			** PUBLIC DISCLOSURE COPY	* *		
	Ω	00	Return of Organization Exempt From	n Income Ta	X	OMB No. 1545-0047
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private found		2018
		of the Treasury	Do not enter social security numbers on this form as it may			Open to Public
		enue Service	► Go to www.irs.gov/Form990 for instructions and the lat ar year, or tax year beginning JUL 1, 2018 and ending	est information. JUN 30, 20	10	Inspection
		î				
B C a	heck if pplicab	le: C Name of	forganization	D Employer ide	ntificat	tion number
	Addre		MPH INC.			
	Name		usiness as	- 04	-239	94012
	 returr		and street (or P.O. box if mail is not delivered to street address) Room/su	lite E Telephone nui	nber	
	Final		HON GORDON OWEN RIVERWAY	50	5-82	23-4710
	termii ated	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		6,167,493.
	Amer	IAON	TON, MA 02780	H(a) Is this a grou	up retui	
	Appli tion pend		nd address of principal officer: ELIZABETH W. FRANCIS	for subordin		
		SAME	AS C ABOVE	H(b) Are all subordina		
		empt status:	\underline{X} 501(c)(3) $$ 501(c)() ◀ (insert no.) $$ 4947(a)(1) or $$ 94947(a)(1) or \boxed			t. (see instructions)
				H(c) Group exem		tate of legal domicile: MA
	art I				<u>-</u> wis	tate of legal dominine. The
	1		be the organization's mission or most significant activities: ${{{\rm{SEE}}} { m{SCHE}}}$	DULE O		
Activities & Governance	.	Brieffy debend				
rna	2	Check this bo	x x if the organization discontinued its operations or disposed of n	ore than 25% of its n	et asse	ts.
ove	3		ting members of the governing body (Part VI, line 1a)		3	15
Ō	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)		4	15
es 4	5	Total number	of individuals employed in calendar year 2018 (Part V, line 2a)		5	156
iviti	6		of volunteers (estimate if necessary)		6	464
Act	7 a	Total unrelated	d business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated	business taxable income from Form 990-T, line 38		7b	0.
				Prior Year	-	Current Year 5,961,883.
iue	8		and grants (Part VIII, line 1h)	6,093,58 186,53		195,959.
Revenue	9	•	ce revenue (Part VIII, line 2g)	16		-4,333.
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,38		6,170.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,291,66		6,159,679.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	-	r compensation, employee benefits (Part IX, column (A), lines 5-10)	5,046,53	7.	4,782,880.
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraisi	ing expenses (Part IX, column (D), line 25)		-	
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,261,53		1,146,245.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,308,07		5,929,125.
	19	Revenue less	expenses. Subtract line 18 from line 12	-16,41		230,554.
Net Assets or Fund Balances				Beginning of Current Y 3,350,77		End of Year 3,506,342.
Asse Bala	20	Total assets (F		1,168,61		1,032,307.
Vet / und	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20	2,182,15		2,474,035.
	art II	Signature		2,102,13	- •	<u> </u>
		-	I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best	of my kr	nowledge and belief. it is
			. Declaration of preparer (other than officer) is based on all information of which prep		.,	J
C :		Signature	e of officer	Date		

Sign	Signature of officer		Dale							
Here	ELIZABETH W. FRANCIS,	PRESIDENT								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	MICHAELA J. CROMAR, CPA	MICHAELA J. CROMAR,	02/19/20 ^{tf} P00895728							
Preparer	Firm's name 🕞 CLIFTONLARSONAL		Firm's EIN 41-0746749							
Use Only	Firm's address 🔊 300 CROWN COLON	Y DRIVE, SUITE 310								
	QUINCY, MA 02169 Phone no. (617) 984-8100									
May the IF	RS discuss this return with the preparer shown at	oove? (see instructions)	X Yes No							
	And Ant Not Not Not Not Not	ing and the concrete instructions	Earm 990 (2019)							

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

	990 (2018) TRIUMPH INC. 04-2394	1012	Pag
Pai	t III Statement of Program Service Accomplishments		Г
	Check if Schedule O contains a response or note to any line in this Part III		L
1	Briefly describe the organization's mission: TRIUMPH SUPPORTS THE EDUCATION, WELL-BEING AND SELF-SUFFICIENCY	7 OF	
	YOUNG CHILDREN AND THEIR FAMILIES THROUGH HIGH QUALITY EARLY CH		
	PROGRAMS AND COMMUNITY ENGAGEMENT.		001
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X
	If "Yes," describe these changes on Schedule O.		
1	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	-	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses,	and
	revenue, if any, for each program service reported.	195,	0 5 0
la	(Code:) (Expenses \$ 4,291,918. including grants of \$) (Revenue \$ EARLY CHILDHOOD EDUCATION & CARE - TRIUMPH SUPPORTS THE EDUCAT]		95
	WELL-BEING AND SELF-SUFFICIENCY OF YOUNG CHILDREN AND THEIR FAN		<u>c</u>
	THROUGH HIGH QUALITY EARLY CHILDHOOD PROGRAMS AND COMMUNITY ENG		
	TRIUMPH OPERATES 23 CLASSROOMS IN 3 FACILITIES. CHILDREN OF ALI		
	LEVELS AND BACKGROUNDS ARE INVITED TO PARTICIPATE IN OUR PROGRA		0111
	ALTHOUGH ONLY INCOME ELIGIBLE CHILDREN MAY BE ENROLLED INTO OUF		D
	START OR EARLY HEAD START PROGRAMS.		
ŀb	(Code:) (Expenses \$534,462. including grants of \$) (Revenue \$)		
	HEALTH AND NUTRITION SERVICES - TO ENSURE OUR CHILDREN HAVE THE		
	FUEL IN THEIR BODIES TO ENGAGE IN ALL OF OUR ACTIVITIES, WE PRO		
	DELICIOUS AND NUTRITIOUS BREAKFAST, LUNCH AND AFTERNOON SNACK.		NT;
	ARE FED ON DEMANDAND WE PROVIDE THE FORMULA AND DIAPERS! TRIU		
	BELIEVES A SUCCESSFUL START IN SCHOOL IS ONLY POSSIBLE WITH A H		
	BODY. VISION, HEARING AND WEIGHT SCREENINGS WILL ENSURE YOUR CH ON THE RIGHT TRACK TOWARD HEALTHY DEVELOPMENT. WE PARTNER WITH		
	TO ENSURE IMMUNIZATIONS, PHYSICALS AND DENTAL EXAMINATIONS ARE		
	DATE.	UP I	0
	DATE:		
ŀc	(Code:) (Expenses \$ 250,139. including grants of \$) (Revenue \$		
	TRANSPORTATION SERVICES - WE PROVIDE TRANSPORTATION FOR THOSE F		
	WHO HAVE NO OTHER MEANS TO TRANSPORT THEIR CHILD TO SCHOOL. ALI		
	SCHOOL BUSES ARE EQUIPPED WITH THREE POINT HARNESSES, A MONITOF		Α
	DRIVER TO ENSURE THE SAFE TRANSPORT OF OUR MOST PRECIOUS CARGO!	•	
ŀd	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
le	Total program service expenses ► 5,076,519.		
		Form 9	90 (
2002	2 12-31-18 2		
50	219 758159 093-17023900 2018.05050 TRIUMPH INC.	093-	- От
		555	51

—	000	(004	^
Form	990	(20)	8)

TRIUMPH INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
~	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	· ·		
0	-	8		x
9	Schedule D, Part III	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or 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, VII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	Х	
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	
b	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 a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
. –	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	. –		v
	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			v
	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,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	40		x
20-	complete Schedule G, Part III	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		
21		21		x
832003	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		990	(2018)
				()

Form 990 (2018)	TRIUMPH	INC.
Part IV	Checklist c	of Required Sch	edules (continued)

TRIUMPH INC.

			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23		X	
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			37	
	Schedule K. If "No," go to line 25a	24a		X	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x	
la la	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a			
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>				
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		X	
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"				
	complete Schedule L, Part II	26		x	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member				
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,				
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	30		Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?				
	If "Yes," complete Schedule N, Part I	31		X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete				
	Schedule N, Part II	32		X	
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		X	
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		X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	
b	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?			v	
	If "Yes," complete Schedule R, Part V, line 2	36		x	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x	
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х		
Pa	Note. All Form 990 filers are required to complete Schedule 0 Ct V Statements Regarding Other IRS Filings and Tax Compliance	38	л	I	
	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12		103		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
v	(gambling) winnings to prize winners?	1c	х		
832004	4 12-31-18			(2018)	

Form 990	(2018)
Part V	Sta

 018)
 TRIUMPH INC.

 Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 156		37					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" <i>to line 3b, provide an explanation in Schedule O</i>	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x				
h	If "Yes," enter the name of the foreign country:	4 d						
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
c	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							
	any contributions that were not tax deductible as charitable contributions?	6a		х				
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				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X				
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?							
h								
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.	-						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a							
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
ь 11	Section 501(c)(12) organizations. Enter:							
 ,	Gross income from members or shareholders 11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
-	amounts due or received from them.)							
12a	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 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans 13b							
	Enter the amount of reserves on hand 13c			X				
14a	Did the organization receive any payments for indoor tanning services during the tax year?							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							
15								
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.			v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							

Form **990** (2018)

832005 12-31-18

	990 (2018) TRIUMPH INC.		39401		Page		
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	-	for a "No	" respo	onse		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C						
	Check if Schedule O contains a response or note to any line in this Part VI				X		
Sec	tion A. Governing Body and Management			N.			
1	Fotor the number of unting members of the governing hady at the and of the tay year	1 0	15	Yes	s No		
Ia	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	1a					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh						
	officer, director, trustee, or key employee?		2		X		
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X		
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 as	sets?	5		X		
6	Did the organization have members or stockholders?		6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or					
	more members of the governing body?		7a	<u> </u>	X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or					
	persons other than the governing body?		7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?		<u>8</u> a				
	Each committee with authority to act on behalf of the governing body?		8b		X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-				x		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9				
	tion B. Policies (This Section B requests information about policies not required by the Internal F			Yes	s No		
l0a	Did the organization have local chapters, branches, or affiliates?		10;	-			
	If "Yes," did the organization have written policies and procedures governing the activities of such o						
-	and branches to ensure their operations are consistent with the organization's exempt purposes?		10				
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 0					
			12	a X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			D X			
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe					
	in Schedule O how this was done		120				
13	Did the organization have a written whistleblower policy?		1 4 9				
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 approv	al by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official			37			
b	Other officers or key employees of the organization		15	o X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange		10	_	x		
	taxable entity during the year?		16	a			
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation is ising under applicable following and take atoms to approximate the organization of the organiz						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		16				
Sec	exempt status with respect to such arrangements?			5			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, a	nd 990-T (Section 501	I(c)(3)s or	lv) ava	ilahle		
	for public inspection. Indicate how you made these available. Check all that apply.			iy) ava			
		n in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		y, and fina	ancial			
	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						
	CHERYL DISCOLI - 508-822-5388						
	100 HON GORDON OWEN RIVERWAY, TAUNTON, MA 02780						
32000	5 12-31-18		Fo	rm 99) (2018		
	6			-			
60	219 758159 093-17023900 2018.05050 TRIUMPH INC.		09	93-0	L91		

04-2394012 Page 6

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and Title Average hours per week ist any bolow Description and elited organization (2) TELEABETH W, FRANCIS Reportable hours per ist any bolow Description and elited organization (2) TELEABETH W, FRANCIS Estimated and organization Estimated and organization (1) ELIZABETH W, FRANCIS 1.00 X X 0. 0. (1) ELIZABETH W, FRANCIS 1.00 X X 0. 0. (2) TRMMS ROTE 1.00 X X 0. 0. 0. (3) APHONE GENERON X X 0. 0. 0. (4) FAULESCOR 1.00 X X 0. 0. 0. (5) NORM MARGOR 1.00 X X 0. 0. 0. (6) DERLECTOR X X 0. 0. 0. 0. (7) CERISTINE PAGAURA & DIRECTOR X X 0. 0. 0. (6) DORMALCOR 1.00 X X 0. 0. 0. <th>(A)</th> <th>(B)</th> <th colspan="2">(C)</th> <th>(D)</th> <th>(E)</th> <th>(F)</th>	(A)	(B)	(C)		(D)	(E)	(F)				
hours per week (list any nours for eleted organizations compensation from the organizations compensation from the organizations compensation other organizations amount of other organizations (1) ELIZABETH W. FRANCIS 1.00 X X 0. 0. 0. (1) ELIZABETH W. FRANCIS 1.00 X X 0. 0. 0. 0. (1) ELIZABETH W. FRANCIS 1.00 X X 0. 0. 0. 0. (2) THOMA HOYE 1.00 X X 0. 0. 0. 0. (2) THOMA HOYE 1.000 X X 0. 0. 0. 0. (3) ANTHONY GERISO 1.000 X X 0. 0. 0. 0. (4) PAUL BOCHMAN 1.000 X X 0. 0. 0. 0. 0. DIRECTOR 1.000 X X 0. 0. 0. 0. 0. 0. 0. 0. <td>Name and Title</td> <td>Average</td> <td>(do</td> <td colspan="2">Position</td> <td>Reportable</td> <td>Reportable</td> <td>Estimated</td>	Name and Title	Average	(do	Position		Reportable	Reportable	Estimated			
Week (list ary bours for related organizations below line) Inon related organizations line) Inon related organizations (W2/1099-MISC) Compensation compensation (W2/1099-MISC) Compensation compensation organizations organizations organizations (1) ELIZABETH W. FRANCIS 1.00 X X 0. 0. 0. (1) ELIZABETH W. FRANCIS 1.00 X X 0. 0. 0. (2) THOMS HOYE 1.00 X X 0. 0. 0. (2) THOMS HOYE 1.00 X X 0. 0. 0. (3) ANTHONY GERUSO 1.00 X X 0. 0. 0. (4) FAUL BOCHMAN 1.00 X X 0. 0. 0. SCRETAX & DIRECTOR 1.00 X X 0. 0. 0. (5) NORMA BARBOUR 1.000 X X 0. 0. 0. (6) DANLEY FLETCHER 1.000 X 0. 0. 0. <td< td=""><td></td><td>hours per</td><td>box</td><td colspan="2">box, unless person is both ar</td><td>h an</td><td>compensation</td><td>compensation</td><td>amount of</td></td<>		hours per	box	box, unless person is both ar		h an	compensation	compensation	amount of		
(1) ELIZABETH W. FRANCIS 1.00 X X X 0. 0. 0. PRESIDENT & DIRECTOR I.00 X X 0. 0. 0. 0. VICE PRESIDENT & DIRECTOR I.00 X X 0. 0. 0. 0. (3) ANTHONN GERUSO 1.00 X X 0. 0. 0. (4) FAUL BOCHMAN 1.00 X X 0. 0. 0. (5) NORMA BARBOUR 1.00 X X 0. 0. 0. (5) NORMA BARBOUR 1.00 X X 0. 0. 0. (6) DONALD CLERY 1.00 X X 0. 0. 0. DIRECTOR 1.00 X X 0. 0. 0. 0. (6) MALEY FLETCHER 1.00 X 0. 0. 0. 0. 0. DIRECTOR 1.000 X											
(1) ELIZABETH W. FRANCIS 1.00 X X X 0. 0. 0. PRESIDENT & DIRECTOR I.00 X X 0. 0. 0. 0. VICE PRESIDENT & DIRECTOR I.00 X X 0. 0. 0. 0. (3) ANTHONN GERUSO 1.00 X X 0. 0. 0. (4) FAUL BOCHMAN 1.00 X X 0. 0. 0. (5) NORMA BARBOUR 1.00 X X 0. 0. 0. (5) NORMA BARBOUR 1.00 X X 0. 0. 0. (6) DONALD CLERY 1.00 X X 0. 0. 0. DIRECTOR 1.00 X X 0. 0. 0. 0. (6) MALEY FLETCHER 1.00 X 0. 0. 0. 0. 0. DIRECTOR 1.000 X			recto							•	
(1) ELIZABETH W. FRANCIS 1.00 X X X 0. 0. 0. PRESIDENT & DIRECTOR I.00 X X 0. 0. 0. 0. VICE PRESIDENT & DIRECTOR I.00 X X 0. 0. 0. 0. (3) ANTHONN GERUSO 1.00 X X 0. 0. 0. (4) FAUL BOCHMAN 1.00 X X 0. 0. 0. (5) NORMA BARBOUR 1.00 X X 0. 0. 0. (5) NORMA BARBOUR 1.00 X X 0. 0. 0. (6) DONALD CLERY 1.00 X X 0. 0. 0. DIRECTOR 1.00 X X 0. 0. 0. 0. (6) MALEY FLETCHER 1.00 X 0. 0. 0. 0. 0. DIRECTOR 1.000 X			or di	ee			ated			(W-2/1099-MISC)	
(1) ELIZABETH W. FRANCIS 1.00 X X X 0. 0. 0. PRESIDENT & DIRECTOR I.00 X X 0. 0. 0. 0. VICE PRESIDENT & DIRECTOR I.00 X X 0. 0. 0. 0. (3) ANTHONN GERUSO 1.00 X X 0. 0. 0. (4) FAUL BOCHMAN 1.00 X X 0. 0. 0. (5) NORMA BARBOUR 1.00 X X 0. 0. 0. (5) NORMA BARBOUR 1.00 X X 0. 0. 0. (6) DONALD CLERY 1.00 X X 0. 0. 0. DIRECTOR 1.00 X X 0. 0. 0. 0. (6) MALEY FLETCHER 1.00 X 0. 0. 0. 0. 0. DIRECTOR 1.000 X			ustee	trust		ee.	npens		(W-2/1099-10115C)		U U
(1) ELIZABETH W. FRANCIS 1.00 X X X 0. 0. 0. PRESIDENT & DIRECTOR I.00 X X 0. 0. 0. 0. VICE PRESIDENT & DIRECTOR I.00 X X 0. 0. 0. 0. (3) ANTHONN GERUSO 1.00 X X 0. 0. 0. (4) FAUL BOCHMAN 1.00 X X 0. 0. 0. (5) NORMA BARBOUR 1.00 X X 0. 0. 0. (5) NORMA BARBOUR 1.00 X X 0. 0. 0. (6) DONALD CLERY 1.00 X X 0. 0. 0. DIRECTOR 1.00 X X 0. 0. 0. 0. (6) MALEY FLETCHER 1.00 X 0. 0. 0. 0. 0. DIRECTOR 1.000 X			ual tr	tional		yolqr	st con yee	_			
(1) ELIZABETH W. FRANCIS 1.00 X X X 0. 0. 0. PRESIDENT & DIRECTOR I.00 X X 0. 0. 0. 0. VICE PRESIDENT & DIRECTOR I.00 X X 0. 0. 0. 0. (3) ANTHONN GERUSO 1.00 X X 0. 0. 0. (4) FAUL BOCHMAN 1.00 X X 0. 0. 0. (5) NORMA BARBOUR 1.00 X X 0. 0. 0. (5) NORMA BARBOUR 1.00 X X 0. 0. 0. (6) DONALD CLERY 1.00 X X 0. 0. 0. DIRECTOR 1.00 X X 0. 0. 0. 0. (6) MALEY FLETCHER 1.00 X 0. 0. 0. 0. 0. DIRECTOR 1.000 X			ndivid	nstitu	Officer	ley en	mplo	orme			organizations
(2) THOMAS HOVE 1.00 X X X 0. 0. 0. VICE PRESIDENT & DIRECTOR X X X 0. 0. 0. 0. TREASURER & DIRECTOR X X X 0. 0. 0. 0. TREASURER & DIRECTOR X X X 0. 0. 0. OILECTOR X X 0. 0. 0. 0. SECENTARY & DIRECTOR X X 0. 0. 0. 0. G(1) DONALD CLEARY 1.00 X X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (10) DIRECTOR X 0. 0. 0. 0. 0. (11) MARLEY FLETCHER 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0.	(1) ELIZABETH W. FRANCIS	,	-	-	0	×	노	ш.			
(2) THOMAS HOVE 1.00 X X X 0. 0. 0. VICE PRESIDENT & DIRECTOR X X X 0. 0. 0. 0. TREASURER & DIRECTOR X X X 0. 0. 0. 0. TREASURER & DIRECTOR X X X 0. 0. 0. OILECTOR X X 0. 0. 0. 0. SECENTARY & DIRECTOR X X 0. 0. 0. 0. G(1) DONALD CLEARY 1.00 X X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (10) DIRECTOR X 0. 0. 0. 0. 0. (11) MARLEY FLETCHER 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0.	PRESIDENT & DIRECTOR		x		x				0.	0.	0.
(3) ANTHONY GERUSO 1.00 X X X 0. 0. 0. (4) PAUL BOCHMAN 1.00 X X 0. 0. 0. 0. (4) PAUL BOCHMAN 1.00 X X 0. 0. 0. 0. (1) DIRECTOR X X 0. 0. 0. 0. (5) NORMA BARBOUR 1.00 X X 0. 0. 0. SECRETARY 4 DIRECTOR 1.00 X X 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. 0. OIRECTOR 1.00 X 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0.	(2) THOMAS HOYE	1.00									
TREASURER & DIRECTOR X X X X 0. 0. 0. DIRECTOR X X X 0. 0. 0. 0. DIRECTOR X X X 0. 0. 0. 0. SECRETARY & DIRECTOR X X 0. 0. 0. 0. G1 NOMA BARBOUR 1.000 X X 0. 0. 0. G1 DORAD CLEARY 1.000 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (1) CHRISTINE FAGAN 1.000 X 0.	VICE PRESIDENT & DIRECTOR		x		x				0.	0.	0.
(4) PAUL BOCHMAN 1.00 X X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. (5) NORMA BARBOUR 1.00 X X 0. 0. 0. 0. (5) NORMA BARBOUR 1.00 X X 0. 0. 0. 0. (6) DONALD CLEARY 1.00 X X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. BIRECTOR X 0.	(3) ANTHONY GERUSO	1.00									
DIRECTOR X X X X 0. 0. 0. SECRETARY & DIRECTOR 1.00 X X 0. 0. 0. 0. SECRETARY & DIRECTOR X X X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0.	TREASURER & DIRECTOR		x		x				0.	Ο.	0.
(5) NORMA BARBOUR 1.00 X X X 0.	(4) PAUL BOCHMAN	1.00									
SECRETARY & DIRECTOR X X X 0. 0. 0. 0. (6) DONALD CLEARY 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (7) CHRISTINE FAGAN 1.00 X 0. 0. 0. 0. (8) MARLEY FLETCHER 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0.<	DIRECTOR		X		X				0.	0.	0.
(6) DONALD CLEARY 1.00 X 0.	(5) NORMA BARBOUR	1.00									
DIRECTOR X 0. 0. 0. (7) CHRISTINE FAGAN 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (8) MARLEY FLETCHER 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (10) LORNA NTABAKOS 1.00 X 0. 0. 0. (11) MANUEL SPENCER 1.00 X 0. 0. 0. (11) MANUEL STONSTROM 1.000 X 0. 0. 0. (12) CARYLE STONSTROM 1.000 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (14)	SECRETARY & DIRECTOR		X		Х				0.	0.	0.
(7) CHRISTINE FAGAN 1.00 X 0.0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. (9) MARLEY FLETCHER 1.00 X 0.0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. (10) LORNA NTABAKOS 1.00 X 0.0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. (11) MANUEL SPENCER 1.000 X 0.0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. (12) CARYLE STONSTROM 1.000 X 0.0.0.0. ASSISTANT TREASURER X 0.0.0.0. 0.0. (13) STEVEN TORRES 1.000 X 0.0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. (14) CAROL DOHERTY 1.000 X 0.0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. DIRECTOR X	(6) DONALD CLEARY	1.00									
DIRECTOR X 0. 0. 0. (8) MARLEY FLETCHER 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (9) ROBERT D. FREDERICKS 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (10) LORNA NTABAKOS 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (11) LORNA NTABAKOS 1.00 X 0. 0. 0. 0. DIRECTOR X 0.0 0. 0. 0. 0. 0. (12) CARYLE STONSTROM 1.00 X 0. 0. 0. 0. 0. 0. (13) STEVEN TORRES 1.00 X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0.	DIRECTOR		X						0.	0.	0.
(8) MARLEY FLETCHER1.00X0.0.DIRECTORX0.0.0.0.(9) ROBERT D. FREDERICKS1.00X0.0.0.DIRECTORX0.0.0.0.(10) LORNA NTABAKOS1.00X0.0.0.DIRECTORX0.0.0.0.(11) MANUEL SPENCER1.00X0.0.0.DIRECTORX0.0.0.0.(12) CARYLE STONSTROM1.00X0.0.0.ASSISTANT TREASURERX0.0.0.0.(13) STEVEN TORRES1.00X0.0.0.DIRECTORX0.0.0.0.(14) CAROL DOHERTY1.00X0.0.0.DIRECTORX0.0.0.0.(15) GREGORY O'DONNELL1.00X0.0.0.DIRECTORX0.0.0.0.(16) KAREN ENNIS40.00X109,629.0.27,195.(17) CHERYL DIRECTORX100,234.0.11,396.	(7) CHRISTINE FAGAN	1.00									
DIRECTOR X 0. 0. 0. 0. (9) ROBERT D. FREDERICKS 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (10) LORNA NTABAKOS 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (11) MANUEL SPENCER 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (12) CARYLE STONSTROM 1.00 X 0. 0. 0. 0. (13) STEVEN TORRES 1.00 X 0. 0. 0. 0. (14) CAROL DOHERTY 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (14) CAROL DOHERTY 1.00 X 0. <td< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>	DIRECTOR		Х						0.	0.	0.
(9) ROBERT D. FREDERICKS 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (10) LORNA NTABAKOS 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (11) MANUEL SPENCER 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (12) CARYLE STONSTROM 1.00 X 0.	(8) MARLEY FLETCHER	1.00									
DIRECTOR X 0. 0. 0. 0. (10) LORNA NTABAKOS 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (11) MANUEL SPENCER 1.00 X 0. 0. 0. 0. (12) CARYLE STONSTROM 1.00 X 0. 0. 0. 0. ASSISTANT TREASURER X 0. 0. 0. 0. 0. (13) STEVEN TORRES 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (14) CAROL DOHERTY 1.00 X 0. 0. 0. 0. 0. 0. (15) GREGORY O'DONNELL 1.000 X 0. 0. 0. 0. 0. 0. DIRECTOR X 0.00 X 0. 0. 0. 0. 0. 0. </td <td>DIRECTOR</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	DIRECTOR		Х						0.	0.	0.
(10) LORNA NTABAKOS 1.00 X 0.0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. (11) MANUEL SPENCER 1.00 X 0.0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. (12) CARYLE STONSTROM 1.00 0.0.0.0. 0.0.0. ASSISTANT TREASURER X 0.0.0.0.0. 0.0.0. (13) STEVEN TORRES 1.00 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. (14) CAROL DOHERTY 1.00 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. (15) GREGORY O'DONNELL 1.00 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. (16) KAREN ENNIS 40.00 X 109,629.0.27,195. (17) CHERYL DISCOLI 40.00 X 100,234.0.111,396.	(9) ROBERT D. FREDERICKS	1.00									
DIRECTOR X 0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(11) MANUEL SPENCER 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (12) CARYLE STONSTROM 1.00 X 0. 0. 0. 0. 0. ASSISTANT TREASURER X 0. 0. 0. 0. 0. 0. (13) STEVEN TORRES 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (14) CAROL DOHERTY 1.00 X 0.<	(10) LORNA NTABAKOS	1.00									
DIRECTOR X 0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(12) CARYLE STONSTROM 1.00 X 0. 0. 0. ASSISTANT TREASURER X 0. 0. 0. 0. 0. (13) STEVEN TORRES 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (14) CAROL DOHERTY 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (15) GREGORY O'DONNELL 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (16) KAREN ENNIS 40.00 X 109,629. 0. 27,195. (17) CHERYL DISCOLI 40.00 X 100,234. 0. 11,396.	(11) MANUEL SPENCER	1.00								_	_
ASSISTANT TREASURER X 0. 0. 0. 0. (13) STEVEN TORRES 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (14) CAROL DOHERTY 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (15) GREGORY O'DONNELL 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (16) KAREN ENNIS 40.00 X 109,629. 0. 27,195. (17) CHERYL DISCOLI 40.00 X 100,234. 0. 11,396.	DIRECTOR		Х						0.	0.	0.
(13) STEVEN TORRES 1.00 X 0. 0. 0. DIRECTOR X 1.00 X 0. 0. 0. (14) CAROL DOHERTY 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (15) GREGORY O'DONNELL 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (16) KAREN ENNIS 40.00 X 109,629. 0. 27,195. (17) CHERYL DISCOLI 40.00 X 100,234. 0. 11,396.	(12) CARYLE STONSTROM	1.00								_	_
DIRECTOR X 0. 0. 0. 0. (14) CAROL DOHERTY 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (15) GREGORY O'DONNELL 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (16) KAREN ENNIS 40.00 X 109,629. 0. 27,195. (17) CHERYL DISCOLI 40.00 X 100,234. 0. 11,396.	ASSISTANT TREASURER		Х						0.	0.	0.
(14) CAROL DOHERTY 1.00 X 0. 0. 0. 0. DIRECTOR X 1.00 X 0. 0. 0. 0. 0. (15) GREGORY O'DONNELL 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 109,629. 0. 27,195. (17) CHERYL DISCOLI 40.00 X 100,234. 0. 11,396.	(13) STEVEN TORRES	1.00								_	_
DIRECTOR X 0. 0. 0. 0. (15) GREGORY O'DONNELL 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (16) KAREN ENNIS 40.00 X 109,629. 0. 27,195. (17) CHERYL DISCOLI 40.00 X 100,234. 0. 11,396.			Х						0.	0.	0.
(15) GREGORY O'DONNELL 1.00 0.	(14) CAROL DOHERTY	1.00									
DIRECTOR X 0. 0. 0. (16) KAREN ENNIS 40.00 X 109,629. 0. 27,195. (17) CHERYL DISCOLI 40.00 X 100,234. 0. 11,396.			X						0.	0.	0.
(16) KAREN ENNIS 40.00 X 109,629. 0. 27,195. EXECUTIVE DIRECTOR 40.00 X 100,234. 0. 11,396.	(15) GREGORY O'DONNELL	1.00									
EXECUTIVE DIRECTOR X 109,629. 0. 27,195. (17) CHERYL DISCOLI 40.00 X 100,234. 0. 11,396.			X						0.	0.	0.
(17) CHERYL DISCOLI 40.00 X 100,234. 0. 11,396.		40.00							100 000		
FINANCE MANAGER X 100,234. 0. 11,396.					X				109,629.	0.	27,195.
		40.00							100.001	•	11 200
					Х				100,234.	0.	

832007 12-31-18

12460219 758159 093-17023900 2018.05050 TRIUMPH INC.

7

	990 (2018)		TRIUMPH :										04-2	394	012	Pa	ige 8
Par	t VII Section		Directors, Trus		Emp	ploy	ees,			ghe	st C	Compensated Employe					
	(A) Name and title			(B) Average hours pe week	er	box, offic	not cl unle	ss per	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	am	(F) imate ount o other	
				(list any hours fo related organizati below line)	or 1 ons	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fro orga and	pensat om the anization relate nization	e on ed
						<u>u</u>	III	Of	Ke	Hi	Бо						
	Cult total											209,863.		0.	33	3,59	31
с	Total from co	ntinuation s	heets to Part VI	I, Section	Α.							<u> </u>		0.		3,59	0.
2 2		of individuals									no r	eceived more than \$100),000 of reportab	-	50	,	2
																Yes	No
3	line 1a? If "Yes	s," complete	Schedule J for s	uch individ	lual				• •••••			highest compensated e			3		x
4	and related or	ganizations g	greater than \$150	0,000? <i>If</i> "	Yes,	" coi	mple	ete S	Sche	edule	ə J f	her compensation from for such individual			4		Х
5	• •	e organizatio	on? If "Yes," com		-				-			ted organization or indiv			5		Х
1	Complete this	table for you	ır five highest co									that received more than n the organization's tax		npens	ation fr	om	
	the organizatio		(A) ne and business		a y			ng w				(B) Description of s		с	(C omper		 ו
	1 FOOD S) YORK A		PAWTUCKI	ET, RI	c C	28	861	L				FOOD SERVICE			161	L,78	31.
2		•	ent contractors (i from the organia	•	ut n	ot lir	nite	d to	tho:		stec	d above) who received n	nore than				
	÷.00,000 0i 0i	ponoation													Form S	990 (2	:018)

832008 12-31-18

	rt VIII						
		Check if Schedule O contains a response	or note to any line	(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512 - 514
contributions, Girts, Grants and Other Similar Amounts	b c d e f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1f	10,920. 5,936,167. 14,796.				
and		Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		5,961,883.			
		RESIDENT SERVICES	Business Code 624410	195,959.	195,959.		
Revenue	c d e f	All other program service revenue					
		Total. Add lines 2a-2f		195,959.			
	3 4 5	Investment income (including dividends, intere- other similar amounts) Income from investment of tax-exempt bond p Royalties	oroceeds	1,781.			1,78
	b c	(i) Real (i) Real Gross rents Less: rental expenses Rental income or (loss)	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other 700. 6,814.				
	с	Gain or (loss)	-6,114.	<i>c</i>			
Other Revenue	8 a	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b		-6,114.			-6,11
0			►	3,655.			3,65
	b	Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities					
	10 a b	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b					
	c	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code				
	11 a b	OTHER INCOME	900099	2,515.			2,51
		All other revenue Total. Add lines 11a-11d		0.515			
		Total Add lines 11s 11d		2,515.			

9

832009 12-31-18

Form **990** (2018)

12460219 758159 093-17023900 2018.05050 TRIUMPH INC.

Form 990 (2018)

TRIUMPH INC.

TRIUMPH INC.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic 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,	220 444	0 000	220 554	
-	trustees, and key employees	238,444.	8,890.	229,554.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	3,509,080.	3,158,062.	351,018.	
7 8	Other salaries and wages Pension plan accruals and contributions (include	5,505,000.	5,150,002.	551,010.	
0	section 401(k) and 403(b) employer contributions)	78,015.	70,857.	7,158.	
9	Other employee benefits	691,467.	628,402.	63,065.	
9 10	Payroll taxes	265,874.	226,976.	38,898.	
11	Fees for services (non-employees):				
 а					
b					
c	Г	24,701.		24,701.	
d				-	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	56,792.	16,620.	40,172.	
12	Advertising and promotion	1,484.		1,484.	
13	Office expenses	44,479.	35,111.	9,368.	
14	Information technology	14,156.	14,156.		
15	Royalties	010 100	011 102		
16	Occupancy	218,163.	211,193.	6,970.	
17	Travel	71,154.	71,105.	49.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	48,299.		48,299.	
20 21	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	119,539.	119,539.		
22	Incurrence	36,943.	31,201.	5,742.	
23 24	Other expenses. Itemize expenses not covered			- , · •	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	LUNCH PROGRAM SUPPLIES	233,569.	233,569.		
b	SUPPLIES	136,985.	130,118.	6,867.	
с	TRAINING	84,784.	75,024.	9,760.	
d	EQUIPMENT EXPENSES	28,449.	25,942.	2,507.	
е	All other expenses	26,748.	19,754.	6,994.	
25	Total functional expenses. Add lines 1 through 24e	5,929,125.	5,076,519.	852,606.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

832010 12-31-18

				11	
12460219	758159	093-17023900	2018.05050	TRIUMPH INC	2.

093-0L91

		Check if Schedule O contains a response or note to any line in this Part	<u>^</u>	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		241,685.	1	417,722.
	2	Savings and temporary cash investments			2	
	3			185,554.	2	246,876.
	4	Pledges and grants receivable, net		255,924.	4	219,311.
	5	Accounts receivable, netLoans and other receivables from current and former officers, directors,		20079210	-	21575110
	5	trustees, key employees, and highest compensated employees. Comple	to			
					5	
	6	Part II of Schedule L Loans and other receivables from other disqualified persons (as defined			5	
	Ŭ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contri				
		employers and sponsoring organizations of section 501(c)(9) voluntary	buting			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch		6		
Assets	7	Notes and loans receivable, net		7		
As	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		2,029.	9	1,200.
		Land, buildings, and equipment: cost or other			-	
	lou	basis Complete Part VI of Schedule D 10a 4 , 154.	675.			
l	ь	basis. Complete Part VI of Schedule D10a4 , 154 ,Less: accumulated depreciation10b1 , 533 ,	442.	2,665,586.	10c	2,621,233.
l	11	Investments - publicly traded securities		_,,	11	_/ /
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
l	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
l	16	Total assets. Add lines 1 through 15 (must equal line 34)		3,350,778.	16	3,506,342.
	17	Accounts payable and accrued expenses		330,116.	17	238,161.
	18	Grants payable		18		
l	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
S	22	Loans and other payables to current and former officers, directors, trust				
Liabilities		key employees, highest compensated employees, and disqualified perso				
abi		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		838,503.	23	794,146.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part >	Cof			
l		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		1,168,619.	26	1,032,307.
l		Organizations that follow SFAS 117 (ASC 958), check here X	and			
es		complete lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets		1,314,004.	27	1,538,387.
Bal	28	Temporarily restricted net assets		868,155.	28	935,648.
pu	29	Permanently restricted net assets			29	
Ъ		Organizations that do not follow SFAS 117 (ASC 958), check here	·			
č		and complete lines 30 through 34.				
sets	30	Capital stock or trust principal, or current funds			30	
Ast	31	Paid-in or capital surplus, or land, building, or equipment fund	F		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds			32	
~	33	Total net assets or fund balances		2,182,159.	33	2,474,035.
	34	Total liabilities and net assets/fund balances		3,350,778.	34	3,506,342.

TRIUMPH INC.

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

Form 990 (2018) Part X Balance Sheet

Form	1990 (2018) TRIUMPH INC.	04-	-2394012	Pag	ge 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	6,159		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,929		
3	Revenue less expenses. Subtract line 2 from line 1	3			54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,182	2,1	59.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	61	L,3	22.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,474	1,0	35.
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 in Schedule				
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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?			Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,		
	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			37	
	review, or compilation of its financial statements and selection of an independent accountant?			Х	<u> </u>
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au		v	1
	Act and OMB Circular A-133?			Х	└───
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			v	1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			X	(0010)

Form **990** (2018)

SCHEDULE A	
------------	--

Department of the Treasury

Internal Revenue Service

1	Form	990	or	990-EZ	1
1		000	U 1		۰,

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

2018
Open to Public Inspection

OMB No. 1545-0047

L

Nom		the organization	do to minimoligo				mormation	Employee	r identification number
Nam			MPH INC.						4-2394012
Par	+ 1	Reason for Public		All organizations must or	omplete th	uis nart) Si	o instruction		4-2394012
				-	-			3.	
1	organ	ization is not a private found		•		,			
1		A church, convention of ch					I)(A)(I).		
2		A school described in sect							
3		A hospital or a cooperative					•		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A	.)(III). Enter	the hospital's name,
_ 1		city, and state:							
5		An organization operated for		llege or university owned	d or opera	ted by a g	overnmental	unit descril	bed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	Illy receives a substa	ntial part of its support f	from a gov	rernmental	unit or from	the general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	je or
		university:							
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
		the supported organization	-	-	•	-			
		organization. You must o							
b		Type II. A supporting org	-		tion with it	ts support	ed organizatio	on(s). bv ha	avina
		control or management o	-				•		-
		organization(s). You mus			•			5 1	
с		Type III functionally inte			in connec	tion with.	and functiona	Illv integrat	ed with.
•	-	its supported organizatio							
d		Type III non-functionally						rted organ	ization(s)
u		that is not functionally int						•	
		requirement (see instruct	0	0 ,	•		•	a an attorn	
е		Check this box if the orga							
e		functionally integrated, or					а турет, туре	п, туре п	
4	Ente	er the number of supported of	,,	, , , , , , , , , , , , , , , , , , , ,	0 0	2011011.			
f			•	d organization(o)					
<u> </u>		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonetarv	(vi) Amount of other
	`	organization	((described on lines 1-10	Yes	ing document? No	support (see ii		support (see instructions)
				above (see instructions))	100				
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990 EZ) 2018 TRIUMPH INC.

04-2394012 Page 2

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,683,796.	5,870,586.	5,983,221.	6,093,582.	5,961,883.	29,593,068.
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	5,683,796.	5,870,586.	5,983,221.	6,093,582.	5,961,883.	29,593,068.
	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)						
6	Public support. Subtract line 5 from line 4.						29,593,068.
	tion B. Total Support						, ,
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	5,683,796.	5,870,586.	5,983,221.	6,093,582.	5,961,883.	29,593,068.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	80.	113.	118.	163.	1,781.	2,255.
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.)	4,728.	12,281.	2,523.	8,279.	2,515.	30,326.
11	Total support. Add lines 7 through 10	-	, -		- , -		29,625,649.
12		etc. (see instruction	ons)			12 1	,088,726.
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stop				2		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.89 %
	Public support percentage from 2017					15	99.90 %
	33 1/3% support test - 2018. If the c					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances test	-	-	• • • •			
	more, and if the organization meets th	•				-	
	organization meets the "facts-and-circ				• •		
18	Private foundation. If the organizatio						
	····· g-··· · auto		, , , .	. , ,			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 TRIUMPH INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	18 (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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	18 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	•				. , . ,	organization,
_	check this box and stop here		•				▶
	ction C. Computation of Publi		-				
	Public support percentage for 2018 (li			, column (f))			%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves						
18	Investment income percentage for 20 Investment income percentage from 2	2017 Schedule A,	Part III, line 17			18	<u>%</u>
19 a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, an	d line 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation	▶∟
b	33 1/3% support tests - 2017. If the	•					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
8320	23 10-11-18			15	Sch	nedule A (Fo	rm 990 or 990-EZ) 2018

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

832024 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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,			
	supervised, or controlled the supporting organization.	2		
Sec	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			
	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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion D. An Type in 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		165	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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 yea(see instructions)			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) 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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Zd		
5	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	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		
83202	5 10-11-18 Schedule A (Form 9	90 or 99	90-EZ)	2018
	17			

093-0L91

Schedule A (Form 990 or 990-EZ) 2018 TRIUMPH INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <u>(continued)</u>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	าร		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
с	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 TRIUMPH INC.

 (See instructions.)	 , 2, 0, and 0. Also	for any additional info	

Schedule B

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

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

$04 - 2^{-1}$	39401	2
	コフェウエ	4

TRIUMPH INC.

Organization type (check of					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

TRIUMPH INC.

04 - 2394012

Part I	I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$3,983,310.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$1,719,658.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$33,196.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
823452 11-06		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018)		

22

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2	2018)
---	-------

Name of organization

Employer identification number

TRIUMPH INC.

04 - 2394012

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

Name of org	ganization		Employer identification number		
TRIUMF	PH INC.		04-2394012		
Part III) through (e) and the following line entry charitable, etc., contributions of \$1,000 or less	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
-	Transferee's name, address, a		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
-	(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
323454 11-08-	-18	 24	Schedule B (Form 990, 990-EZ, or 990-PF) (2018		

093-0191

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
-------	------

832051 10-29-18

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.



Nam	e of the organization TRIUMPH INC •		Employer identification number 04-2394012
Pa		d Funds or Other Similar Fund	
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	(1)	(-)
1	Aggregate value of contributions to (during year)		
2			
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in		in and found a
5	C C	0	
~	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		-
	for charitable purposes and not for the benefit of the donor of		
Pa	t II Conservation Easements. Complete if the org		
		-	Fait IV, mie 7.
1	Purpose(s) of conservation easements held by the organizati		terite - U. Surger and and terral even
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation ea	•	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conserv	ation easements during the year
•			
8	Does each conservation easement reported on line 2(d) above	, ,	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	-	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
Da	conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or (Other Similar Assets
га	Complete if the organization answered "Yes" on Form		Stile Similar Assets.
10	If the organization elected, as permitted under SFAS 116 (AS		ment and belonce aboat works of ort
Ia			
	historical treasures, or other similar assets held for public exit		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, er	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
-			
2	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under SFAS 1		
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 TRIUMPH	INC.						04-23	9401	2 Pa	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Histo	orical Tr	easures,	or Oth	er Simila	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	on, and other record	ls, check	any of the	following that	at are a s	ignificant	use of its	collectio	n item	IS
	(check all that apply):										
а	Public exhibition	d	ı 🗌 L	oan or exc	hange progra	ams					
b	Scholarly research	e	c 🗌 c	ther							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how the	ey further t	he organizati	ion's exe	empt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	torical trea	sures, or oth	er simila	r assets		-		_
	to be sold to raise funds rather than to be m		0						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	organizatio	n answered	"Yes" or	Form 990), Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod							_	7		7
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:					-		
									Amoun	t	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
20	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •				
Par											
		(a) Current year		ior year	(c) Two yea		(d) Three y	ears back	(e) Fou	r vears	hack
1a	Beginning of year balance	(u) ourront your	(6)11	ior your	(0) 1110 you	io suon	(u) 11100 y	ouro buon	(0) ! 00	Jouro	buon
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g	, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organization	ation that	are held a	nd administe	ered for t	he organiz	zation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the	Q	owment fu	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere							. 1	() -		
	Description of property	(a) Cost or o basis (investr		• •	or other (othor)		ccumulate preciation	d	(d) Boo	к valu	е
			nent)		(other) 8,166.	de	preciation		35	8,1	66
	Land			33	0,100.				50	υ, τ	00.
	Buildings			3 63	4,933.	1	410,8	56	2,22	<u>4</u> 0	77
	Leasehold improvements				4,933. 7,207.	±,'	$\frac{410,8}{22,5}$			$\frac{4,0}{4,6}$	
	Equipment				4,369.		100,0			$\frac{4}{4}, 0$	
	Other Add lines 1a through 1e. (Column (d) must e		X colum		-		100,0		2,62		
Tota	. Aud intes la tritough le. (Column (d) must é	quai F0111 990, Part	<i>Λ</i> , colum	п (<i>D),</i> III е Т						<u> </u>	55.

Schedule D (Form 990) 2018

832052 10-29-18

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market valu
Financial derivatives			
) Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (1)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9)			
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin	9 15.)		
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.		110 or 11f Soc Form 000 Part V li	
 (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 			
(5) (6) (7) (8) (9) Mal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, lii (b) Book value	
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes			▶
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)			►
 (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) 			▶ ne 25.
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)			▶
(5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)			► ne 25.
 (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) 			▶ ne 25.
 (5) (6) (7) (8) (9) (9) (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) 			► ne 25.
 (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) 			▶
 (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) 			ne 25.
 (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) 	on Form 990, Part IV, line		ne 25.

Schedule D (Form 990) 2018

PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSE	
832054 10-29-18	Schedule D (F

12460219 758159 093-17023900 2018.05050 TRIUMPH INC.

с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	227,069.
3	Subtract line 2e from line 1			3	6,160,679.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-1,000.		
с	Add lines 4a and 4b			4c	-1,000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,159,679.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemen	ts W	th Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	6,095,872.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	165,747.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d		2d	1,000.		
е	Add lines 2a through 2d			2e	166,747.
3	Subtract line 2e from line 1			3	5,929,125.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,929,125.
Pa	rt XIII Supplemental Information.				

2a

2b

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Total revenue, gains, and other support per audited financial statements

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

PART X, LINE 2:

Schedule D (Form 990) 2018

1

b

\mathbf{THE}	ORGANIZATION	IS	Α	NONPROFIT	CORPORATION	AS	DESCRIBED	IN	SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND

STATE INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE

CODE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

TRIUMPH INC.

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

a Net unrealized gains (losses) on investments

Donated services and use of facilities

6,387,748.

1

227,069.

orm 990) 2018

-1,000.

1,000.

28

SPECIAL EVENT EXPENSE

	Schedule D (Form 990)
2055 10-29-18 29	Schedule D (Form 990)

SCHEDULE O

(Form 990 or 990-EZ)

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

EZ
OMB No. 1545-0047
2018
Open to Public
Inspection
Employer identification number

04 - 2394012

TRIUMPH INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TRIUMPH SUPPORTS THE EDUCATION, WELL-BEING AND SELF-SUFFICIENCY OF

YOUNG CHILDREN AND THEIR FAMILIES THROUGH HIGH QUALITY EARLY CHILDHOOD

PROGRAMS AND COMMUNITY ENGAGEMENT.

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEES HAVE THE AUTHORITY TO ACT ON BEHALF OF THE BOARD.

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

THE COMPLETE FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCE MANAGER AND THE EXECUTIVE DIRECTOR. AFTER REVIEW, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO ITS FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

TRIUMPH, INC.'S GOVERNING BOARD MEMBER DESCRIPTION OF RESPONSIBILITIES STATES THAT BOARD MEMBERS MUST STRICTLY ADHERE TO POLICIES OF CONFIDENTIALITY AND CONFLICT OF INTEREST PERTAINING TO BOARD MATTERS. AS A HEAD START AGENCY, TRIUMPH, INC. MUST COMPLY WITH THE 2007 HEAD START ACT THAT REGULATES BOARD CONFLICT OF INTEREST; FURTHER, THE ORGANIZATION IS SUBJECT TO A HEAD START SELF-ASSESSMENT FOR THE INTERIM YEARS. TRIUMPH, INC.'S PERSONNEL POLICIES STATE THAT EMPLOYEES SHALL NOT USE THEIR POSITION FOR A PURPOSE THAT IS OR GIVES THE APPEARANCE OF BEING MOTIVATED BY A DESIRE FOR PRIVATE GAIN FOR THEMSELVES OR OTHERS PARTICULARLY THOSE WITH WHOM THEY HAVE FAMILY, BUSINESS, OR OTHER TIES. THE PERSONNEL POLICIES ARE BI-ANNUALLY VOTED UPON FOR APPROVAL BY THE BOARD OF DIRECTORS AND THE HEAD START POLICY COUNCIL. THE PERSONNEL POLICIES WILL ALSO BE REVIEWED ANNUALLY LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018) 832211 10-10-18 30

Schedule O (Form 990 or 990-EZ) (2018)	Page 2							
Name of the organization TRIUMPH INC.	Employer identification number $04-2394012$							
WITH ALL STAFF. FURTHER, UPON HIRING, EACH EMPLOYEE OF TR	IUMPH, INC. WILL							
RECEIVE THE AGENCY'S PERSONNEL POLICIES AND APPROPRIATE DOCUMENTATION IS								
MAINTAINED IN EACH EMPLOYEE'S FILE AS VERIFICATION OF POL	ICIES RECEIVED AND							
EMPLOYMENT DOCUMENTATION PROVIDED. TRIUMPH, INC.'S PERSON	NEL POLICIES IS A							
STATEMENT OF THE POLICIES AND CONDITIONS WHICH COVER EMPL	OYEE'S EMPLOYMENT							
AND VIOLATION OF THOSE POLICIES AND SERVES AS GROUNDS FOR	DISCIPLINARY							
ACTION UP TO AND INCLUDING TERMINATION. THE EXECUTIVE DIR	ECTOR MONITORS,							
HAS BOARD AND PC SIGN COIS AND UPDATED POLICIES. IF OR WH	EN A CONFLI IS							
SUSPECTED OR REPORTED, EMPLOYEES MUST REPORT VIOLATIONS	DIRECTLY TO HUMAN							
RESOURCES OR THE EXECUTIVE DIRECTOR.								

FORM 990, PART VI, SECTION B, LINE 15:

ALL EMPLOYEE COMPENSATION, INCLUDING THAT OF THE EXECUTIVE DIRECTOR AND OTHER KEY MANAGEMENT, IS SET THROUGH THE APPROVED SALARY STEP SCALE. THIS SCALE IS ESTABLISHED AND APPROVED THROUGH THE JOINT EFFORTS OF THE AGENCY'S BOARD OF DIRECTORS AND THE HEAD START POLICY COUNCIL (FOR POSITIONS PAID WITH HEAD START FUNDS). EMPLOYEES ARE PLACED WITHIN THE APPROVED STEP SCALE BASED ON THEIR EDUCATION AND EXPERIENCE BY THEIR HIRING MANAGER IN CONSULTATION WITH THE EXECUTIVE DIRECTOR. A COMPARATIVE SALARY ANALYSIS IS CONDUCTED ANNUALLY AND IS PRESENTED TO THE AGENCY'S BOARD OF DIRECTORS FOR THEIR REVIEW AND ASSESSMENT OF CURRENT APPROPRIATENESS OF TRIUMPH WAGES. FURTHER, AS A HEAD START AGENCY, TRIUMPH, INC. MUST COMPLY WITH 2007 HEAD START ACT THAT MANDATES THE BOARD OF DIRECTORS IS RESPONSIBLE FOR APPROVING PERSONNEL POLICIES AND PROCEDURES, INCLUDING THOSE REGARDING THE HIRING, EVALUATION, AND COMPENSATION AND TERMINATION OF THE EXECUTIVE DIRECTOR, HEAD START DIRECTOR, DIRECTOR OF HUMAN RESOURCES, CHIEF FINANCIAL OFFICER, AND ANY OTHER PERSON IN AN EQUIVALENT POSITION WITHIN THE AGENCY. THE ORGANIZATION IS SUBJECT TO A HEAD START ANNUAL REVIEW EVERY THREE YEARS AND 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) 31 12460219 758159 093-17023900 2018.05050 TRIUMPH INC. 093-0L91

Name of the organization TRIUMPH INC.	Employer identification number 04-2394012
MUST COMPLETE A HEAD START SELF-ASSESSMENT FOR THE INTERI	M YEARS TO ENSURE
COMPLIANCE OF SUCH REGULATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLIC	CT OF INTEREST
POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZA	FION POSTS ITS
FINANCIAL STATEMENTS ON ITS OWN WEBSITE.	

32

12460219 758159 093-17023900 2018.05050 TRIUMPH INC.

FORM 990, PART XII, LINE 2C:

Schedule O (Form 990 or 990-EZ) (2018)

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR

SELECTION PROCESS DURING THE TAX YEAR.

Page 2