Form 990

Return of Organization Exempt From Income Tax

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

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

<table>
<thead>
<tr>
<th>A</th>
<th>For the 2010 calendar year, or tax year beginning</th>
<th>Ending</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Address change</td>
<td>✓</td>
</tr>
<tr>
<td>C</td>
<td>Form of organization: Corporation</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Employer Identification Number</td>
<td>93-1144756</td>
</tr>
<tr>
<td>E</td>
<td>Telephone number</td>
<td>(760) 599-5096</td>
</tr>
<tr>
<td>F</td>
<td>Name and address of principal officer: O. CRAIG POLLARD</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Gross receipts $</td>
<td>868,900.</td>
</tr>
</tbody>
</table>

Part I Summary

1. Briefly describe the organization’s mission or most significant activities: ORGANIZATION RAISES FUNDS TO PROVIDE COLLEGE SCHOLARSHIPS FOR STUDENTS ATTENDING COLLEGES OR UNIVERSITIES. ALL STUDENTS RECEIVING SCHOLARSHIPS HAVE HAD PRIOR OR CURRENT ILLNESSES FROM CANCER, INCLUDING SKIN CANCER.

2. Check this box 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 |

4. Number of independent voting members of the governing body (Part VI, line 1b) | 2 |

5. Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 |

6. Total number of volunteers (estimate if necessary) | 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. |

Part II Revenue


9. Program service revenue (Part VIII, line 2g) | 34,391. | 21,392. |

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 285,163. | 317,898. |

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 489,728. | 717,043. |

12. Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 133,818. |

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) | 145,813. | 126,317. |

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 182,573. | 190,607. |

16a. Professional fundraising fees (Part IX, column (A), line 11e) | 276,660. | 213,995. |

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24) | 605,046. | 530,919. |


| 20. Total assets (Part X, line 16) | 1,015,917. | 1,202,991. |

| 21. Total liabilities (Part X, line 26) | 1,014,372. | 1,200,496. |

| 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 | O. CRAIG POLLARD | DIRECTOR |

Paid Preparer Use Only

Print/Type preparer’s name | ROBERT CAIRNS |
---|---|
Preparer’s signature | ROBERT CAIRNS |
Date | |
Check if self-employed | |
PTIN | N/A |
Firm’s name | CEA, LLP |
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 |

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 12/21/10 Form 990 (2010)