Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

A	For the	e 2023 calendar year, or tax year beginning	and	enaing								
В	Check if applicabl	C Name of organization			D Employer identifi	cation number						
	Addre	TRIAGE CANCER										
	Name chang	Doing business as			45-51326	61						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone numbe	er						
	Final return	18203 KINGSPORT DR.			42425846	28						
	termin ated	City or town, state or province, country, and ZIP or foreign postal co	ode		G Gross receipts \$ 1,637,997							
	Amen				H(a) Is this a group re	eturn						
Г	Applic				for subordinates							
	pendir	SAME AS C ABOVE			H(b) Are all subordinates in							
$\overline{}$	Tax-ex		47(a)(1)	or 527	1 ' '	list. See instructions						
	Websi		π (α)(1)	01 027	H(c) Group exemption							
		organization: X Corporation Trust Association Other		I Year		M State of legal domicile: CA						
	art I	Summary		L Tour	011011114tion: = = = 1	VI Otato or logar dominono,						
	1	Briefly describe the organization's mission or most significant activities:	TRIA	GE CAN	CER IS A NA	TIONAL.						
e	'											
Jan	NONPROFIT ORGANIZATION THAT PROVIDES FREE LEGAL AND PRACTICAL 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.											
/eri	3	-	-		1	15						
ģ.	4	Number of independent voting members of the governing body (Part VI, life Ta) Number of independent voting members of the governing body (Part VI, life Ta)				13						
∘ŏ	-					16						
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2				117						
Activities & Governance	6	Total number of volunteers (estimate if necessary)				0.						
Ą	/ a					0.						
	l p	Net unrelated business taxable income from Form 990-T, Part I, line 11		·····	Prior Year	Current Year						
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
ē	8	Contributions and grants (Part VIII, line 1h)			1,004,217.	1,223,925.						
ē	9	Program service revenue (Part VIII, line 2g)			106,556.	395,076.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			16.436	10,366.						
_	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			16,436. 1,127,209.	8,630. 1,637,997.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lin	<u> </u>									
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.						
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.						
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), line			721,968.	833,248.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		<u></u>	0.	0.						
ăx	b	Total fundraising expenses (Part IX, column (D), line 25)										
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			353,958.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,075,926.	1,231,220.						
	19	Revenue less expenses. Subtract line 18 from line 12			51,283.	406,777.						
Net Assets or	9			Ве	ginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)			803,827.	1,200,799.						
AS	21	Total liabilities (Part X, line 26)			19,514.	9,709.						
<u>S</u>	22	Net assets or fund balances. Subtract line 21 from line 20			784,313.	1,191,090.						
Pa	art II	Signature Block										
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying	schedule	s and stateme	ents, and to the best of my	y knowledge and belief, it is						
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all informa	tion of wh	nich preparer	has any knowledge.							
Sig	n	Signature of officer			Date							
Hei		JOANNA DORAN, CHIEF EXECUTIVE OFFICER	Ł									
		Type or print name and title										
		Print/Type preparer's name Preparer's signature			Date Check	PTIN						
Pai	d	JEANNE DEE repared 3 signature repared 3										
	parer	Firm's name ANDERS MINKLER HUBER & HELM I	LP	I		3-0831507						
	Only	Firm's address 800 MARKET STREET, SUITE 500	0 Em									
		ST. LOUIS, MO 63101-2501			Phone no (3	14)655-5500						
Ma	v the II	RS discuss this return with the preparer shown above? See instructions			11 Hollo Ho. (5	X Yes No						
	, 11	a. course and rotarin man are propared effective above. Goo methodione			<u></u>	110						

Form	1 990 (2023) TRIAGE CANCER	45-5132661	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TRIAGE CANCER IS A NATIONAL, NONPROFIT ORGANIZATION	THAT PROVIDES FR	EE
	EDUCATION ON LEGAL AND PRACTICAL ISSUES THAT MAY IMP		
	DIAGNOSED WITH CANCER AND THEIR CAREGIVERS, THROUGH		S.
	AND RESOURCES. TRIAGE CANCER OFFERS AN EDUCATIONAL E		~ /
2	Did the organization undertake any significant program services during the year which were not listed o		
_			X No
		res	_21_ INO
_	If "Yes," describe these new services on Schedule O.		▼
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices? Yes	A No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	s to others, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,045,487. including grants of \$		<u>076.</u>
	TRIAGE CANCER IS A NATIONAL, NONPROFIT ORGANIZATION	THAT PROVIDES FR	EE
	EDUCATION ON LEGAL AND PRACTICAL ISSUES THAT MAY IMP	PACT INDIVIDUALS	
	DIAGNOSED WITH CANCER AND THEIR CAREGIVERS, THROUGH	EVENTS, MATERIAL	S,
	AND RESOURCES. TRIAGE CANCER OFFERS AN EDUCATIONAL E	BLOG	-
	(TRIAGECANCER.ORG/BLOG) AND HOSTS CANCERFINANCES.ORG		
	EDUCATION AND RESOURCES ON NAVIGATING FINANCES AFTER		
	DIAGNOSIS.	. 11 0111(0111	
	<u>DITIONODID</u>		
	IN 2023, MORE THAN ONE MILLION PEOPLE WERE REACHED T	UDOIICU OIID	
	EDUCATIONAL MATERIALS, TRIAGECANCER.ORG, CANCERFINAN	CES.ORG, OUR	
	EDUCATIONAL BLOG, AND NEWSLETTERS.		
4b	(Code:) (Expenses \$ including grants of \$	_) (Revenue \$	
	to a View of the second of the	\ /-	
4c	(Code:) (Expenses \$ including grants of \$	_) (Revenue \$	
4:1	Other are are a survive of (December on Calcadula O.)		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,045,487.		

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Form 990 (2023) TRIAGE CANCER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		<u> </u>
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the approximation projection on office approximation of the Helbert Obstace	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		4-		_ v
40	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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
20 a	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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Form **990** (2023)

Form 990 (2023) TRIAGE CANCER
Part IV Checklist of Required Schedules (continued) 45-5132661 Page 4

	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O To V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
		_	$\Omega\Omega\Omega$	(0000)

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Form **990** (2023)

Form	990 (2023) TRIAGE CANCER 45-5132	661	Р	age 5				
Pai	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		7.7					
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	37				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	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			x				
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a						
D	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).							
50		5a		х				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00						
-	any contributions that were not tax deductible as charitable contributions?	6a		x				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7с		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
40	amounts due or received from them.)	40						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a						
а	Note: See the instructions for additional information the organization must report on Schedule O.	134						
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
D	organization is licensed to issue qualified health plans							
c	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		_ _				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		L				
	If "Yes," complete Form 6069.							

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Form 990 (2023) TRIAGE CANCER 45-5132661 Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 15						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 15						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship 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 supervision						
•	of officers, directors, trustees, or key employees to a management company or other person?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
		6		X			
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		- 21			
7a		7.		Х			
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a					
b		- 1.		Х			
•	persons other than the governing body?	7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Х				
a	The governing body?	8a_	X				
a	Each committee with authority to act on behalf of the governing body?	8b					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х			
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9					
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI -			
40-	Did the constitution have been been been been as of Clade O	40-	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?	10a					
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-					
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ				
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40	х				
40	on Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13					
14	Did the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77				
a	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b	X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37			
	taxable entity during the year?	16a		_X_			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
800	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed CA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	JOANNA DORAN - 3104890856						
	6348 N MILWAUKEE AVE, #136, CHICAGO, IL 60646						

Form **990** (2023)

09350514 781445 33531.000

Form 990 (2023) TRIAGE CANCER 45-5132661 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do	not c	Pos heck	more	than	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	lustitutional trustee				tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JOANNA DORAN CEO	40.00	X		x				163,625.	0.	9,170.
(2) MONICA BRYANT	40.00									
C00	1 00	Х		Х				159,625.	0.	8,483.
(3) MAJID ABAI PRESIDENT	1.00	x		х				0.	0.	0.
(4) SORAYA TABIBI AGUIRRE SECRETARY	1.00	x		Х				0.	0.	0.
(5) ELLEN TENNENBAUM	1.00	Α		^				1	0.	· ·
TREASURER	1.00	X		Х				0.	0.	0.
(6) CAREY BANNER	1.00									
MEMBER		Х						0.	0.	0.
(7) MARGARET CHAPMAN	1.00									
MEMBER		Х						0.	0.	0.
(8) KAT DAVIS	1.00								_	
MEMBER		Х						0.	0.	0.
(9) MARK JACKSON	1.00	l								
MEMBER	1 00	Х					_	0.	0.	0.
(10) JASON KETCHUM MEMBER	1.00	X						0.	0.	0.
(11) ALEXANDRA MASSOUD	1.00	22							0.	<u></u>
MEMBER		X						0.	0.	0.
(12) MICHELLE MEKKY	1.00									
MEMBER		Х						0.	0.	0.
(13) BECCA DUVALL	1.00									
MEMBER		Х						0.	0.	0.
(14) ANTHONY FIGUEREDO	1.00									
MEMBER		Х						0.	0.	0.
(15) JENNIFER SCHMITT	1.00									
MEMBER	1	Х					<u> </u>	0.	0.	0.
(16) ALAN JENKINS	1.00	 								
MEMBER	1	Х					<u> </u>	0.	0.	0.
		1								
	ı			<u> </u>		_	1	I		- OOO (2222)

Form 990 (2023)

Form 990 (2023) TRIAGE CANCER 45-5132661 Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C) (D) (E) (F)

(A) Name and ti	tle	(B) Average hours per week	Average (do no box, u					an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of 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/ 1099-NEC)	organizations (W-2/1099-MISO 1099-NEC)		ation e cion ced ons		
											\Box			
											\dashv			
											\dashv			
											\dashv			
											\dashv			
45 0 5 5 5 5									323,250.		0.	1	7 6	<u> </u>
1b Subtotal	n sheets to Part VI	I, Section A							0.		0.	17,653. 0. 17,653.		
d Total (add lines 1b and 2 Total number of individu	uals (including but n								323,250. eceived more than \$100,		0.		7,0	
compensation from the													Yes	No
3 Did the organization list line 1a? If "Yes," complet	ete Schedule J for s	uch individual										3		Х
4 For any individual listed and related organization	ns greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	or such individual			4	Х	
5 Did any person listed or rendered to the organization	ation? If "Yes," com											5		Х
Section B. Independent Complete this table for	your five highest co	· ·	-							•	ensati	ion fro	om	
the organization. Repor	(A)					ith c	or wit	thin	(B)			(0		
	Name and business	address	NC	ONE	<u>:</u>				Description of s	services		ompe	nsatio	<u>n</u>
2 Total number of indeper	•	•	ot lin	nitec	d to t	thos		ted	above) who received mo	ore than				
\$100,000 of compensat	lion from the organiz	zation					,					Form	990 (2023)

332008 12-21-23

Form 990 (2023) TRIAGE
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					, , , , , , , , , , , , , , , , , , ,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	<u> </u>	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b					
ij g			Membership dues	1c					
fts, Ar			Fundraising events	1d					
ig ig			Related organizations						
ns, Sim			Government grants (contributions)	1e					
utio er (Ť	All other contributions, gifts, grants, and		222 025				
5 된			similar amounts not included above		<u> 223,925.</u>				
ont od (_	Noncash contributions included in lines 1a-1f	1g \$		1 222 025			
<u>0</u> <u>8</u>		h	Total. Add lines 1a-1f			1,223,925.			
				.	Business Code	205 076	205 076		
Se	2	а	PROGRAM SERVICE FE	ES	611710	395,076.	395,076.		
e vi		b							
S		С							
ran Sev		d							
Program Service Revenue		е							
<u>a</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f			395,076.			
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)			10,366.			10,366.
	4		Income from investment of tax-exem						
	5		Royalties						
) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
			` ' 	ecurities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
<u>e</u>			and sales expenses 7b						
her Revenue		c	Gain or (loss) 7c						
ev			Net gain or (loss)						
e F			Gross income from fundraising events (r						
Ğ	Ü	u	including \$						
			contributions reported on line 1c). S	-					
			Part IV, line 18		8,630.				
		h	Less: direct expenses		0.				
			Net income or (loss) from fundraising			8,630.			8,630.
			Gross income from gaming activities			0,0301			3,0301
	3	u	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming ac						
			Gross sales of inventory, less return						
	10	а	3 .	I					
			and allowances						
			Less: cost of goods sold						
\rightarrow		С	Net income or (loss) from sales of in	ventory					
જ					Business Code				
eor re	11	-							
Miscellaneous Revenue									
Sev Sev		С							
Mis			All other revenue						
		е	Total. Add lines 11a-11d			1 (27 007	205 076	^	10 006
	12		Total revenue. See instructions			1,637,997.	395,076.	0.	18,996.

332009 12-21-23

Form **990** (2023)

Form 990 (2023) TRIAGE CANCER Part IX Statement of Functional Expenses

Cooti	on FO1/c//2) and FO1/c//4) arganizations must some	lata all aglumna. All atha	v overni-otions must con	anlata aslumn (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must compl			npiete column (A).	
	Check if Schedule O contains a respons	se or note to any line in		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	340,903.	287,486.	18,229.	35,188.
6	Compensation not included above to disqualified	,	,	,	•
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	392,523.	331,018.	20,989.	40,516.
8	Pension plan accruals and contributions (include	,	,	,	
•	section 401(k) and 403(b) employer contributions)	13,705.	13,705.		
9	Other employee benefits	28,265.	27,440.	825.	
10	Payroll taxes	57,852.	50,236.	1,653.	5,963.
11	Fees for services (nonemployees):	37,0020	30,2301	2,0001	2,3000
	Management				
		5,030.	2,202.	2,828.	
	Legal	26,400.	11,559.	14,841.	
	Accounting	20,100.	11,555.	11,011.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	24,052.	10,531.	13,521.	
40	column (A), amount, list line 11g expenses on Sch 0.)	26,510.	22,048.	4,462.	
12	Advertising and promotion	8,467.	5,842.	2,625.	
13	Office expenses	25,096.	23,293.	337.	1,466.
14	Information technology	23,090.	23,293.	337.	1,400.
15	Royalties	6,842.	3,842.	3,000.	
16	Occupancy	51,837.	50,028.	1,809.	
17	Travel	31,037.	30,020.	1,009.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1 600	2 000	700	
22	Depreciation, depletion, and amortization	4,698. 5,771.	3,909.	789. 5,771.	
23	Insurance	5,//1.		5,//1.	
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.)				
a	BUSINESS OPERATIONS EXP	166,763.	159,347.	6,699.	717.
a b	PROGRAM EVENT EXPENSES	44,811.	43,001.	1,810.	, = , •
C	BOARD EXPENSES	1,695.	15,001.	1,695.	
d		±,055•		1,000	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,231,220.	1,045,487.	101,883.	83,850.
26	Joint costs. Complete this line only if the organization	1,231,220•	1,010,10/0	101,000.	33,030.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	in following 50P 98-2 (ASC 958-720)				000

Form **990** (2023)

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Form 990 (2023)
Part X Balance Sheet

TRIAGE CANCER

Part 2	^_	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			782,747.	1	365,935
:	2	Savings and temporary cash investments				2	460,366
;	3	Pledges and grants receivable, net		3			
.	4	Accounts receivable, net	5,900.	4	357,761		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
- (6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	tion 4958(c)(3)(B)		6		
က္	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
ž ;	9	B			2,107.	9	3,575
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	22,574.			
	b	Less: accumulated depreciation	. 10b	12,232.	9,908.	10c	10,342
1	1	Investments - publicly traded securities			11		
1:	2	Investments - other securities. See Part IV, line		12			
1:	3	Investments - program-related. See Part IV, line		13			
1.	4	Intangible assets		3,165.	14	2,820	
1:	5	Other assets. See Part IV, line 11		15			
10	6	Total assets. Add lines 1 through 15 (must ed	ual line 3	3)	803,827.	16	1,200,799
1	7	Accounts payable and accrued expenses		19,514.	17	9,709	
18	8	Grants payable		18			
19	9	Deferred revenue		19			
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
တ္ဆ 2	2	Loans and other payables to any current or for					
≜		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
- 2	23	Secured mortgages and notes payable to unre		• • • • • • • • • • • • • • • • • • • •		23	
2	24	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			10 514	25	0 700
2	26	Total liabilities. Add lines 17 through 25		TT	19,514.	26	9,709
ړ		Organizations that follow FASB ASC 958, cl	neck her	e X			
ğ		and complete lines 27, 28, 32, and 33.			744 212		1 001 000
<u> 2</u>					744,313.	27	1,091,090
<u>n</u> 2	28	Net assets with donor restrictions			40,000.	28	100,000
Ĭ		Organizations that do not follow FASB ASC	958, che	eck here			
<u> </u>		and complete lines 29 through 33.					
S 2		Capital stock or trust principal, or current fund				29	
§ 3	10	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated			704 212	31	1 101 000
	2	Total net assets or fund balances			784,313.	32	1,191,090
3	3	Total liabilities and net assets/fund balances			803,827.	33	1,200,799

Form 990 (2023) TRIAGE CANCER 45-5132661 Page **12**

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,63		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,23		
3	Revenue less expenses. Subtract line 2 from line 1	3		6,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>78</u>	4,3	<u>13.</u>
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	1,19	1,0	<u>90.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public

Employer identification number

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

Inspection

OMB No. 1545-0047

TRIAGE CANCER 45-5132661 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and		• •				
	membership fees received. (Do not						
	include any "unusual grants.")	191,007.	628,848.	955,007.	984,653.	1223925.	3983440.
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	191,007.	628,848.	955,007.	984,653.	1223925.	3983440.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1883838.
6	Public support. Subtract line 5 from line 4.						2099602.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	191,007.	628,848.	955,007.	984,653.	1223925.	3983440.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					10,366.	10,366.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					8,630.	8,630.
11	Total support. Add lines 7 through 10						4002436.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	581,874.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I					14	52.46 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	53.32 %
16a	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, che	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circle	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>
						Schedule A	(Form 990) 2023

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	0-		
	3a		
	3b		
	OD.		
	3с		
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	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	30		
	10a		
_	10b	000	
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Га	Gontinued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations		1	
			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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II 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		163	140
•	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	tion D. All Type III Supporting Organizations		'	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	l' I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	OI-		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
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.	3b		
	or ito supported organizations: [[-] fes. describe Fait VI the fole biaved by the organization in this regard.	UU		

025 12-21-23 Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

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

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

TRIAGE CANCER

Employer identification number 45-5132661

Pai	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or <i>F</i>	Accounts. Complete if the
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advised fu	ınds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for ar	y other purpose confe	erring
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the organic	anization answered "Ye	s" on Form 990, Part I	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С				
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006,	and not	
	on a historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			
	year	-		-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		tion, handling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and en	forcing conservation e	easements during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	of section 170(h)(4)(B	B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements t	that describes the
	organization's accounting for conservation easements.			
Pai	rt III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	, or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	e statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furtheran	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m)			^
2	If the organization received or held works of art, historical trea-	sures, or other similar a	ssets for financial gair	n, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instructions		<u></u>	Schedule D (Form 990) 2023

Par	t III Organizations Maintaining Co	llections of Ar	t, Histo	rical Tre	asures, o	r Other	Simila	r Assets	(contin	ued)	age –
3	Using the organization's acquisition, accession	n, and other records	s, check	any of the f	ollowing that	make si	gnificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	d	L	oan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explair	how the	y further th	e organizatio	n's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	of art, his	torical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be main								Yes		No
Pai	t IV Escrow and Custodial Arrange		te if the c	organization	answered "	Yes" on F	orm 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodiar	n, or other intermed	liary for c	contribution	s or other as	sets not i	included		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	lowing ta	ıble:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance										
2a	Did the organization include an amount on For	m 990, Part X, line	21, for es	scrow or cu	stodial acco	unt liabili	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII. C										
Par	200,00000										
	-	(a) Current year	(b) Pr	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the currer	nt year end balance		, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment%										
	The percentages on lines 2a, 2b, and 2c should	•									
За	Are there endowment funds not in the possess	sion of the organiza	tion that	are held ar	id administer	ed for the	Э		Г	V	Na
	organization by:								- m	Yes	No
									3a(i)		
		Pakada							3a(ii)		
	If "Yes" on line 3a(ii), are the related organization								3b		
Par	Describe in Part XIII the intended uses of the o		wment tu	inas.							
ı uı	Complete if the organization answered		Part IV	line 11a S	ee Form 99∩	Part X I	ine 10				
			<u> </u>					24	(d) Dool		
	Description of property	(a) Cost or o basis (investn			or other (other)		ccumulate reciation	I	(d) Book	value	е
12	Land	\		230,0	/	201					
	Buildings										
C	Leasehold improvements										
d	Equipment	I		2	2,574.		12,2	32.	10),34	42.
	Other				,		, -			, -	
	I. Add lines 1a through 1e. (Column (d) must equ		X line 10	c column	/B))				10),34	42.
	S (Solumi la) muot cat			-,	·-··						

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-от-year market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets Complete if the organization answered "Yes" or (a) [n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
(1)	- CSCHPTION		(b) Book value
(2)			
(3)			
(4)			
(4)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9)	(B))		
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the properties of liability.			(b) Book value
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability			(b) Book value
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			(b) Book value
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)			(b) Book value
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)			(b) Book value
(5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)			(b) Book value
(5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value

332053 09-28-23

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 TRIAGE CANCER		45-	5132661 Page 4
Part XI Reconciliation of Revenue per Audited Finance	ial Statements With Rev		У.
Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statem	ents	1	2,211,684.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities	2b	573,687.	
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d			573,687.
3 Subtract line 2e from line 1		3	1,637,997.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)			0
c Add lines 4a and 4b			1 627 007
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part Part XII Reconciliation of Expenses per Audited Finance)	<u>l. line 12.) </u>	5	1,637,997.
		Jenses per neturi	
Complete if the organization answered "Yes" on Form 990, F		1	1,804,907.
Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:			1,004,907.
, , ,	2a	573,687.	
a Donated services and use of facilities		373,007.	
b Prior year adjustmentsc Other losses			
c Other losses d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	573,687.
3 Subtract line 2e from line 1			1,231,220.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			1,231,220
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b	<u></u>	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Par			1,231,220.
Part XIII Supplemental Information	tr. mre ro.,		•
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p			K, line 2; Part XI,
PART X, LINE 2:			
THE ORGANIZATION IS EXEMPT FROM FEDER	AL INCOME TAXES	UNDER SECTION	ON
501(C)(3) OF THE INTERNAL REVENUE COD	E (THE "CODE"),	EXCEPT ON N	ET INCOME
DERIVED FROM UNRELATED BUSINESS ACTIV	ITIES AS DEFINED	IN THE COD	Ε.
ACCORDINGLY, THE ORGANIZATION FILES A	S A TAX EXEMPT O	RGANIZATION	•
THE ORGANIZATION FOLLOWS GUIDANCE ISS	UED BY THE FASB	ON ACCOUNTI	NG FOR
INCOME TAXES AND HAS EVALUATED ITS TA			
LIMITATIONS, AUDITS, PROPOSED SETTLEM			
AUTHORITATIVE RULINGS, AND BELIEVES T	<u>HAT NO PROVISION</u>	FOR INCOME	TAXES IS

NECESSARY TO COVER ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S

RETURNS FOR TAX YEARS 2020 AND LATER REMAIN SUBJECT TO EXAMINATION BY

Schedule D	Form 990) 2023	TRIAGE CANCER		45-5132661	Page 5
Part XIII	Form 990) 2023 Supplemental Infor	mation _(continued)			
		•			
TAXING	AUTHORITIES.				

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

TRIAGE CANCER

Employer identification number 45-5132661

OMB No. 1545-0047

Pa	Part I Questions Regarding Compensation			
	·		Yes	No
1 a	a Check the appropriate box(es) if the organization provided any of the following to or fo	or a person listed on Form 990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regard			
	First-class or charter travel Housing allowa	nce or residence for personal use		
	Travel for companions Payments for be	usiness use of personal residence		
	Tax indemnification and gross-up payments Health or social	club dues or initiation fees		
	Discretionary spending account Personal service	es (such as maid, chauffeur, chef)		
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy	regarding payment or		
	reimbursement or provision of all of the expenses described above? If "No," complete	Part III to explain1b		
2	? Did the organization require substantiation prior to reimbursing or allowing expenses i	ncurred by all directors,		
	trustees, and officers, including the CEO/Executive Director, regarding the items chec	ked on line 1a?2		
3	Indicate which, if any, of the following the organization used to establish the compens	ation of the organization's		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods us	ed by a related organization to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employs	nent contract		
	Independent compensation consultant Compensation	survey or study		
	X Form 990 of other organizations X Approval by the	board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with re	spect to the filing		
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	c Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each	ach item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay of	r accrue any compensation		
	contingent on the revenues of:			
	a The organization?	<u>5a</u>		X
b	b Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	, , , , , , , , , , , , , , , , , , , ,	r accrue any compensation		
	contingent on the net earnings of:			7.7
а	a The organization?			X
b	b Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	, , , , , , , , , , , , , , , , , , , ,			77
	not described on lines 5 and 6? If "Yes," describe in Part III			X
8	, , , , , , , , , , , , , , , , , , , ,			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," described in Regulations section 53.4958-4(a)(3)?			X
9	, , , , , , , , , , , , , , , , , , , ,			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOANNA DORAN (i)	163,625.	0.	0.	4,909.	4,261.	172,795.	0.
CEO (ii)	0.	0.	0.	0.	0.	0.	0.
(2) MONICA BRYANT (i)	159,625.	0.	0.	4,789.	3,694.	168,108.	0.
coo (ii)		0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(i) (ii)							
(ii)							
(i) (ii)							
(i)							
(ii)							
(i)							
(ii)							

Page 2

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
EMPLOYEE COMPENSATION IS DETERMINED BY COMPARING TO NONPROFIT SALARIES OF
SIMILAR ORGANIZATIONS AND PROORATED BASED ON THE AMOUNT OF FUNDS RAISED
DURING THE YEAR.

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Internal Revenue Service

Name of the organization

TRIAGE CANCER

Employer identification number 45-5132661

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INFORMATION THAT MAY IMPACT INDIVIDUALS DIAGNOSED WITH CANCER AND THEIR
CAREGIVERS, THROUGH EVENTS, MATERIALS, AND RESOURCES. TRIAGE CANCER
OFFERS AN EDUCATIONAL BLOG (TRIAGECANCER.ORG/BLOG) AND HOSTS
CANCERFINANCES.ORG, WHICH PROVIDES EDUCATION AND RESOURCES ON
NAVIGATING FINANCES AFTER A CANCER DIAGNOSIS
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
(TRIAGECANCER.ORG/BLOG) AND HOSTS CANCERFINANCES.ORG, WHICH PROVIDES
EDUCATION AND RESOURCES ON NAVIGATING FINANCES AFTER A CANCER
DIAGNOSIS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ADDITIONALLY, FROM 2012-2023, WE PROVIDED MORE THAN 468,000 PEOPLE WITH
LEGAL AND PRACTICAL KNOWLEDGE THROUGH MORE THAN 1,416 ONLINE AND
IN-PERSON EDUCATIONAL EVENTS HELD IN ALL 50 STATES, DC, GUAM, AND
CANADA.
IN 2023, OUR FREE LEGAL FINANCIAL & NAVIGATION PROGRAM PROVIDED 1,759
INDIVIDUALS DIAGNOSED WITH CANCER, CAREGIVERS, AND HEALTH CARE
PROFESSIONALS WITH FREE ONE-ON-ONE HELP IN THE AREAS OF HEALTH
INSURANCE, DISABILITY INSURANCE, EMPLOYMENT, FINANCES, MEDICAL
DECISION-MAKING, ESTATE PLANNING, AND MORE. THE GOAL OF THESE
NAVIGATION SERVICES IS TO EXPLAIN OPTIONS, PROVIDE ACCURATE
INFORMATION, AND EMPOWER PEOPLE TO TAKE NEXT STEPS. WE HELP PEOPLE FIND
,

THEIR WAY - OR NAVIGATE - THROUGH THE LEGAL,

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

FINANCIAL,

AND PRACTICAL

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization Employer identification number TRIAGE CANCER 45-5132661

BARRIERS THAT THEY MAY FACE AFTER DIAGNOSIS.

DURING 2023, TRIAGE CANCER HOSTED 28 EVENTS FOR PATIENTS, CAREGIVERS,

HEALTH CARE PROFESSIONALS, AND ADVOCATES ON PRACTICAL AND LEGAL ISSUES,

THEREBY MITIGATING FINANCIAL TOXICITY, AND IMPROVING THEIR SURVIVORSHIP

OUTCOMES AND QUALITY OF LIFE. IN 2023, TRIAGE CANCER ALSO PARTICIPATED

IN MORE THAN 190 ADDITIONAL EDUCATIONAL EVENTS HOSTED BY PARTNERS AND

PROFESSIONAL ASSOCIATIONS.

TRIAGE CANCER PRODUCED MORE THAN 70 NEW RESOURCES, INCLUDING QUICK

GUIDES, CHECKLISTS, AND WORKSHEETS ON CANCER-RELATED TOPICS, IN 2023.

FOR EXAMPLE, TRIAGE CANCER DEVELOPED AND LAUNCHED THE MILITARY,

VETERANS, & CANCER RESOURCE HUB, TO HOUSE INFORMATION THAT IS RELEVANT

TO MEMBER OF THE U.S. MILITARY AND VETERANS, WHO ARE DEALING WITH A

CANCER DIAGNOSIS AND THEIR CAREGIVERS.

TRIAGE CANCER ALSO LAUNCHED TRIAGE HEALTH, WHICH PROVIDES FREE

EDUCATION ON LEGAL AND PRACTICAL ISSUES TO HELP PEOPLE NAVIGATE HEALTH

CARE, THROUGH RESOURCES, MATERIALS, AND EVENTS. THIS IS ESPECIALLY

IMPORTANT WHEN NAVIGATING A CHRONIC OR SERIOUS MEDICAL CONDITION.

TRIAGE HEALTH IS A PROGRAM OF TRIAGE CANCER.

FORM 990, PART VI, SECTION A, LINE 2:

THE CEO AND COO OF THE ORGANIZATION ARE SISTERS

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

THE ORGANIZATION'S CEO, COO, AND TREASURER REVIEW THE FORM 990 TO ENSURE
THAT IT ACCURATELY REFLECTS THE ORGANIZATION'S FINANCIAL SITUATION. ANY

332212 11-14-23

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 45-5132661 TRIAGE CANCER QUESTIONS OR CONCERNS ARE DISCUSSED AND SHARED WITH THE ACCOUNTANT FOR REVISION. THE REVISED DRAFT IS REVIEWED UNTIL FINALIZED. THE FINAL DRAFT IS PRESENTED TO THE BOARD FOR APPROVAL TO FILE. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD AND OFFICERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION B, LINE 15: EMPLOYEE COMPENSATION IS DETERMINED BY COMPARING TO NONPROFIT SALARIES OF SIMILAR ORGANIZATIONS AND PROORATED BASED ON THE AMOUNT OF FUNDS RAISED DURING THE YEAR. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS WERE MADE AVAILABLE UPON REQUEST. FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.