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For	" <b>9</b>	90	Ret Under secti	t <b>urn of</b> ion 501(c), 53	Orga 27, or 4	<b>aniza</b> 947(a)(1	<b>atio</b> 1) of th	n Exe	e <b>mpt</b> I Revenu	From e Code (ex	inco cept p	ome	Tax founda	tions)	<u>20</u>	<b>20</b>	
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Α	For th	e 2020 calend	dar year, or ta	ix year begir	nning	FEB	1,	2020	and	lending d	JAN	31,	202	1			
В	Check if applicab	le: <b>C</b> Name o	of organization	I							DE	mploye	er ident	ificatio	on number		
	Addre	ess Targ	getCance	er Four	ıdati	lon,	Inc										
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	Amer		oridge,		2139						H(a)	Is this	a group	o returr			
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		f organization:		on 🔄 Trus	st 🔄	Associa	tion	Other		L Year	of forn	nation:	2009	M Sta	ite of legal de	omicile: MA	
Pa	art I																
ø	1	Briefly describ	be the organiz	ation's missi	ion or m	ost sign	ificant	activities:	Supp	ort fo	or 1	cese	arch	in	to the	3	
anc		causes	auses and treatments of rare cancers.														
ern	2	Check this bo	neck this box 🕨 🛄 if the organization discontinued its operations or disposed of more than 25% of its net assets							S.							
Š	3		er of voting members of the governing body (Part VI, line 1a)3							11							
ত ক	4		umber of independent voting members of the governing body (Part VI, line 1b) 4				4		9								
Activities & Governance		Total number											_	5		3	
ivit		Total number												6		25	
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	b	Net unrelated	d business tax	able income	from Fo	rm 990-	T, Part	I, line 11		·····				b		0.	
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ne	8	Contributions								······			,046		544	2,520.	
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		Other revenue									23,374. 713,908.				0. 522,987.		
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		Benefits paid										102			21/	0. 4,310.	
ses	15	Salaries, othe	er compensation	on, employee	e benefit	is (Part I	IX, COL	ımn (A), lır	nes 5-10)			192,925.			214	<u>, 310.</u> 0.	
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Ä												172	,486		257	4,029.	
_		Other expense											<u>,4</u> 80 ,911			±,029. 3,339.	
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<u> </u>		Revenue less	s expenses. Su	ubtract line 1	8 from li	ne 12 .	<u></u>									-	
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let ∕ ind	21	Total liabilities Net assets or										100	,619		120	<del>,267.</del>	
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer James Palma, Executive Type or print name and title	Director	Date							
		$\sim$								
	Print/Type preparer's name	Preparer's signature Date	Check PTIN							
Paid	Nicholas E. Porto		z/21 <sup>if</sup> P01310283							
Preparer	Firm's name 🍃 Baker Newman & N	loyes	Firm's EIN ▶ 01-0494526							
Use Only	Firm's address P.O. Box 507									
	Portland, ME 041	.12	Phone no. (207)879-2100							
May the IRS discuss this return with the preparer shown above? See instructions										
032001 12-2	032001       12-23-20       LHA       For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2020)									

1 Br $T_{1}$ $T_{2}$ $T_{1$	III Statement of Program Check if Schedule O contains riefly describe the organization's m PargetCancer Found reatment protocol supports initiativ nnovative researd id the organization undertake any rior Form 990 or 990-EZ? "Yes," describe these new service id the organization cease conduct "Yes," describe these new service id the organization cease conduct "Yes," describe these changes on escribe the organization's program ection 501(c)(3) and 501(c)(4) orga evenue, if any, for each program sec- code:) (Expenses \$ The specific purpor support for resear patients and famil iscal year throug by providing resea fn 2020, TargetCan frial called TCF-0 00-patient clinic care cancers. TRAC oundation, and is ancer of unknown	a response or note to mission: dation promo ls for rare ves at the for ch, fosterin significant program se es on Schedule O. ting, or make significan on Schedule O. m service accomplishme anizations are required ervice reported. 445,841. oses of the rch into ran lies facing gh the devel arch grants for Foundat 001 TRACK (1) cal trial st CK is development	b any line in this Parl o tes the de cancers. forefront o ng collabor ervices during the yean in changes in how it ments for each of its to report the amoun including grants of \$ Organizat: re cancers rare cancers rare cancers including the the the the the the cancers the the the the the cancers the the the the the the cancers the the the the the the the the cancers the	evelopment o TargetCancer of cancer tr rations, and ear which were not listed t conducts, any program three largest program s int of grants and allocati 125,000 ion are to r , and to dir ers. This wa d launch of ugh other pr	of lifesaving Foundation direct reatment by fund a raising awarene d on the services, as measured by exper- ions to others, the total expens () (Revenue \$ caise awareness of cectly support a accomplished a new clinical cograms.	ing ess Yes Yes X nses. ses, and of a in t
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32002 12	otal program service expenses		chedule O :			

Form	990	(2020)

Form 990 (2020)TargetCancer Foundation, Inc.Part IVChecklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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			x
-	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 similar amounts as defined in Revenue Procedure 98-19? <i>If</i> " <i>Yes</i> ," <i>complete Schedule C, Part III</i>	5		x
6		5		- 23
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	· ·		
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		x	
	Schedule D, Parts XI and XII	12a	•	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		v
10	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14d		<u> </u>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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 TargetCancer Foundation, Inc.

 Part IV
 Checklist of Required Schedules (continued)

Fai	Checkins of hequired Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K. If "No," go to line 25a	24a		X
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
~~	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/	200		
C	· ·	28c		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	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	01		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
04		34		x
35 a	Part V, line 1 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			† ·
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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 in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa		-		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Part V

 O20)
 TargetCancer Foundation, Inc.

 Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3			
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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
	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
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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		
	<b>Note:</b> 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 13b			
	Enter the amount of reserves on hand			X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.	10		
	in res, complete Form 4720, Schedule O.			

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TargetCancer Foundation, Inc.

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					[
Sec	tion A. Governing Body and Management					т
		1 1	11	_	Yes	ł
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			I
	If there are material differences in voting rights among members of the governing body, or if the governing					l
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					l
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with any other				
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under	the direct supervisio	n			T
	of officers, directors, trustees, or key employees to a management company or other person?			3		l
4	Did the organization make any significant changes to its governing documents since the prior Form			4		t
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		t
6	Did the organization become aware daming the year of a organization of the organizatio			6		t
	Did the organization have members of stockholders, or other persons who had the power to elect or			•		t
7a	-			_		l
	more members of the governing body?			7a		╀
b	Are any governance decisions of the organization reserved to (or subject to approval by) members					l
	persons other than the governing body?		····· _	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the following:				
	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	Ι
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					Τ
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		l
ec	tion B. Policies (This Section B requests information about policies not required by the Internal					Ť
					Yes	T
0-	Did the organization have local chapters, branches, or affiliates?		Г	10a	100	t
				iua		ł
D	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		····· –	10b	37	╁
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody before filing the f	form?	11a	Х	ł
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					ļ
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		L	12a	Х	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to conflicts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe				I
	in Schedule O how this was done		-	12c	Х	l
13	Did the organization have a written whistleblower policy?			13	Х	T
14	Did the organization have a written document retention and destruction policy?			14	Х	t
15	Did the process for determining compensation of the following persons include a review and appro					t
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					I
_				45-	х	T
	The organization's CEO, Executive Director, or top management official			15a	77	╉
b	Other officers or key employees of the organization			15b		╁
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					I
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a				ł
	taxable entity during the year?		L	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its participation				I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization's				I
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright MA$					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (Section	501(c)(3)s	only	) avai	il:
•	for public inspection. Indicate how you made these available. Check all that apply.		001(0)(0)0	only	/ uvu	
		in on Schedule O)				
~		,		£	airt	
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	contlict of interest p	olicy, and	finar	icial	
	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 b	books and records	►			
	James Palma - (617) 765-4881					_
	955 Massachusetts Avenue, No. 343, Cambridge, MA	02139				_
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	7					
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key I	Employees,	Highest	Compensated
	Employees, and Independe	ent Contra	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				1 than	one	(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer D	lirecto	Highest compensated	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) James M. Palma	50.00							115 460	0	2 200	
Executive Director		X		X				115,460.	0.	3,300.	
(2) Kristen Palma	20.00							00.044	0	0	
President/Director	1 00	X		X				22,044.	0.	0.	
(3) Jerry Alderman Director	1.00	x						0.	0.	0.	
(4) Colin Carey	1.00							0.	•	<u>.</u>	
Director	1.00	x						0.	0.	0.	
(5) Jennifer Levin Carter, M.D.	1.00							0.	•		
Director	1.00	x						0.	0.	0.	
(6) C.J. Chapman	1.00							•			
Director		x						0.	0.	0.	
(7) Samuel Davenport	1.00										
Director		x						0.	Ο.	0.	
(8) Janet Fine, M.S.	1.00										
Director		X						0.	Ο.	0.	
(9) Mary Pat Lancelotta	1.00										
Director		X						0.	0.	0.	
(10) Kristen Schuler Scammon	1.00										
Director		Х						0.	0.	0.	
(11) Charles Cheever	1.00										
Treasurer/Director		х		Х				0.	0.	0.	
		1									
		<u> </u>									
032007 12-23-20										Form <b>990</b> (2020)	

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Form 990 (2020)

Form 990 (2020) TargetCa	ncer For	uno	lat	:ic	on	, 1	Ind	с.	26-4	510	094	Pa	ige <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	Average Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o is both	h an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related		am	(F) timate ount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fro orga and	pensat om the anization relate nization	e on ed
1b Subtotal c Total from continuation sheets to Part V								137,504.		0.		3,30	0.
<ul><li>d Total (add lines 1b and 1c)</li><li>2 Total number of individuals (including but r</li></ul>								137,504. eceived more than \$100	),000 of reportat	0. ole	:	3,30	)0.
compensation from the organization												Yes	1 No
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>				•			-		•		3		х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab 0,000? <i>If</i> "Yes,	le co " co	ompe mple	ensa ete S	atior Sche	n anc edule	d otl e <i>J f</i>	her compensation from for such individual	the organization		4		X
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>corr</i> Section B. Independent Contractors							elat	ed organization or indiv	idual for services	S 	5		Х
Complete this table for your five highest cc the organization. Report compensation for	-	-								npens	ation f	rom	
(A) Name and business	address							<b>(B)</b> Description of s	services	С	(C omper		ı
Steven Young 12 Lilac Lane, Weston, C	r 06883							Research Con	sulting		12	3,11	18.
2 Total number of independent contractors ( \$100,000 of compensation from the organi		not li	mite	d to		se lis 1	sted	d above) who received n	nore than		Form	<b>990</b> (2	2020)
												(4	

					er	Foundati	on, Inc.		26-4510	094 Page 9
Pa	rt V	/11								
			Check if Schedule O conta	ins a respo	onse	or note to any lin	e in this Part VIII			
							<b>(A)</b> Total revenue	Related or exempt		Revenue excluded
nts its	1	а	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues							
Am G			Fundraising events							
Gift lar			Related organizations							
ns, Simi		е	Government grants (contributio	ons) <b>1e</b>		36,300.				
erS		f	All other contributions, gifts, grants							
ĘË			similar amounts not included above			486,220.				
ont		-	Noncash contributions included in lines 1			2,481.	E22 E20			
<u>a O</u>		h	Total. Add lines 1a-1f				522,520.			
•		_				Business Code				
vice	2	a ⊾								
Ser		b c								
am Sver		d								
Program Service Revenue		e								
Pro			All other program service rever	nue						
		g	Total. Add lines 2a-2f							
	3		Investment income (including o							
			other similar amounts)			►	467.			467.
	4		Income from investment of tax	-exempt bo	ond p	roceeds 🕨				
	5		Royalties							
				(i) Rea	l	(ii) Personal				
	6	а	Gross rents 6a							
		b	Less: rental expenses 6b							
		c	Rental income or (loss) 6c							
	_		Net rental income or (loss)	(i) Securi		(ii) Other				
	'	а	Gross amount from sales of assets other than inventory <b>7a</b>	(i) Securi	lies					
		h	Less: cost or other basis							
е			and sales expenses							
evenue		с	Gain or (loss) 7c							
Rev			Net gain or (loss)							
Other	8		Gross income from fundraising eve							
₹			including \$	of						
			contributions reported on line							
			Part IV, line 18		8a					
			Less: direct expenses		_					
	_		Net income or (loss) from fundr			····· ►				
	9	а	Gross income from gaming act							
		<b>k</b>	Part IV, line 19							
			Less: direct expenses							
	10		Gross sales of inventory, less r	-	<u> </u>					
		a	and allowances		10a					
		b	Less: cost of goods sold							
			Net income or (loss) from sales		_					
ω		~			<u> </u>	Business Code				
Miscellaneous Revenue	11	а								
ane ∋nu		b								
		с								
Mis		d	All other revenue							
			Total. Add lines 11a-11d			►				
	12		Total revenue. See instructions			▶	522,987.	0.	0.	467.
03200	9 12	2-23	-20							Form <b>990</b> (2020)

TargetCancer Foundation, Inc.

TargetCancer Foundation, Inc. Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	(A) se or note to any line in	(B)	(C)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(P) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	105 000	105 000		
	and domestic governments. See Part IV, line 21	125,000.	125,000.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	141,053.	84,632.	35,263.	21,158
~	trustees, and key employees	141,000.	04,052.	55,205.	21,130
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	F	58,028.	34,817.	14,507.	8,704
' 8	Other salaries and wages Pension plan accruals and contributions (include	50,020.	51,017.	11,5070	0,701
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10		15,229.	9,138.	3,807.	2,284
11	Payroll taxes Fees for services (nonemployees):	1372251	5,1501		2,201
	Management				
	Legal Accounting	10,084.		10,084.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)	178,823.	156,474.	7,899.	14,450
12	Advertising and promotion	6,057.		.,	6,057
13	Office expenses	15,787.	5,607.	5,155.	5,025
14	Information technology	15,305.	15,305.	- ,	-,
15	Royalties		,		
16	Occupancy	17,557.	11,412.	4,389.	1,756
17	Travel	576.	-	576.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	429.	319.	110.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	9,411.	3,137.	3,137.	3,137
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					
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	593,339.	445,841.	84,927.	62,571
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)				

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Form 990 (2020)

Assets

\_iabilities

Net Assets or Fund Balances

#### TargetCancer Foundation, Inc. Part X Balance Sheet

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

22,033. 51,337. Cash - non-interest-bearing 1 1 448,282. 407,234. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation \_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 499,619. 429,267. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 499,619. 429,267. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗋 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 429,267. 499,619. Total net assets or fund balances 32 32 499,619. 429,267. 33 33 Total liabilities and net assets/fund balances ...

(B) End of year

Form **990** (2020)

(A)

Beginning of year

Form	990 (2020) TargetCancer Foundation, Inc.	26-451	0094	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			<b>F</b> 0	~ ~	~ -
1	Total revenue (must equal Part VIII, column (A), line 12)	1			87.
2	Total expenses (must equal Part IX, column (A), line 25)	2			39.
3	Revenue less expenses. Subtract line 2 from line 1	3			52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49	9,6	19.
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	42	9,2	67.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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:				
	X 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	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				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	·EZ)
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

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

	OMB No. 1545-0047
1	2020
	Open to Public Inspection
Employer	identification number

Na	me of	the	organization	
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Part I       Reason for Public Charity Status, (All organizations must complete this part, Size instructions.         The organization is not a private foundation because its (Form isson 1:moye box)         1       A church, convention of duruches, or association of duruches described in section 170(b)(1)(A)(b).         2       A schuch, convention of duruches, or association of duruches described in section 170(b)(1)(A)(b).         3       A medical treaserch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(b).         4       A medical treaserch organization operated of the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(b).         6       A faddeal, state, or local governmental and described in section 170(b)(1)(A)(b).         7       An organization fragmization fragmizatina part of 15 support from a governmental unit or from the general public described in section 170(b)(1)(A)(b). (Complete Part II)         8       A faddeal, state, or local governmental and described in section 170(b)(1)(A)(b). (Complete Part II)         9       An agricultural research organization described in section 170(b)(1)(A)(b) gosrited in conjunction with a land-grant college or university or a non-line general public described in section 170(b)(1)(A)(b). (Complete Part II)         9       An agricultural research organization described in section 170(b)(1)(A)(b). Complete Part II)         10       An organization fada control described in section 170(b)(1)(A)(b). Complete Part II)         10 <th></th> <th></th> <th></th> <th></th> <th>oundation, I</th> <th></th> <th></th> <th></th> <th></th> <th>6-4510094</th>					oundation, I					6-4510094		
A church, convention of churches, or association of churches discribed in section 170(b)(1)(A)(i).     A school described in section 170(b)(1)(A)(ii). Antech Schedule (Form 390 or 390 or 390 or 390 transition.     A medical research organization operated in conjunction with a hospital secribed in section 170(b)(1)(A)(iii). Enter the hospital's name,     city, and state:     A medical research organization operated in conjunction with a hospital secribed in section 170(b)(1)(A)(ii).     A medical research organization operated for the benefit of a college or university owned or operated by a governmental unit described in     section 170(b)(1)(A)(V).     A hospital or a college or university owned or operated by a governmental unit described in     section 170(b)(1)(A)(V).     (Complete Part II)     A community thust described in section 170(b)(1)(A)(V).     A community fund described in section 170(b)(1)(A	Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	See instruction	IS.			
A school described in section 170(b)(1)(A)(i), (A)(ii), (A)(iii) Complete Part II)     An edical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:	The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)					
<ul> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</li> <li>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.)</li> <li>A clocal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). Complete Part II.)</li> <li>A clocal, state, or local government or government at unit described in section 170(b)(1)(A)(iv). Complete Part II.)</li> <li>A community true described in section 170(b)(1)(A)(iv). Complete Part II.)</li> <li>A community true described in section 170(b)(1)(A)(iv). Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(iv). Complete Part II.)</li> <li>An organization that normally receives (a) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities raidate 0 ta secrept four.</li> <li>An organization described in section 131 (A)(iv). Complete Part II.)</li> <li>An organization described in section 131 (A)(iv). The numbership fees, and gross receipts from activities raidate 0 ta secrept four.</li> <li>An organization organization described in section 509(a)(1) for section 509(a)(2).</li> <li>An organization organization described in section 509(a)(1) or section 509(a)(2).</li> <li>An organization organization describes the type of supporting organization and activities of the support form the functions (a, b) or or or this 30, b) (a). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g,</li> <li>Type I. A supporting organization supervised, or controlled by its supported organization(b), by giving the supported organization supervised, or controlled by its supported organization(b), by giving the supported organization supervised, or contr</li></ul>	1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(*	1)(A)(i).				
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, c/ty, and state:     A morganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). (Complete Part II.)     A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.)     A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.)     A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.)     A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.)     A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.)     A an agricultural research organization described in section 170(b)(1)(A)(iv). operated in conjunction with a land-grant college or university:     on university:     A morganization 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 constributions, 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 constributions, membership fees, and gross receipts from activities related to its exempt functions (see section 509(a)(1) to section 509(a)(2).     An organization organized and operated exclusively for test for public safety. See section 509(a)(4).     To partication organized and operated exclusively for the benefit of, to perform the functions (0, to carry out the purposes of one or more publicly supported organization operated, supervised, or controlled by its supported organization(3), typically by giving the supported organization operated, supporting organization for exection 509(a)(1) or section 509(a)(2).     Type I. A supporting organization operated, in connection with its su	2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)					
<ul> <li>city, and state:</li> <li>An organization operated for the banefit of a college or university owned or operated by a governmental unit described in section 170(b) (1/A)(v). Complete Part II.)</li> <li>A clocaril, state, or local government or governmental unit described in section 170(b) (1/A)(v).</li> <li>A comparization 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)(v). (Complete Part II.)</li> <li>A community rust described in section 170(b) (1/A)(v). (Complete Part II.)</li> <li>An arginization that normally receives a substantial part of its support from contributions, membership fees, and gross receipts from activities related to the college or university.</li> <li>An organization that normally receives (1) 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.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines 124 through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>An organization organization and operated exclusively to relate a majority of the directors of the supporting organization specifies and 0.</li> <li>Citype II Augustication (1) supported organization sections 300(a) (1) sections 500(a) (3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>Type II Augustication sections 300(a) (1) sections 300(a) (1) sections 300(a) (3). Check the box in lines 12a through 12d that described and accurate and portion of the supported organization (4) powerskies of controlled by this supported organization(4), by ring artest in supported organization specifies and 0.<th>3</th><th></th><th>A hospital or a cooperative</th><th>hospital service orga</th><th>anization described in <b>s</b>e</th><th>ection 170</th><th>(b)(1)(A)(i</th><th>ii).</th><th></th><th></th></li></ul>	3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).				
5       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)(v).         7       XA or oganization 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)(v). (Complete Part II.)         9       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)(v). (Complete Part II.)         9       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 scenpt 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 500(a)(2).         10       An organization organization devicable of section 501 (1) no more than 33 1/3% of its support from gross investment income and unrelated exclusively for test for public safety. See section 500(a)(4).         12       An organization organization devicable part III.)         14       An organization organization devicable of section 500(a)(1) or section 500(a)(2).         15       See section 500(a)(2). (Complete Part II).         16       An organization organization organization devicable in section 500(a)(1) or section 500(a)(2).         17       An organization organization organization devicable of section 500(a)(2).         18       An organization organization operated.       Section 500(a)(2).	4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A	(iii). Enter	the hospital's name,		
section 170(b)(1)(k)(v). (Complete Part II).         6       A federal, state, or local government and unit described in section 170(b)(1)(A)(v).         7       An organization that rormally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II).         9       A community trust described in section 170(b)(1)(A)(v). (Complete Part II).         9       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 everpt 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)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization areal complete lines 12e, 1/2, and 12g.         12       An organization organization discribes in section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization organization supervised or controlled in connection with its supported organization(s), typically by giving the supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization supervised or controlled in connection with its supported organization(s), typically by giving the supporting organization operated, supervised, or controlled in connection with i			city, and state:									
6 A federal, state, or local government a governmental unit described in section 170(b)(1)(A)(v).         7 M An organization that normally receives a substantial part of its support form a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)         9 A organization that normally receives (1) more than 33 1/3% of its support form 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 A 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 taxabile income (less section 501(a)(2). (Complete Part III)         11 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). (Complete Part III)         12 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box in lines 12 tarrough 124 that describes the type of supported organizations of or to carry out the purposes of one or more publicly supported organization sperieds, supervised, or controlled by its supported organizations (b) is even to regulary appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled by its supported organization(s), by laving the supporting organization supervised or controlled by its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and B.	5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental u	ınit descrik	bed in		
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)(v). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An argicultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and grass receipts from activities related to its exempt functions. Subject to certain exceptions, and (2) no more than 33 1/3% of its support from gores investment income and unrelated business taxable income (less section 11 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)(2).         12       An organization organized and operated exclusively to the support or organization 50(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization organization (s) to carry out the purposes of one or more publicly supported organization supervised or controlled in connection with its supported organization (s) the power to regularily appoint or relect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(s), by laving control or manage tert IV. Sections A and C.         10       Type II. A supporting organization operated in connection with its supported organization(s) oreganization(s), organization operated. A supporting			section 170(b)(1)(A)(iv). (C	Complete Part II.)								
section 170(b)(1)(A)(vi). (Complete Part II.)         A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)         A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)         A norganization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)         An organization organized and operated exclusively to test for public safety. See section 509(a)(2). (Complete Part III.)         An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box in lines 12 a through 120 that describes the type of supporting organization and complete lines 12e, 12t, and 12g.         a	6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
A community frust described in section 170(b)(1)(A)(iv), (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:     In O An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from     activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment     income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.     See section 509(a)(2). (Complete Part III.)     An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box in     lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.     a Type II. A supporting organization organized, controlled by its supported organization(s), by laving     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.     b Type III Assupporting organization organization vested in the same persons that control or manage the supported     organization(s). You must complete Part IV, Sections A and C.     c Type III functionally integrated. The organization operated is unporting organization (s) that is not functionally integrated. A supporting organization organization(s) that is not functionally integrated. The organization operated in connection with its supported organization(s)     that is not functionally integrated. The organization operated in connection with its as bupported organization(s)     that is not functionally integrated. A supporting organization operated in c	7	Х	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in		
9       An agricultural research organization described in section 170(b)(1)(A)(k) (porelated in conjunction with a land-grant 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)(2). Check the box in lines 12 a through 120 that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         12       An organization organization operated, supervised, or controlled by its supported organization(s) the power to regularly apoint or elect a majority of the directors or trustees of the supporting organization system or regularly apoint or elect a majority of the directors or trustees of the supporting organization system organization system of an oconsection with its supported organization(s), by having control or management of the supporting organization vested in connection with its supported organization(s), by having control or management of the supporting organization operated a supervised, or controlled in connection with, and functionally integrated with, its supported organization(s). You must complete Part IV, Sections A and C.         c       Type II. A supporting organization supervised are controlled in connection with its supported organization(s) the thirt supporting organization operated in connection with, and functionally integrated with, its is sup			section 170(b)(1)(A)(vi). (C	omplete Part II.)								
or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:	8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
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			Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	r 990-F7	032021 01-	25-21 Scher	dule A (Fo	1 m 990 or 990-F7) 2020		

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### Schedule A (Form 990 or 990 EZ) 2020 TargetCancer Foundation, Inc.

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	255,768.	284,540.	383,559.	657,046.	522,520.	2,103,433.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	255,768.	284,540.	383,559.	657,046.	522,520.	2,103,433.				
	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)						177,237.				
6	Public support. Subtract line 5 from line 4.						1,926,196.				
	ction B. Total Support						1,520,250				
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total				
	Amounts from line 4	255,768.	284,540.	383,559.	657,046.	522,520.	2,103,433.				
	Gross income from interest,					- ,	, , , -				
Ŭ	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	348.	358.	265.	488.	467.	1,926.				
9	Net income from unrelated business	0100									
3	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
10	•										
	or loss from the sale of capital	141,557.	58,080.		23,374.		223,011.				
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	111,007.	50,000.		25,5710		2,328,370.				
		oto (coo instructi	ono)			12	33,000.				
12	First 5 years. If the Form 990 is for th	`	,	fourth or fifth toy			55,000.				
10	organization, check this box and <b>stop</b>				-						
Sec	ction C. Computation of Publ		-								
-	Public support percentage for 2020 (I			column (f))		14	82.73 %				
	Public support percentage from 2019		•			15	77.40 %				
	33 1/3% support test - 2020. If the c						,,,				
IUa	stop here. The organization qualifies										
h	33 1/3% support test - 2019. If the c										
	and stop here. The organization qual										
170	10% -facts-and-circumstances tes										
17a											
	and if the organization meets the fact			-		-					
1-	meets the facts-and-circumstances te	•	•		•	17a and line 15 is					
D	10% -facts-and-circumstances tes	-					10% OF				
	more, and if the organization meets the										
40	organization meets the facts-and-circle		•		• • •						
IÖ	Private foundation. If the organizatio	п ий пот спеск а		a, 100, 17a, or 17t		dule <b>A</b> (Form 990					

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

13101214 793251 21491

#### Schedule A (Form 990 or 990-EZ) 2020 TargetCancer Foundation, Inc. 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.)

Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	) <b>(f)</b> Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
<b>4</b> Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
<b>5</b> The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	) (f) Total
9 Amounts from line 6		(1) 2011		(u) 2010	(0) 2020	
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is required entropy of the second secon						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First 5 years. If the Form 990 is for the	I ne organization's f	I irst, second, third,	fourth, or fifth tax	year as a section	1 501(c)(3) orga	anization,
check this box and stop here					<u></u>	▶∟_
Section C. Computation of Publ						
<b>15</b> Public support percentage for 2020 (		•	column (f))		15	ç
16 Public support percentage from 2019					16	ç
Section D. Computation of Inve						
17 Investment income percentage for 20					17	(
<b>18</b> Investment income percentage from					18	Ç
19a 33 1/3% support tests - 2020. If the	organization did	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and	line 17 is not
more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organization	ation	►
b 33 1/3% support tests - 2019. If the	-					
line 18 is not more than 33 1/3% , che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	▶∟_
032023 01-25-21				Sch	edule A (Fori	m 990 or 990-EZ) 202
	-		16			
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#### Schedule A (Form 990 or 990 EZ) 2020 TargetCancer Foundation, Inc.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

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#### Schedule A (Form 990 or 990 EZ) 2020 TargetCancer Foundation, Inc.

Part IV Supporting Organizations (continued)

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

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

Section 6. Type if Supporting Organizations	>

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

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

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

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

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

Yes No

18

# Schedule A (Form 990 or 990-EZ) 2020 TargetCancer Foundation, Inc. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	<b>1</b> a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in 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		
Section 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-functiona	Illy integrat	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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## Schedule A (Form 990 or 990-EZ) 2020 TargetCancer Foundation, Inc.

Par	t v   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (contine	<u>ued)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8					
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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nedule A (Form 990 or 990-EZ) 2020 To art VI Supplemental Informa	argetCancer Founda	ation, inc.	26-4510094 Pag
Part IV, Section A, lines 1, 2, 3 line 1; Part IV, Section D, lines	<b>tion.</b> Provide the explanations rec 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11: s 2 and 3; Part IV, Section E, lines 1 nd Part V, Section E, lines 2, 5, and	a, 11b, and 11c; Part IV, Sec lc, 2a, 2b, 3a, and 3b; Part V,	tion B, lines 1 and 2; Part IV, Section C, , line 1; Part V, Section B, line 1e; Part V,
(See instructions.)		o. Also complete this part ic	any additional information.
28 01-25-21			Schedule A (Form 990 or 990-EZ)
		21	

13

g

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule of Contributors

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

2020

er

Name of the organization	1	Employer identification number
	TargetCancer Foundation, Inc.	26-4510094
Organization type (chec	:k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.
General Rule		
-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a) any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a putor, during the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amou EZ, line 1. Complete Parts I and II.	, or 16b, and that received from
For an organiza	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	any one

contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Employer identification number

26-4510094

TargetCancer Foundation, Inc.

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 X Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 2 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 102,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 23,750. Noncash \$ (Complete Part II for noncash contributions.) 023452 11-25-20

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

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2020.05010 TargetCancer Foundation, In 21491\_1

13101214 793251 21491

Employer identification number

26-4510094

TargetCancer Foundation, Inc.

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 7 X Person Payroll 11,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 8 Person Payroll 36,300. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.)

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

023452 11-25-20

Name of organization	Name	of	organization
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Employer identification number

26 - 4510094

TargetCancer Foundation, Inc.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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ame of or	ganization		Employer identification number
arget	Cancer Foundation, In	с.	26-4510094
Part III		outions to organizations described in se (a) through (e) and the following line enti s, charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the your comparisations
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			
-			
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
) No. rom 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
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
F		(e) Transfer of gift	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee

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SCHEDULE D	)
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(Form 9	<del>9</del> 90)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Inc

Employer identification number 26 - 4510094

	TargetCancer Foundati	on, Inc.		26-4510094
Pa			s or Accou	Ints.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised funds	<b>(b)</b> Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	I that the assets held in donor advi	sed funds	
Ŭ	are the organization's property, subject to the organization's exclu	-		Yes No
6	Did the organization inform all grantees, donors, and donor adviso			
U	for charitable purposes and not for the benefit of the donor or don			
			•	
Pa		tion answered "Ves" on Form 990		
1				
	Purpose(s) of conservation easements held by the organization (cl		, a biotoria allu	important land area
	Preservation of land for public use (for example, recreation of			important land area
	Protection of natural habitat	Preservation of	a certined his	stone structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified or	onservation contribution in the form	of a conserva	
_	day of the tax year.		0-	Held at the End of the Tax Year
	Total number of conservation easements			
b				
c	Number of conservation easements on a certified historic structure			
d	Number of conservation easements included in (c) acquired after 7			
-	listed in the National Register			
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by th	e organization	n during the tax
	year			
4	Number of states where property subject to conservation easement			
5	Does the organization have a written policy regarding the periodic			
	violations, and enforcement of the conservation easements it hold			
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	ling of violations, and enforcing cor	servation eas	ements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, handling of	of violations, and enforcing conserva	ation easemer	nts during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above sat			
	and section 170(h)(4)(B)(ii)?			Yes 🔛 No
9	In Part XIII, describe how the organization reports conservation ea			
	balance sheet, and include, if applicable, the text of the footnote to	o the organization's financial staten	ents that des	cribes the
Dec	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of Art		other Simil	ar Assets.
	Complete if the organization answered "Yes" on Form 990,			
1a	If the organization elected, as permitted under FASB ASC 958, no			
	of art, historical treasures, or other similar assets held for public ex	hibition, education, or research in f	urtherance of	public
	service, provide in Part XIII the text of the footnote to its financial s			
b	If the organization elected, as permitted under FASB ASC 958, to			
	art, historical treasures, or other similar assets held for public exhil	pition, education, or research in furt	herance of pu	ıblic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		>	\$
2	If the organization received or held works of art, historical treasure		al gain, provid	e
	the following amounts required to be reported under FASB ASC 9	58 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		> :	\$
b	Assets included in Form 990, Part X		🕨 :	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for I	Form 990.		Schedule D (Form 990) 2020

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	/	ancer Foun		-				26-45			age <b>2</b>
_	rt III Organizations Maintaining C		-						<b>τs</b> (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check an	y of the	e following that	t make s	significant	use of its			
_	collection items (check all that apply):										
a	Public exhibition	d			change progra						
b	Scholarly research	e		er							
c	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	( XIII.		
5	During the year, did the organization solicit o								7		7.0.0
Da	to be sold to raise funds rather than to be ma rt IV Escrow and Custodial Arran								Yes		No
1 4	reported an amount on Form 990, Par		ete il the org	anizatio	on answered	res on	FOUL 990	J, Part IV,	line 9, 0	ſ	
10	Is the organization an agent, trustee, custodi		lian for con	tributio	ne or other as	sote not	included				
Ia									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······			
D.		and complete the lo	nowing table						Amoun	+	
c	Beginning balance						1c		7 arrio arr		
	Additions during the year										
e											
f	Ending balance										
	Did the organization include an amount on Fe	orm 990. Part X. line	21. for escr	ow or c	ustodial accou	unt liabil	litv?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										]
	rt V Endowment Funds. Complete it										
		(a) Current year	(b) Prior	year	(c) Two years	s back	(d) Three	/ears back	(e) Fou	r years	back
1a	Beginning of year balance	., ,									
b											
с											
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g											
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g, c	olumn (	(a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that ar	e held a	and administer	red for t	he organi	zation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza				?				3b		
4	Describe in Part XIII the intended uses of the		wment fund	S.							
Ра	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered		· · · ·								
	Description of property	<b>(a)</b> Cost or o basis (investr			t or other (other)		ccumulate preciation		( <b>d)</b> Boo	k valu	e
1a	Land										
b											
с											
d	Equipment										
	Other										
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (l	3), line	10c.)	<u></u>			D (Fam		0.

Schedule D (Form 990) 2020

032052 12-01-20

Schedule D			TargetCancer	Foundation,	Inc.	
Part VII	Investn	nents -	Other Securities.			

(-) Description of a

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(I-) D - - I

	(b) BOOK value		
I) Financial derivatives			
?) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Part IX Other Assets.	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
Part IX Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX         Other Assets.           Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) limited form 1000 and 10000 and 10000 and 1000 and 1000 and 1000 and 1000 and 10	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.	Description		
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         ttal. (Column (b) must equal Form 990, Part X, col. (B) lime         Part X       Other Liabilities.         Complete if the organization answered "Yes"	Description		25.
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         tat. (Column (b) must equal Form 990, Part X, col. (B) lime         Part X       Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability	Description		
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         ttal. (Column (b) must equal Form 990, Part X, col. (B) lime         Part X       Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1)       Federal income taxes	Description		25.
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) limerat X         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)	Description		25.
Part IX       Other Assets. Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) lime         Part X         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)	Description		25.
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)	Description		25.
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)	Description		25.
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) lime         Part X         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)	Description		25.
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)	Description		25.
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         ottal. (Column (b) must equal Form 990, Part X, col. (B) lime         Part X       Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)	Description		25.
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Dotal. (Column (b) must equal Form 990, Part X, col. (B) lime         Part X       Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)	Description		25.

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... X

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 TargetCancer Foundation	, Inc.	26-	-4510094 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With F	Revenue per Retu	m.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	522,987.
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			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			522,987.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			522,987.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per Ret	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements		1	597,874.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	4,535.	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			593,339.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)		593,339.
Pa	t XIII Supplemental Information.			

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

#### Part X, Line 2:

the Internal Revenue Code and is exempt from federal and state income taxes. Accordingly, there is no provision for income taxes within the	The	Fou	ndatio	on is	qualif	lied u	ındeı	r the p	rovisi	ons of	Secti	on 50	)1(c)(	3) of
taxes. Accordingly, there is no provision for income taxes within the	the	Int	ernal	Rever	ue Co	le and	lis	exempt	from	federa	l and	state	e inco	me
	taxe	es.	Acco	rdingl	y, the	ere is	s no	provis	ion fo	or inco	me tax	es wi	thin	the

financial statements.

Tax-exempt organizations could be required to record an obligation for
income taxes as the result of a tax position they have historically taken
on various tax exposure items including unrelated business income or tax
status. Under guidance issued by the Financial Accounting Standards Boar
(FASB), assets and liabilities are established for uncertain tax position
taken or positions expected to be taken in income tax returns when such
032054 12-01-20 Schedule D (Form 990) 2
101214 793251 21491 2020.05010 TargetCancer Foundation, In 21491_

Schedule D (Form 990) 2020	TargetCancer	Foundation,	Inc.	26-4510094 Pages
Part XIII Supplemental Info	rmation (continued)			
positions are judge	ed to not meet	the "more-1:	ikely-than-not"	threshold,
based upon the tech	nical merits c	of the posit:	ion. Estimated	interest and
penalties, if appli	cable, related	l to uncerta:	in tax positions	are included
as a component of i	ncome tax expe	ense.		

The Foundation has evaluated the position taken on its filed tax returns. It has not taken, nor does it expect to take any uncertain tax positions in any income tax return.

Part XII, Line 2d - Other Adjustments:

Accrual to Cash Adjustment For Expenses

4,535.

Schedule D (Form 990) 2020

032055 12-01-20

13101214 793251 21491

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants and Oth vernments, an lete if the organizatio	nd Individua	I <mark>s in the Ŭni</mark> on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 <b>2020</b> Open to Public Inspection
Name of the organization		<b>P</b> at te think					Employer identification number
TargetCan		lation, Inc.					26-4510094
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records to criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance?						
Part II Grants and Other Assistance to					anization answered "א	/es" on Form 990, Par	t IV, line 21, for any
recipient that received more than s	\$5,000. Part II car	be duplicated if addit	ional space is need	ded.		•	
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	( <b>h)</b> Purpose of grant or assistance
Massachusetts General Hospital Cancer Center - 55 Fruit Street - Boston, MA 02114	04-1564655	501(c)(3)	125,000.	0.			To support laboratory research of cholangiocarcinoma
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organizations</li> <li>LHA For Paperwork Reduction Act Notice</li> </ul>	s listed in the line	1 table	ne line 1 table				▶ <u>1.</u> Schedule I (Form 990) 2020

26-4510094

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

The Foundation only awards organizational grants to 501(c)(3) public

charities conducting cancer research.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



26-4510094

TargetCancer Foundation, Inc.

Form 990, Part III, Line 1, Description of Organization Mission:

among scientists, clinicians, and patients.

Form 990, Part III, Line 2, New Program Services:

In 2020, TargetCancer Foundation launched a new rare cancer clinical

trial called TCF-001 TRACK (Target Rare Cancer Knowledge). TRACK is a

400-patient clinical trial studying genomics and precision medicine in

rare cancers. TRACK is developed, sponsored and managed by TargetCancer

Foundation, and is currently enrolling patients with rare cancers and

cancer of unknown primary.

Form 990, Part III, Line 4a, Program Service Accomplishments:

In addition, TargetCancer Foundation provided \$75,000 to support Dr.
Nabeel Bardeesy's cholangiocarcinoma research at the Massachusetts
General Hospital Cancer Center, representing the second payment of a
\$240,000 grant. Spanning over a decade, TargetCancer Foundation support
of the Bardeesy lab has totaled over \$1 million, creating a
comprehensive cholangiocarcinoma research program, with a specific
focus on the development of a public cholangiocarcinoma cell line
repository.

An additional grant of \$50,000 was provided to Dr. Liron Bar-Peled at the Massachusetts General Hospital Cancer Center in support of his cholangiocarcinoma research. This grant was coordinated through The

 Evan Schumacher Fund for Rare Cancer Research at TargetCancer

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020 Page 2					
Name of the organization	TargetCancer	Foundation,	Inc.	Employer identification number 26-4510094	
Foundation.					

In November 2020, TargetCancer Foundation held the 4th Think Tank on Advancing Gastroesophageal Cancer Research, an international virtual scientific meeting that united over 100 leading clinicians and scientists. This unique meeting is specifically designed to promote collaboration, information-sharing and idea generation in an effort to define research priorities, foster new collaborative efforts across institutions, and ultimately propel the field of gastroesophageal cancer research forward.

Form 990, Part VI, Section A, line 2:

Kristen Palma, President/Director, and James Palma, Executive Director, have a family relationship.

Form 990, Part VI, Section B, line 11b:

The original annual Form 990 (along with a copy for them to retain for their records), as prepared by an independent public accounting firm, is submitted to the President, Kristen Palma, for her review and signature prior to filing with the IRS. At that same time, a copy of Form 990 is also provided to the Executive Director, James Palma, for his review so any comments, questions, or concerns he may have can be raised before the original signed form is filed.

Form 990, Part VI, Sectio	n B, Line 12c:
In accordance with Articl	es VI and VII of the Organization's bylaws, annual
statements and periodic r	eviews are conducted to ensure compliance with the
conflict of interest poli	CV.
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Name of the organization TargetCancer Foundation, Inc.	Employer identification number 26-4510094
Targettanter Foundation, Inc.	20 4510074
Form 990, Part VI, Section B, Line 15a:	
Independent members of the board of directors revi	lew and approve the annua
salary of the Executive Director and all other emp	ployees of the
organization based on comparable salaries of simil	larly situated persons
performing similar duties of similar size non-prof	it organizations.
Form 990, Part VI, Section C, Line 19:	
The Organization makes its governing documents, co	onflict of interest
policy, and financial statements available to the	public upon request.
Form 990, Part IX, Line 11g, Other Fees:	
Consultancy:	
Program service expenses	156,474
Management and general expenses	(
Fundraising expenses	(
Total expenses	156,474
Administrative Services:	
Program service expenses	(
Management and general expenses	7,899
Fundraising expenses	(
Total expenses	7,899
Fundraising Services:	
Program service expenses	(
Management and general expenses	(
	14,450

Name of the organization TargetCancer Foundation, Inc.	Employer identification numb 26-4510094
Total expenses	14,45
Total Other Fees on Form 990, Part IX, line 11g, Col A	178,82
Form 990, Part XII, Line 2c:	
The Organization's board of directors is charged with ove	ersight of the
audit process.	
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