

Return of Organization Exempt From Income Tax

2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning , 2010, and ending ,

B Check if applicable:	CANCER FOR COLLEGE 1345 SPECIALTY DRIVE, SUITE D VISTA, CA 92081	D Employer Identification Number 93-1144756	E Telephone number (760) 599-5096
<input type="checkbox"/> Address change		G Gross receipts \$ 868,900.	
<input type="checkbox"/> Name change		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Initial return		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If 'No,' attach a list. (see instructions)</small>	
<input type="checkbox"/> Terminated		I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<input type="checkbox"/> Amended return		J Website: ▶ N/A	
<input type="checkbox"/> Application pending	F Name and address of principal officer: O. CRAIG POLLARD SAME AS C ABOVE	H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation: 1994	M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>ORGANIZATION RAISES FUNDS TO PROVIDE COLLEGE SCHOLARSHIPS FOR STUDENTS ATTENDING COLLEGES OR UNIVERSITIES. ALL STUDENTS RECEIVING SCHOLORSHIPS HAVE HAD PRIOR OR CURRENT ILLNESSES FROM CANCER, INCLUDING SKIN CANCER.</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	2
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	2
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	25,048.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	7,514.
		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	170,174.	377,753.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,391.	21,392.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	285,163.	317,898.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	489,728.	717,043.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	276,660.	213,995.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	145,813.	126,317.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 133,818.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	182,573.	190,607.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	605,046.	530,919.
19	Revenue less expenses. Subtract line 18 from line 12	-115,318.	186,124.
		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,015,917.	1,202,991.
21	Total liabilities (Part X, line 26)	1,545.	2,495.
22	Net assets or fund balances. Subtract line 21 from line 20	1,014,372.	1,200,496.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	
	O. CRAIG POLLARD		DIRECTOR
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	ROBERT CAIRNS	ROBERT CAIRNS	
	Firm's name ▶ CEA, LLP	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN N/A	
	Firm's address ▶ 703 PALOMAR AIRPORT ROAD #150 CARLSBAD, CA 92011	Firm's EIN ▶ N/A	
		Phone no. 760.438-4000	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No