		Total revenue. See instructions	289,404.	0.	0.	-2,093.
	_	_			-		

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).

Do	Check if Schedule O contains a respon-	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	20 570	20 570		
_	individuals. See Part IV, line 22	29,578.	29,578.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	49,470.	42,049.	4,972.	2,449
6	trustees, and key employees Compensation not included above to disqualified	47,470.	42,047.	4,572.	2,44)
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	61,537.	46,661.	9,967.	4,909
7		01,557.	40,001.	3,301.	1,505
7 8	Other salaries and wages Pension plan accruals and contributions (include				
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10	Payroll taxes	8,518.	7,240.	852.	426
11	Fees for services (nonemployees):	0,0201	,,2100		
··					
b					
c					
	Lobbying				
e	D (' 1(1 ' ' ' O D ' N(' ' 47				
f	Investment management fees				
g	// / L 100/ (II 05				
9	column (A), amount, list line 11g expenses on Sch O.)	2,854.	2,519.	223.	112
12	Advertising and promotion	5,559.	4,725.	556.	278
13	Office expenses	1,099.	934.	110.	55
14	Information technology	-			
15	Royalties				
16	Occupancy	30,602.	26,012.	3,060.	1,530
17	Travel	140.	119.	14.	7
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,521.	6,393.	752.	376
23	Insurance	2,571.	2,185.	257.	129
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	SOFTWARE	2,445.	2,079.	244.	122
b	TELEPHONE AND COMMUNICA	2,032.	1,727.	203.	102
С	PRINTING AND COPYING	738.	627.	74.	37
d	PROCESSING CHARGES	611.	244.	61.	306
е	All other expenses	1,127.	711.	394.	22
25	Total functional expenses. Add lines 1 through 24e	206,402.	173,803.	21,739.	10,860
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

	1 990 (2 rt X	Balance Sheet	ER FOON	DITTION, IN		<u> </u>	3/33241 Page 11
		Check if Schedule O contains a response or note	e to any line in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			221,574.	1	311,989.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		2,022.	4	2,130.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e persons			5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described			6		
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,500.	8	1,500.
ĕ	9	Prepaid expenses and deferred charges			4,442.	9	4,442.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	82,315.			
	b	Less: accumulated depreciation		29,484.	60,352.	10c	52,831.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1			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 equa			292,035.	16	375,037.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to any current or form					
ΞĔ		trustee, key employee, creator or founder, subst	antial contribu	tor, or 35%			
Liabilities		controlled entity or family member of any of thes	e persons			22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). Comp	lete Part X			
		of Schedule D				25	
	26	T			0.	26	0.
'		Organizations that follow FASB ASC 958, che	ck here 🕨 🛚	X			
Ç		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			292,035.	27	375,037.
Ba	28	Net assets with donor restrictions				28	
pur		Organizations that do not follow FASB ASC 95					
Ę		and complete lines 29 through 33.					
s;	29	Capital stock or trust principal, or current funds				29	
se	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc				31	
Ne.	32	Total net assets or fund balances			292,035.	32	375,037.
	33	Total liabilities and net assets/fund balances			292,035.	33	375,037.

Pa	rt XI Reconciliation of Net Assets				_			
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		$\frac{9,4}{6,4}$				
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	37	5,0	37.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	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 on Schedul	e O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si							
	Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	t					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits							

SCHEDULE A

(Form 990)

Total

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.

INC.

TEAM TONY CANCER FOUNDATION,

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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).) 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 on 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having

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

control or management of the supporting organization vested in the same persons that control or manage the supported

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

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

organization(s). You must complete Part IV. Sections A and C.

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	etion A. Public Support	71		•			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	. ,	, ,	, ,	, ,	` ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	173,210.	296,887.	374,389.	295,007.	291,497.	1430990.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	450 040	006 005	201	005 005	004 405	4.4.0.0.0.0
4	Total. Add lines 1 through 3	173,210.	296,887.	374,389.	295,007.	291,497.	1430990.
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)						
	Public support. Subtract line 5 from line 4.						1430990.
	tion B. Total Support					1	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019 374, 389.	(d) 2020 295,007.	(e) 2021 291, 497.	(f) Total 1430990.
	Amounts from line 4	173,210.	296,887.	3/4,389.	295,007.	291,497.	1430990.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						

9	Net income from unrelated business						
	•						
	* *						
	_						
	•	21	2.0	2.2			0.5
		31.	34.	34.			
	• • • • • • • • • • • • • • • • • • • •		,				1431003.
						<u> </u>	
13							. □
Sec							<u></u>
	·			column (f\)		14	99.99 %
						 	
						<u> </u>	,,,
		•		•		•	
		-					
		-					
	·			=	•		
		-		* * * * * * * * * * * * * * * * * * * *	-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circle				-		> □
	Private foundation. If the organization		-				s ▶ 🗌
9 10 11 12 13 Sec 14 15 16a b 17a	dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop tion C. Computation of Public Support percentage from 2020 33 1/3% support test - 2021. If the costop here. The organization qualifies 33 1/3% support test - 2020. If the costop here. The organization qualifies and stop here. The organization meets the facts and if the organization meets the facts meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test organization meets the facts-and-	the organization's file of the the column (f), of t	rest, second, third, rcentage divided by line 11, of the check the box on orted organization of the check a box on lesupported organization did not check the check this on qualifies as a pure anization did not constances test, check the organization did not constances test, check the organization qualifies as a pure anization did not constances test, check the organization qualifies as a pure anization did not constance test, check the organization qualifies as a pure anization did not constance test, check the organization qualifies as a pure anization did not constance test, check the organization qualifies as a pure anization qualifies	column (f)) in line 13, and line ine 13 or 16a, and ation theck a box on line box and stop her ablicly supported of theck a box and stok this box and stallifies as a publicly	year as a section solution solution as a section solution as a section solution as a section solution as a section solution as a section solution solution as a section solution solution as a section solution solutin solution solution solution solution solution solution solution	14 15 nore, check this book or more, check the and line 14 is 10% VI how the organized 17a, and line 15 is an Part VI how the ization	99.99 ox and inis box or more, sation 10% or

Schedule A (Form 990) 2021

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	below, please con	ipiete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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-						
in						
					+	
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	1					
3 received from disqualified person	s					
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines						
activities not included on 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.		<u> </u>		L	504()(0) : 1	
14 First 5 years. If the Form 990 is for	the organization's	first, second, third,	, fourth, or fifth tax	year as a section	1501(c)(3) organizat	tion,
check this box and stop here						<u></u> ▶∟
Section C. Computation of Pul			. (2)		11	
15 Public support percentage for 2021			column (f))			
16 Public support percentage from 20:					16	•
Section D. Computation of Inv						
17 Investment income percentage for						•
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2021. If the	e organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organi	zation	▶∟
b 33 1/3% support tests - 2020. If the	ne organization did	not check a box of	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, c	neck this box and s	stop here. The orga	anization qualifies a	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organizat						

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10h		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ly member of a person described on line 11a above?	11b		
		s controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect		B. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more s	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 ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		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,			
		vised, or controlled the supporting organization.	2		
		C. Type II Supporting Organizations			
		71 11 0 0		Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
		stees 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			
		pported organization(s).	1		
		D. All Type III Supporting Organizations			
		J1 11 0 0		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		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		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
	_	ison of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .			
· a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns)	
2		ies Test. Answer lines 2a and 2b below.	01.401.0	Yes	No
		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
		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			
		nese activities constituted substantially all of its activities.	2a		
		e activities described on 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			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have organization's involvement.	2b		
		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h		e organization evergise 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.

Ра	T V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	lizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	Illy integrate	ed Type III supporting org	anization (see		
	instructions)	-	3			

Schedule A (Form 990) 2021

Par	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ed)				
Secti	ection D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe		1					
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3				
4	Amounts paid to acquire exempt-use assets	11		4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.	,		6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
	•	(i)	(ii)		(iii)			
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ıs	Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
а	From 2016							
b	From 2017							
С	From 2018							
d	From 2019							
е	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i	Carryover from 2016 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2017							
b	Excess from 2018							
С	Excess from 2019							
d	Excess from 2020							

Schedule A (Form 990) 2021

e Excess from 2021

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule B (Form 990) (2021)

Employer identification number

Т	EAM TONY CANCER FOUNDATION, INC.	27-3755241							
Organization type (check	one):								
Filers of:	ilers of: Section:								
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private	e foundation							
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private for	ındation							
	501(c)(3) taxable private foundation								
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rul	le and a Special Rule. See instructions							
	y, , , (-), - (· -) - gamaan - can - chook -								
General Rule									
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, co y one contributor. Complete Parts I and II. See instructions for determ								
Special Rules									
sections 509(a)(1 contributor, durin	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.									
year, contributior is checked, enter purpose. Don't co	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 \ \bigsim \frac{1}{2} \]								
aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must inswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify nat it doesn't meet the filing requirements of Schedule B (Form 990).									

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

Schedule B (Form 990) (2021)

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 space is needed.					
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
1		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$5,000.	Person X Payroll			
(a)	(b)	(c)	(d)			
No. 3	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll			
(a)	(b)	(c)	(d)			
No. 4	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			
5		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$\$	Person X Payroll			

Schedule B (Form 990) (2021)

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	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	- Humo, address, and En 1 1	\$ 152,170.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TEAM TONY CANCER FOUNDATION, INC.

27-3755241

Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
	\$							
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
	_							
	\$							
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
	\ \ \ \ \ \ \							
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
	(b) Description of noncash property given (b) Description of noncash property given	(b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (h) Description of noncash property given (h) FMV (or estimate) (See instructions.)						

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

Inspection

Name of the organization

TEAM TONY CANCER FOUNDATION, INC.

Employer identification number 27-3755241

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Delies da libera la libera	(2)
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	L	ad funde
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
	• •		
Par		ganization answered "Yes" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizat		
·	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶	,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	·	
	of art, historical treasures, or other similar assets held for pul		•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		' <u>-</u>
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

	t III Organizations Maintaining C	collections of Ar			-	or Other	Similar A	ssets(contin	ued)
3	Using the organization's acquisition, accession		-						,
	collection items (check all that apply):	on, and onio, 10001a	o, oo		.ccg u.ic	a.to olg		5	
а									
b	Scholarly research	e		Other	ago p.og.				
c	Preservation for future generations	J							
4	Provide a description of the organization's co	ollections and explain	n how th	nev further t	he organizati	on's exemi	ot purpose ii	n Part XIII	
5	During the year, did the organization solicit o							Tr dit 7tiii.	
•	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Par			5. ga _ a				, 5, 5.	
	Is the organization an agent, trustee, custodi		liarv for	contribution	ns or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							——	
_	gg							Amount	
С	Beginning balance						1c		
	Additions during the year								
	Distributions during the year						1e		
	Ending balance						1f		
	Did the organization include an amount on Fo							Yes	□ No
	If "Yes," explain the arrangement in Part XIII.					•		••	
_	t V Endowment Funds. Complete it								
	53.0,	(a) Current year		rior year) Three years	back (e) Four	years back
1a	Beginning of year balance	,,	. ,		,,,,	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	1,,	<u>-</u>
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
·									
f	Administrative expenses								
	End of year balance								
g 2	Provide the estimated percentage of the curr	ront year and balanc	o (lino 1	a column (J hold as:			l	
	Board designated or quasi-endowment	ent year end balanc	%	g, coluitii (a	ajj rielu as.				
	Permanent endowment	%							
		⁷⁰							
C		, •							
20	The percentages on lines 2a, 2b, and 2c sho	•	ation the	st are bold a	and administr	rad far tha	organization	•	
Sa	Are there endowment funds not in the posse	SSION OF THE ORGANIZA	111011 111a	it are rielu a	ina auministe	red for the	Organization		Yes No
	by:								100 110
	(i) Unrelated organizations							3a(i)	
h	(ii) Related organizations	tions listed as requir		abadula D2				3a(II)	
ı D									
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	iurius.					
ı aı	Complete if the organization answered) Part I\	/ line 11a 9	See Form 990) Part X lir	ne 10		
	*				1			(d) Dool	
	Description of property	(a) Cost or of basis (investment)			or other (other)		umulated eciation	(d) Book	value
	Land	` `	ici it)	Dasis	(outer)	uepre	Joiation	-	
	Land							-	
	Buildings							+	
	Leasehold improvements							+	
	Equipment			Ω	2,315.	,	29,484	<u> </u>	2,831.
	Other		V 001				, ±0±,		$\frac{2,831}{2,831}$
iota	. Add lines 1a through 1e. (Column (d) must e	quari omi 990, Part.	n, coluit	יווי (ט), וווופ ו	· · · · · · · · · · · · · · · · · · ·		<u></u>	1 34	<u> </u>

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 TEAM TONY C	ANCER FOUNDA	rion, inc.	27-3755241 _{Page}
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV lin	a 11h See Form 990 Part)	(line 12
(a) Description of security or category (including name of security)	(b) Book value	i	on: 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.	on Form 000 Port IV lin	a 11a Caa Farm 000 Dart V	/ line 10
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	•	on: Cost or end-of-year market value
····	(b) BOOK Value	(C) Method of Valuation	on. Cost of end-or-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 >	(, line 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			
Part X Other Liabilities.	3 10./		
Complete if the organization answered "Yes"	on Form 990. Part IV. lin-	e 11e or 11f. See Form 990.	Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			, ,
(2)			
(3)			
(4)			
(5)			
(6)			
()		<u> </u>	

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

Schedule D (Form 990) 2021

(8)

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

	t XI Reconciliation of Revenue per Audited Financia			
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	nts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, I			
Pai	rt XII Reconciliation of Expenses per Audited Financ	-	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Par			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	, , , , , , , , , , , , , , , , , , , ,	4b		
C				
	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,			
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information.	line 18.)	5	· VI
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	: XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	: XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	: XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	: XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	: XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	· XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	· XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	: XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	: XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	: XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	: XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	: XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	: XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	· XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	: XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	: XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	: XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	: XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	: XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	: XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	: XI,

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury

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

Schedule G (Form 990) 2021

Internal Revenue Service Employer identification number Name of the organization TEAM TONY CANCER FOUNDATION, 27-3755241 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

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

Part II 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

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines I and 60. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				JEANS &		(add col. (a) through
			GRAN FONDO	JACKETS	1	col. (c))
<u>o</u>			(event type)	(event type)	(total number)	551. (5))
Revenue	1	Gross receipts	172,315.	14,709.		187,024.
	2	Less: Contributions	152,767.	8,043.		160,810.
	3	Gross income (line 1 minus line 2)	19,548.	6,666.		26,214.
	4	Cash prizes				
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct I	7	Food and beverages	1,160.			4,208.
	8	Entertainment	7,282.			9,357.
	9	Other direct expenses	11,105.	1,543.	2,099.	14,747.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	28,312.
		Net income summary. Subtract line 10 from li				-2,098.
Pa	irt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	(b) Pull tabs/instant		(d) Tatal manaina (a dal
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	_	Cuana vavanua				
	_	Gross revenue				
,,	2	Cash prizes				
JSe						
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└─ No	└─ No	└─ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	_					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	E~	ter the state(s) in which the organization condu	iote gamina activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:	ctivities in each of these	States:		1e3 140
		,pisi				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2021

132082 10-21-21

		733241	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:		
	The organization's facility	13a	%
		13b	
	An outside facility	130	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	└── No
b	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:		
·	in res, entername and address of the tillid party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Garning manager compensation 5		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	rotain the state gaming licenses?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I.	t III. linna O	0h 10h
Га		t III, IIIIes 9,	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990) Supplemental In	TEAM	TONY	CANCER	FOUNDATION,	INC.	27-3755241	Page 4
Part IV	Supplemental In	formation (d	continued)	1				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

TEAM TON	CANCER 1	FOUNDATION,	INC.				27-3755241
Part I General Information on Grants	and Assistance					•	
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's presented. 	istance?						
Part II Grants and Other Assistance to recipient that received more than	Domestic Organ	nizations and Domes	tic Governments.	Complete if the org	anization answered "	Yes" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization 		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
TRAVEL AND REIMBURSEMENT FOR CANCER TREATMENT	27	29,578.	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 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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.

2021 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.	1,446.		964.	2,410.
15	REFRIGERATOR	03/18/19	SL	5.00	ну17	448.				448.	135.		90.	225.
16	PAPER DRAWER	03/18/19	SL	5.00	ну17	547.				547.	164.		109.	273.
17	TENT	04/12/19	SL	5.00	ну17	386.				386.	116.		77.	193.
18	LAPTOP	03/21/19	SL	5.00	ну17	484.				484.	145.		97.	242.
19	COUNTERTOP	02/19/19	SL	15.00	ну17	458.				458.	46.		31.	77.
20	PATIO PAVERS	04/05/19	SL	15.00	ну17	195.				195.	20.		13.	33.
	* 990 PAGE 10 TOTAL OTHER					7,337.				7,337.	2,072.		1,381.	3,453.
	PROGRAM SERVICES													
1	BIKE	05/12/15	200DB	5.00	ну17	4,780.				4,780.	4,780.		0.	4,780.
2	FURNITURE AND EQUIPMENT	06/30/16	200DB	5.00	ну17	959.				959.	890.		69.	959.
3	LAPTOP	06/30/16	200DB	5.00	ну17	500.				500.	464.		36.	500.
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.	515.		217.	732.
6	CONCRETE WATER FOUNTAIN	10/17/18	SL	15.00	MQ17	5,000.				5,000.	708.		333.	1,041.
7	COFFEE STATION	12/17/18	SL	5.00	MQ17	430.				430.	183.		86.	269.
8	LEASEHOLD IMPROVEMENTS	12/03/18	SL	15.00	MQ17	51,798.				51,798.	7,338.		3,453.	10,791.
9	KITCHEN EQUIPMENT	11/13/18	SL	5.00	MQ17	263.				263.	113.		53.	166.

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⁽D) - Asset disposed

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

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C Lin	e 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
10	CONFERENCE ROOM TABLE	11/13/18	SL	5.00	MQ17	1,464.				1,464.	623.		293.	916.
11	FRIDGE AND DISHWASHER	11/21/18	SL	5.00	MQ17	798.				798.	340.		160.	500.
12	MISC EQUIPMENT	12/20/18	SL	5.00	MQ17	6,022.				6,022.	2,559.		1,204.	3,763.
13	OFFICE COMPUTER	01/30/18	SL	5.00	MQ17	1,179.				1,179.	678.		236.	914.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES					74,978.				74,978.	19,891.		6,140.	26,031.
	* GRAND TOTAL 990 PAGE 10 DEPR					82,315.				82,315.	21,963.		7,521.	29,484.