2016

990

PUBLIC

DISCLOSURE

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	2016 calendar year, or tax year beginning	and	ending	_			
В	Check if applicable	C Name of organization			D Employer identific	cation number		
	Addres change	S CANCER FOR COLLEGE						
	Name change				93-1	144756		
	Initial return	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone number	•		
	Final return/	981 PARK CENTER DRIVE	,		(760) 599-5096		
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$	1,537,366.		
	Amend	VIDIA, CA JZUUI			H(a) Is this a group re			
	Application pending		RAIG POLLARD		for subordinates	······ — —		
		SAME AS C ABOVE			H(b) Are all subordinates in			
			(insert no.) 4947(a)(1)	or 527	1	list. (see instructions)		
		www.cancerforcollege.or			H(c) Group exemption			
		5-19u	ociation Other	L Year	of formation: 1994 N	State of legal domicile: CA		
Pi		Summary	DDOW	TDE UC	DE AND THED	TDAMTON MO		
S	1 1	Briefly describe the organization's mission or most s	Ignificant activities: FROV	OT. A D C L	LDG WND INSE	IRATION TO		
nan	-	Check this box if the organization discont						
ver		Number of voting members of the governing body (F				.seis. 7		
යි		Number of independent voting members of the gove				 		
οğ		Fotal number of individuals employed in calendar ye				4		
įţį		Fotal number of volunteers (estimate if necessary)				50		
Activities & Governance		Fotal unrelated business revenue from Part VIII, colu				27,599.		
⋖	1	Net unrelated business taxable income from Form 9				0.		
					Prior Year	Current Year		
Φ	8 (Contributions and grants (Part VIII, line 1h)			1,699,796.	541,931.		
enn					0.	0.		
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, a	and 7d)		57,607.	14,252.		
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9	9c, 10c, and 11e)		144,042.	430,456.		
		Fotal revenue - add lines 8 through 11 (must equal P			1,901,445.	986,639.		
		Grants and similar amounts paid (Part IX, column (A)			397,946.	372,639.		
		Benefits paid to or for members (Part IX, column (A),			0.	206 210		
ses		Salaries, other compensation, employee benefits (Pa			219,789.	206,210.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin	e 11e)	<u> </u>	0.	0.		
EXE	b	Fotal fundraising expenses (Part IX, column (D), line	25) \(\bigsim \tag{113,2}	41•	112,864.	103,413.		
		Other expenses (Part IX, column (A), lines 11a-11d, 1			730,599.	682,262.		
		Total expenses. Add lines 13-17 (must equal Part IX, Revenue less expenses. Subtract line 18 from line 18			1,170,846.	304,377.		
L S	19	Teveride less expenses. Subtract line 10 nom line 12	<u></u>		ginning of Current Year	End of Year		
ets (20	Fotal assets (Part X, line 16)			4,619,613.	5,204,715.		
ASS	21	Fotal liabilities (Part X, line 26)			7,922.	31,314.		
Net Assets or Find Balances	22 1	Net assets or fund balances. Subtract line 21 from li	ne 20		4,611,691.	5,173,401.		
	art II	Signature Block						
Unc	ler penal	ties of perjury, I declare that I have examined this return, in	cluding accompanying schedule	s and statem	ents, and to the best of my	/ knowledge and belief, it is		
true	, correct	t, and complete. Declaration of preparer (other than officer)	is based on all information of wh	hich preparer	has any knowledge.			
Sig	n	Signature of officer			Date			
He	re	O. CRAIG POLLARD, PRESI	DENT/CEO					
		Type or print name and title			Date Check	II DTIN		
De'		Print/Type preparer's name	reparer's signature		OTICON	PTIN		
Pai		Firmle name AI DDICU CDAC AND	ADVITCODC IID	<u> </u> U	9/18/17 if self-employe	d		
		Firm's name ALDRICH CPAS AND Firm's address 5946 PRIESTLY DR			Firm's EIN			
USE	, Unity	CARLSBAD, CA 9200			Dhone no 76	0-431-8440		
Ma	v the IR	S discuss this return with the preparer shown above			I Holle Ho. 7 O	X Yes No		
·via	, 11		o. 1000 monachono,			110		

Pa	statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF CANCER FOR COLLEGE IS TO HELP CANCER SURVIVORS OVERCOME
	THE FINANCIAL BURDENS THAT FACE FAMILIES BATTLING THIS DISEASE. THIS
	IS ACCOMPLISHED THROUGH THE GRANTING OF COLLEGE SCHOLARSHIPS.
	The recommendation of the commentation of the
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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 No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 464, 567 • including grants of \$ 372, 639 •) (Revenue \$
	CANCER FOR COLLEGE RAISES FUNDS TO PROVIDE COLLEGE SCHOLARSHIPS FOR
	STUDENTS ATTENDING COLLEGES OR UNIVERSITIES. ALL OF THESE STUDENTS HAVE
	HAD PRIOR OR CURRENT ILLNESSES FROM CANCER, INCLUDING SKIN CANCER. IN
	2016 83 SCHOLARSHIPS WERE AWARDED.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
40	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 464,567.

Form 990 (2016) CANCER FOR COLLEGE Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(s)(1) (other than a private foundation? 1				Yes	No
2 X Did the organization required to complete Schedule 6, Schedule of Contributors? 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(t)) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership duse, assessments, or similar amounts as defined in Revenue Procedule R-912 II "Yes," complete Schedule C, Part II Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment or any control of the repair and control of the repair a	1	Annual management of the contract of the contr	1	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 . 4 Section 501(5)3 organizations. Did the organization engage in lobbying activities, or have a section 501(6) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II . 5 Is the organization asection 501(6)(4), 501(6)(5), or 501(6)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If 'Yes,' complete Schedule C, Part II . 5 Is the organization maintain any donor advised funds or any similar unds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II . 7 Ib the organization report and areas, or historic at treasures, or other armitiar assats? If 'Yes, 'complete Schedule D, Part II . 8 Ib the erganization maintain collections of works of art, historical treasures, or other armitiar assats? If 'Yes, 'complete Schedule D, Part II . 9 Did the organization maintain collections of works of art, historical treasures, or other armitiar assats? If 'Yes, 'complete Schedule D, Part II . 10 Lift the organization is directly or provide credit consuments, or other armitiar assats and the organization and the organization and the part II was asset to a propriet Schedule D, Part IV . 10 Lift the organization is subject to through a related organization, historical treasures, or other armitian assats and the organization and the part II is a sast applicable. 11 If the organization is an amount for the following questions is 'Yes,' then complete Schedule D, Part IV . 11 If the organization is an amount for bring the schedule D, Part IV . 12 Did the organization is an amount for other assets in the responsible schedule D, Part IV . 13 Did the organization is about the organization included in part II is a sast aspoilcable. 14 Did th	2				
spublic office? If "Yes," complete Schedule C, Part I 4 Section 501(5)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II (II) organization assection 501(c)(4), 501(c)(6), 501(c)(6)) organization that receives membership diues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III (II) organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II (II) organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III (II) (II) (II) (II) (II) (II) (II)					
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II " 5 Is the organization a section 501(e)(4), 501(c)(s), or 501(c)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III or provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II or Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures III "Yes," complete Schedule D, Part II or Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit conselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV II or the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indowments? If "Yes," complete Schedule D, Part V II or Schedule D, Part V II or organization report an amount for investments - program related in Part X, line 107 II "Yes," complete Schedule D, Part V II or organization report an amount for investments - program related in Part X, line 107 II "Yes," complete Schedule D, Part X II or 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 167 II "Yes," complete Schedule D, Part X II or Did the organization amount for investments of the surface of the surface	Ū		3		х
during the tax year // If Yes,* complete Schedule C, Part II 4	4		_		
5 Is the organization a section \$01(c)(4), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.19? If "Yes," complete Schedule C, Part III or provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investments to preserve open space, the environment, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 10 Id the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit conseiling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V III If the organization's answer to any of the following pusition is in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V III If the organization's answer to any of the following sestions is "Yes," the complete Schedule D, Part VI, IV III II If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII II III III III III III III III II			4		Х
similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historics structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI If the organization report an amount for lowed provides Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 19 If Yes, "complete Schedule D, Part VIIIII X 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 XIIII X Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization seport an amount for other assets in Part X, line 15? If	5				
6 Did the organization maintain any donor advised funds or any similar funds or accounts? for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit courseling, debt management, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III b) Did the organization report an amount for investments or other securities in Part X, line 10? If "Yes," complete Schedule D, Part V III c) Did the organization report an amount for investments or their securities 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 V III d) Did the organization report an amount for investments or the responsibilities 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 X III 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 X III d) Did the organization report an amount for other isabilities 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 X III d) Did the organization separate or consolidated financial statements for the tax			5		Х
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III			6		Х
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II If the organization report and amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V V. 110 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII V. 111 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 VIII II V. 112 Did the organization report an amount for other assets 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 II V. 112 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X III V. 113 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X III V. 114 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X III V. Yes, "complete Schedule D, Part X III V. Yes," complete Schedule D, Part X III V. Yes, "complete Schedule D, Part X III V. Yes, "complete Schedule D, Part X III V. Yes," complete Schedule F, Parts II V. Yes, "complete Sched	7				
Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, II, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II 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 VIII d 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 d Did the organization report an amount for other liabilities 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 X III 2 Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III 2 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III 3 Did the organization asset parte, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III 3 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule F. Parts III and IV 5 Did the organization aschool described in section 170(b)(I)(A)(II) If "Yes,"		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V III, III, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V III 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 V III the organization report an amount for other assets 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 V III to 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 X III to Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III X I	8		8		Х
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10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IVI, IX, or X as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 3 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 VIII 4 Did the organization report an amount for other insulation assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 5 Did the organization report an amount for other labilities 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 VIII 6 Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is lability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII X 12 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII X 13 Step organization of years as applicable. 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 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 agg		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 c 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 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 VIII d Did the organization 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 VIII d Did the organization report an amount for other isasets 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 X 11d		If "Yes," complete Schedule D, Part IV	9		Х
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as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 c 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 VII 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 IVI d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 1	11				
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			19		Х

Form 990 (2016) CANCER FOR COLLEGE Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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		Х
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
С	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3 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	33		
	Part V, line 1	34		Х
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1096. Enter 0- If not applicable 1a 3 3 5 5 5 5 5 5 5 5		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-26 included in line 1a. Enter 0- if not applicable				Yes	No
b Enter the number of Forms W-26 included in line 1a. Enter 0- if not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Column Complete					
Gamblingly winnings to prize winners? a First 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 b if at least one is reported on line 2a, did the organization life all required federal employment tax returns? 2b X Note. If the sum of lines 1 and α2 is greater than 250, you may be required to e-fife (see instructions) 3b Id the organization have unrelated business gross income of \$1,000 or more during the year? 3a Id 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 accounts (FBAF). 5a If "Yes," enter the name of the foreign country. 5a Was the organization a parky to a prohibited tax shelter transaction? 5b Was the organization parky to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a parky to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a parky to a prohibited tax shelter transaction? 5c If "Yes," did the organization around the organization that it was or is a parky to a prohibited tax shelter transaction? 5c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c If "Yes," indicate the number of Forms 8822 filed during the year 7 Organizations that may receive any number of Forms 8822 fi					
tilled for the calendary year ending with or within the year covered by this return 1			1c	Х	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
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3a 3a 3a 3a 3a 3b 5b 5b 5b 5b 5b 5b 5b	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 5b If "Yes," enter the name of the foreign country: ▶ 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, of the organization that it was or is a party to a prohibited tax shelter transaction? 5c Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that term en tax deductible as charitable contributions? 6c Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that term en tax deductible as charitable contributions? 6c Very Strict of the organization include with every solicitation an express statement that such contributions or gifts 6c Very error tax deductible? 6c Very Strict of the organization include with every solicitation an express statement that such contributions or gifts 6c Very organizations that may receive deductible contributions under section 170(c). 6d Very Strict of the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X Very organization service any funds, directly or indirectly, or large previous provided? 7b If "Yes," included the organization on ority the donor of the value of the goods or services provided? 7c Very of If Yes, and the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7c If the organization received a contribution of qualified intellectual property, did the organization file Form 1098 C? 7d Sponsoring organizati		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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b f 'Yes,' enter the name of the foreign country:	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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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 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 If b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13		,			v
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X					
c Enter the amount of reserves on hand	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
c Enter the amount of reserves on hand		organization is licensed to issue qualified health plans			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	С				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b		Did the second setting and the second set of the second set of the second secon	14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		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 by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		37
13	Did the organization have a written whistleblower policy?	13	37	X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Λ	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
Iba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		х
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		21
Ь				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
800	exempt status with respect to such arrangements? tion C. Disclosure	IOD		
17	List the states with which a copy of this Form 990 is required to be filed ►CA, AL, AK, AR, CT, FL, HI, IL, KY	ME	. MD	. MA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			,
.5	for public inspection. Indicate how you made these available. Check all that apply.	avanal	5	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.	uri	J 1	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	GREG FLORES - 760-599-5096			
	28465 OLD TOWN FRONT STREET, SUITE 315, TEMECULA, CA 92590			

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.

Check this box if neither the organiz (A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average		not c	Pos heck	more	than		Reportable	Reportable	Estimated
	hours per week	offi	, unle cer ar	ess pe nd a d	rson	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) O. CRAIG POLLARD	20.00	١							0	•
PRESIDENT/CEO	1 00	Х		Х	<u> </u>			0.	0.	0 .
(2) MATT KLINE	1.00	٠,,		37					0	0
VICE PRESIDENT	1.00	Х		Х	<u> </u>			0.	0.	0 .
(3) SCOTT SPROULE TREASURER	1.00	x		x				0.	0.	0 .
(4) JULIE KELLY	1.00	^			\vdash			0.	0.	0.
SECRETARY	1.00	\mathbf{x}		x				0.	0.	0.
(5) WILL FERRELL	1.00	 		 				•	•	
AT LARGE		x						0.	0.	0
(6) DAN HUGHES	1.00									
AT LARGE		X						0.	0.	0.
(7) SARA HYZER	1.00									
AT LARGE		X						0.	0.	0.
(8) GREG FLORES	40.00									
EXECUTIVE DIRECTOR				Х	<u> </u>			95,000.	0.	0 .
				\vdash	\vdash					
		-								
				\vdash	-					
		1								
				\vdash						
		1								
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		1								
				\vdash	$ldsymbol{f eta}$		$ldsymbol{ldsymbol{ldsymbol{eta}}}$			
		4								
		1		Щ	Щ					

Part VII Section A. Officers, Directors, 1	rustees, Key Em	ploye	es, a	and	High	est (Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(do n box, u office	P ot che unless and early	(C) Positiveck most person a dire	on ore that on is be ctor/tru	n one oth an	(D) Reportable compensation from the	Reportable compensation from related organization (W-2/1099-MIS	on d s	(F Estim amou oth comper from organiz and re organiz	ated int of ier insation the ization elated
1b Sub-total c Total from continuation sheets to Par d Total (add lines 1b and 1c) Total number of individuals (including b	rt VII, Section A			· · · · · · · ·		>	95,000. 0. 95,000.		0. 0. 0.		0.
 compensation from the organization Did the organization list any former offiline 1a? If "Yes," complete Schedule J if For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? If "Yes," of Section B. Independent Contractors Complete this table for your five highes 	cer, director, or tri for such individual e sum of reportab \$150,000? If "Yes, or accrue compe complete Schedul t compensated in	ustee,le con " com nsatic	key mper nplet on fro	empensati	oloye on ar thedu ny ur erson	e, or and ot	highest compensated e ther compensation from for such individual ted organization or indiv	mployee on the organization idual for services \$100,000 of con		3 4 5 ation from	X
the organization. Report compensation (A) Name and busin	-	NO.			h or	withi	n the organization's tax (B) Description of s		C	(C) ompensa	tion
Total number of independent contractor \$100,000 of compensation from the org		not lim	ited	to th	nose 0	listed	 d above) who received n	nore than		- 00	

Form	990 ((2016) CANCE	R FOR CO	LLEGE			93-1144	756 Page 9
Pa	rt VII							
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII	(5)		
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ts, (An	С	Fundraising events	1c	287,228.				
Gif ilar	d	Related organizations	1d					
ns, Sim		Government grants (contribut	· -					
utio er (f	All other contributions, gifts, gran		254 702				
rib Oth		similar amounts not included above		254,703.				
on	_	Noncash contributions included in lines			541,931.			
0 8	n	Total. Add lines 1a-1f		Business Code	341,931.			
as l	2 a			Business Code				
vic.	z a b							
Ser	C							
am	d							
Program Service Revenue	e		-					
Ā	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		>				
	3	Investment income (including			4.4.0-0			
		other similar amounts)			14,252.			14,252.
	4	Income from investment of tax						_
	5	Royalties						
	•		(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	, u	assets other than inventory	(i) Geografica	(ii) Oti ioi				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
e	8 a	Gross income from fundraising						
Other Revenue		including \$ 287,2						
Rev		contributions reported on line	1c). See	020 711				
Jer		Part IV, line 18	a	542,484.				
₽		Less: direct expenses			396,227.			396,227.
		Net income or (loss) from fund Gross income from gaming ac	-		390,227.			390,227.
	эа	Part IV, line 19		8,480.				
	b	Less: direct expenses		1 0 - 0				
		Net income or (loss) from gam			6,630.			6,630.
		Gross sales of inventory, less			-			
		and allowances	а	33,992.				
	b	Less: cost of goods sold		6,393.				
	С	Net income or (loss) from sale	s of inventory		27,599.		27,599.	
		Miscellaneous Revenu	ie	Business Code				
	11 a							
	b			<u> </u>				
	C							
	d							
	12	Total. Add lines 11a-11d		······	986.639.	0.	27 599	417,109.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
Do	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		олроново	general expenses	<u> </u>
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	372,639.	372,639.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	95,000.	31,350.	32,300.	31,350.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	94,319.	42,965.	28,277.	23,077.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	674.	264.	216.	194.
9	Other employee benefits	46 045			1 222
10	Payroll taxes	16,217.	6,366.	5,189.	4,662.
11	Fees for services (non-employees):				
а	Management				
b	Legal	10 500		2 500	14 000
	Accounting	17,500.		3,500.	14,000.
	Lobbying				
	Professional fundraising services. See Part IV, line 17	14 510		14 510	
f	Investment management fees	14,510.		14,510.	
g	` '	22 262		4 452	17 010
	column (A) amount, list line 11g expenses on Sch O.)	22,263. 3,575.	526	4,453.	17,810. 2,503.
12	Advertising and promotion	2,371.	536. 570.		2,503.
13	Office expenses	2,3/1.	570.	1,141.	000.
14	Information technology				
15	Royalties	13,542.	4,469.	4,604.	4,469.
16	Occupancy	3,402.	1,701.	4,004.	1,701.
17	Travel	3,402.	1,/01•		1,701.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	. ' ' ' ' ' ' E	5,751.		4,601.	1,150.
23 24	Other expenses. Itemize expenses not covered	5,751.		=, 001 •	1,150
24	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 O.)				
а	TAXES AND LICENSES	9,229.	0.	0.	9,229.
a b	DUES AND SUBSCRIPTIONS	4,606.	2,303.	2,303.	0.
c	MISCELLANEOUS	3,636.	0.	0.	3,636.
d	REPAIRS AND MAINTENANCE	2,424.	800.	824.	800.
e	All other expenses	604.	604.		
25	Total functional expenses. Add lines 1 through 24e	682,262.	464,567.	102,454.	115,241.
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)				
60001	11-11-16				Form 990 (2016)

Form 990 (2016)

Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	327,617.	1	487,805.
	2	Savings and temporary cash investments	1,057,646.	2	708,178.
	3	Pledges and grants receivable, net	12,315.	3	20,020.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	11,183.	8	15,668.
	9	Prepaid expenses and deferred charges	0.	9	1,594.
	1 -	Land, buildings, and equipment: cost or other		9	1/3710
	IOa	basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	3,210,852.	12	3,971,450.
	13	Investments - other securities. See Part IV, line 11	3,210,032.	13	3,311,430.
		F		14	
	14	Intangible assets			
	15	Other assets. See Part IV, line 11	4,619,613.	15 16	5 204 715
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,922.	17	5,204,715. 31,314.
	17	Accounts payable and accrued expenses	1,522.	18	31,314.
	18 19	Grants payable		19	
		Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
		Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,		21	
Liabilities	22	key employees, highest compensated employees, and disqualified persons.			
ij				22	
Lia	22	Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties		23	
	23			24	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of		0.5	
	00	Schedule D	7,922.	25	31,314.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	1,722•	26	31,314.
"					
ĕ	07	complete lines 27 through 29, and lines 33 and 34.	4,285,107.	27	4,709,988.
lau	27	Unrestricted net assets	326,584.	28	463,413.
B	28	Temporarily restricted net assets	320,304.	29	103,113.
P T	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		29	
Ē					
Net Assets or Fund Balances	20	and complete lines 30 through 34.		30	
se	30	Capital stock or trust principal, or current funds		31	
t As	31	Patiened carpings, endowment, accumulated income, or other funds		32	
Ne.	32	Retained earnings, endowment, accumulated income, or other funds	4,611,691.	33	5,173,401.
	33	Total liebilities and not assets (fund belances	4,619,613.	34	5,204,715.
	34	Total liabilities and net assets/fund balances	±,0±3,0±3•	34	J,404,11J.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш.
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			77.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,61		
5	Net unrealized gains (losses) on investments	5	25	7,3	33.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	5,17	3,4	01.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
	· ,			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	0.			
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:	o baolo,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			
·	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
ou	Act and OMB Circular A-133?	igio Addit	За		х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit	54		
b			3h		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>

Form **990** (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Employer identification number

Name of the organization

CANCER FOR COLLEGE 93-1144756 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	449,034.	624,761.	555,491.	699,796.	541,931.	2871013.			
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	440 004	604 861	FFF 404	600 506	F 4 4 0 2 4	000000			
	Total. Add lines 1 through 3	449,034.	624,761.	555,491.	699,796.	541,931.	2871013.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,						77 472			
_	column (f)						77,473.			
	Public support. Subtract line 5 from line 4.						2/93540.			
	• •	(=) 0010	(h) 0010	(a) 001 4	(4) 001 5	(=) 0010	(f) Tatal			
	ndar year (or fiscal year beginning in)	(a) 2012 449, 034.	(b) 2013 624,761.	(c) 2014 555, 491.	(d) 2015 699, 796.	(e) 2016 541, 931.	(f) Total 2871013.			
	Amounts from line 4 Gross income from interest,	440,004.	024,701.	333, 431.	055,750.	341,331.	2071013.			
0	, ,									
	dividends, payments received on securities loans, rents, royalties									
	and income from similar sources	22,716.	30,796.	15,154.	57,607.	14,252.	140,525.			
a	Net income from unrelated business	22//200	20,7201	20,2010	37,700,70	21,2320				
•	activities, whether or not the									
	business is regularly carried on	265,931.	363,702.	831.040.	144.042.	430,456.	2035171.			
10	Other income. Do not include gain	, ,	,	, ,	, -	,				
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11							5046709.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First five years. If the Form 990 is for					n 501(c)(3)				
	organization, check this box and stop						>			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2016 (14	55.35 %			
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	57.34 %			
16a	33 1/3% support test - 2016. If the o	•		,		,				
	stop here. The organization qualifies						<u>X</u>			
b	33 1/3% support test - 2015. If the o									
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□			
17a	10% -facts-and-circumstances tes	ū					•			
	and if the organization meets the "fac			-	•	_				
	meets the "facts-and-circumstances"									
b	10% -facts-and-circumstances tes	_								
	more, and if the organization meets the		•							
	organization meets the "facts-and-circ									
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

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.)

	qualify under the tests listed b A. Public Support	elow, please com	plete Part II.)				
	r (or fiscal year beginning in)	(a) 2012	(b) 2013	(6) 2014	(4) 2015	(a) 2016	(f) Total
-	rants, contributions, and	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
, •	ership fees received. (Do not						
	e any "unusual grants.")						
	receipts from admissions, andise sold or services per-						
	, or facilities furnished in						
	tivity that is related to the						
_	cation's tax-exempt purpose						
	receipts from activities that						
	an unrelated trade or bus-						
	nder section 513						
	venues levied for the organ-						
	s benefit and either paid to						
•	ended on its behalf						
	lue of services or facilities						
	ed by a governmental unit to						
	anization without charge						
6 Total.	Add lines 1 through 5						
	ts included on lines 1, 2, and						
	ved from disqualified persons						
	included on lines 2 and 3 received r than disqualified persons that						
	ne greater of \$5,000 or 1% of the						
	n line 13 for the year						
c Add lin	es 7a and 7b						
	support. (Subtract line 7c from line 6.)						
Section E	3. Total Support			1			
-	r (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amoun	ts from line 6						
	ncome from interest,						
	ids, payments received on ies loans, rents, royalties						
and inc	come from similar sources						
b Unrelate	ed business taxable income						
(less se	ction 511 taxes) from businesses						
acquire	d after June 30, 1975						
c Add lin	es 10a and 10b						
	ome from unrelated business						
	es not included in line 10b, er or not the business is						
	ly carried on						
12 Other i	ncome. Do not include gain						
	from the sale of capital						
	(Explain in Part VI.) ········· . IPPOrt. (Add lines 9, 10c, 11, and 12.)						
	ve years. If the Form 990 is for	the organization	s first second this	rd fourth or fifth t	ax vear as a sectio	n 501(c)(3) organiz	ration
	this box and stop here	· ·				. , . ,	▶
	C. Computation of Publ						
	support percentage for 2016 (I			column (f))		15	%
	support percentage from 2015					16	/ 6
	D. Computation of Inves					1.01	,,,
	nent income percentage for 20					17	%
	nent income percentage from 2					18	
	% support tests - 2016. If the						
	nan 33 1/3%, check this box a						
	% support tests - 2015. If the						
	is not more than 33 1/3%, che						
	e foundation. If the organization						
-o riivalt	, ioaniaationi ii tiio oiyanizatio	n ala noi oneon a	207 OH III C 14, 18	a, or rab, orieck t	וווט טטא מווע סכב ווו	J.: 4010113	

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 (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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	0.0		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	5		
	9a		
	9b		
	9с		
	10a		
	10b		
n 9	90 or 99	0-F7	2016
			,

Par	t IV Supporting Organizations _(continued)			
			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)			
		11a		
b		11b		
	· · · · · · · · · · · · · · · · · · ·	11c		
	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		
Sect	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			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		
<u>Sect</u>	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. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions) T		
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			
	· · · · · · · · · · · · · · · · · · ·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	· · · · · · · · · · · · · · · · · · ·	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	· · · · · · · · · · · · · · · · · · ·	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	[

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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-functionall	y integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion 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	ns		
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	ne organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
_	and 4c			
8	Breakdown of line 7:			
<u>a</u>	5 (2010			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number

CANCER FOR COLLEGE 93-1144756

Organization type (check one):						
Filers of: Section:						
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	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 one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, 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, II, and III.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year				
but it m ı	taution: 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), ut 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 ertify 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) (2016)

CANCER FOR COLLEGE

93-1144756

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)		(c)	(d)	
No.	Name, address, and ZIP + 4	Т.	otal contributions	Type of contribution	
1		\$	12,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	т	(c) otal contributions	(d) Type of contribution	
2		\$	15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4		(c) otal contributions	(d) Type of contribution	
3	- Humo, dudi coo, dira Zir 1 1	\$	20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)		(c)	(d)	
No. 4	Name, address, and ZIP + 4	\$	20,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	,	(c) otal contributions	(d) Type of contribution	
5		\$	125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	_	(c) otal contributions	(d)	
No. 6	Name, address, and ZIP + 4	\$	35,000.	Person X Payroll	

Name of organization Employer identification number

CANCER FOR COLLEGE 93-1144756

Part I	Contributors (See instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Name, audress, and Zir + +	\$\$\$	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
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$\$	Person X Payroll
(a) No.	(b)	(c)	(d)
10	Name, address, and ZIP + 4	* 20,000.	Person X Payroll
(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.)

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2016)}}{\mbox{Name of organization}}$ Employer identification number

CANCER FOR COLLEGE

93-1144756

Part II	Noncash Property (See Instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. 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
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Name of organization Employer identification number CANCER FOR COLLEGE 93-1144756 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection **Employer identification number**

	CANCER FOR COLLEGE	93-1144756
Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	•
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	and a
5		
_	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
Do	impermissible private benefit?	
Pai		v, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat Preservation of a certified h	historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution c	
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation of the conservation easements modified the conservation of	anization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva-	tion easements during the year
_	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation of	easements during the year
•	Described and the second secon	(D) (i)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(
0	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the o	rganization's accounting for
Pai	conservation easements. t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
. u	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Cililla Acceto.
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and halance sheet works of art
ıa	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items.	public service, provide, irri art Am,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance about works of out historical
b		
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:	▶ ◆
	(i) Revenue included on Form 990, Part VIII, line 1	
0	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	i, provide
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	•
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ \$

	t III Organizations Maintaining C	ollections of Ar		easures. or Oth	er Simil			ved)
3	Using the organization's acquisition, accession							
	(check all that apply):							
а	Public exhibition d Loan or exchange programs							
b	Scholarly research	е	Other	3 1 3				
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's ex	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma						Yes	☐ No
Par	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Par		J				,	
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets no	t included			
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
	, ,	•	· ·				Amount	
С	Beginning balance				1c			
	Additions during the year				···· ⊢ — ⊢			
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIII.	· ·	•					
	t V Endowment Funds. Complete if							
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	2,539,221.	1,954,019.	•				
	Contributions	500,000.	700,997.	2,000,000.				
	Net investment earnings, gains, and losses	220,507.	-100,477.	-37,001.				
	Grants or scholarships	·		•				
	Other expenditures for facilities							
	and programs						İ	
f	Administrative expenses	11,082.	15,318.	8,980.				
g	End of year balance	3,248,646.	2,539,221.	1,954,019.				
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:	•			
а	Board designated or quasi-endowment	100.00	%					
b	Permanent endowment	%	_					
С	Temporarily restricted endowment ▶							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organiz	zation		
	by:						Г	Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							
Par	rt VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	(, line 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c) A	Accumulate	ed	(d) Book	value
		basis (investm	nent) basis	(other) de	epreciation			
1a	Land							
	Buildings							
	Leasehold improvements							
d	Equipment							
	Other							
Fatal	Add lines to through to (Column (d) must be	aud Form 000 Port	V solumn (P) line 1	00.)				0

Schedule D (Form 990) 2016 CANCER FOR	COLLEGE		93	-1144756 Page
Part VII Investments - Other Securities.				Ŭ
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) BENEFICIAL INTEREST IN				
(B) TRUSTS, CALIFORNIA				
(C) COMMUNITY FOUNDATION	3,971,450.	END-OF-Y	EAR MARKET	VALUE
(D)				
(E)				
(F)				
(G)				
(H)	2 071 450			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,971,450.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				d af
(a) Description of investment	(b) Book value	(c) Method of Va	aluation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990	Part X line 15	
	Description	114. 000 1 0111 330,	Tart X, III C TO.	(b) Book value
(1)				(-,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		>	
Part X Other Liabilities.	,			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Forn	n 990, Part X, line 25	j.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
()	1			

(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) \triangleright 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Sche	edule D (Form 990) 2016 CANCER FOR COLLEGE			93-	1144/56 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,235,855
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		257,333.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	6,393.		
е	Add lines 2a through 2d			2e	263,726
3	Subtract line 2e from line 1			3	972,129
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	14,510.		
С	Add lines 4a and 4b			4c	14,510
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	986,639
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	674,145
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d	6,393.		
е	Add lines 2a through 2d			2e	6,393
3	Subtract line 2e from line 1			3	667,752
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	14,510.		
С	Add lines 4a and 4b			4c	14,510
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<u></u>	5	682,262
Pa	rt XIII Supplemental Information.				
Prov	ide 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,
مممنا	2d and 4b; and Dart VII. lines 2d and 4b. Also complete this part to provide any add	litianal infar	mation		

PART V, LINE 4:

THE PURPOSE OF THE ENDOWMENT IS TO GRANT SCHOLARSHIPS IN PERPETUITY.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISIONS OF UNCERTAIN TAX POSITIONS AS ADDRESSED IN FASB ACCOUNTING STANDARDS CODIFICATION. THE ORGANIZATION RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE INCOME TAX PROVISION, WHEN APPLICABLE. THERE ARE NO AMOUNTS ACCRUED IN THE FINANCIAL STATEMENTS RELATED TO UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2016.

Schedule D (Form 990) 2016 CANCER FOR COLLEGE Part XIII Supplemental Information (continued)	93-1144756 Page 5
COST OF GOODS SOLD	6,393.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT FEES INCLUDED IN REVENUE	14,510.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	6,393.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT FEES INCLUDED IN REVENUE	14,510.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CANCER FOR COLLEGE **Employer identification number** 93-1144756

Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (includerofess	non-g gover sising of ding of ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or con contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal			•			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration

Schedule G (Form 990 or 990-EZ) 2016 CANCER FOR COLLEGE 93-1144756 Page Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 and \$15,000 are reported from \$15,000 are reported from \$15,000 and \$15,000 are reported from \$15,000 are reported

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines 1 and 6b. List o	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			RED HOT	CLASSY		(add col. (a) through
			BENEFIT	NIGHTS IN TH	9	col. (c))
Φ			(event type)	(event type)	(total number)	001. (0))
Revenue						
Şe Ç	1	Gross receipts	879,503.	109,761.	236,675.	1,225,939.
ш						
	2	Less: Contributions	144,548.	89,536.	53,144.	287,228.
	3	Gross income (line 1 minus line 2)	734,955.	20,225.	183,531.	938,711.
					0 000	0 000
	4	Cash prizes			2,000.	2,000.
w	5	Noncash prizes				
Direct Expenses				0.70	10 402	21 272
be _I	6	Rent/facility costs		2,870.	18,403.	21,273.
Û	_		23,284.	9,100.	9,935.	42,319.
iec	 	Food and beverages	23,204.	9,100.	9,933.	42,319.
Ω	_	Catantainmant				
		Entertainment Other direct expenses	434,434.	11,190.	31,268.	476,892.
	9	Other direct expenses Direct expense summary. Add lines 4 through	<u> </u>		· · ·	542,484.
		Net income summary. Subtract line 10 from li				396,227.
Pa				n 990. Part IV. line 19. or		33072274
		\$15,000 on Form 990-EZ, line 6a.			roportou moro anam	
		,	() 5:	(b) Pull tabs/instant	() 011	(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
Œ	1	Gross revenue				
Ś	2	Cash prizes				
nse						
xbe	3	Noncash prizes				
Direct Expenses						
<u>jre</u>	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	∟ No	∟ No	└── No	
	_				_	
	 	Direct expense summary. Add lines 2 through	n 5 in column (a)		>	
	_	Not remain a income assume and Coulety at line 7	fuere line 4 eelcome (d)			
	<u> </u>	Net gaming income summary. Subtract line 7	from line 1, column (a)			
۵	En	ter the state(s) in which the organization condu	icte gaming activities:			
		the organization licensed to conduct gaming a	-	states?		Yes No
		No," explain:				
		, одрани				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
		Yes," explain:			,	
	, ,,					
	' ''	· · ·				

Sch	nedule G (Form 990 or 990-EZ) 2016 CANCER FOR COLLEGE 93	-1144	756	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Ш	Yes	∟ No
	Indicate the percentage of gaming activity conducted in:	- مد ا	ı	07
	a The organization's facility			<u>%</u> %
	b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[130		70
	Name ►			
15a	Address ▶ a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
k	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
C	c If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└── No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•		
Pa	organization's own exempt activities during the tax year \$\infty\$ \$\text{Supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	l lines Q	9h 10)h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	1, 111103 3,	3D, 10	DD, 10D,
	, , , , , , , , , , , , , , , , , , ,			
_				

Schedule G	G (Form 990 or 990-EZ)	CANCER FOR	COLLEGE		93-1144756	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	CANCER FO	K COPPERE	i					93-TT	44/50
Part I	General Information on Grants a	ınd Assistance					·		
1 Do	es the organization maintain records	to substantiate the	e amount of the grants	or assistance, the	e grantees' eligibili	ty for the grants or as	sistance, and the selecti	on	
crit	teria used to award the grants or assi:	stance?						Yes	☐ No
2 De	scribe in Part IV the organization's pro	ocedures for moni	toring the use of grant	funds in the Unite	d States.				
Part II	Grants and Other Assistance to	Domestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered "	Yes" on Form 990, Part I	IV, line 21, for any	
	recipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is nee	ded.				
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistand	
2 En	ter total number of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table	•	•	<u>'</u>	>	
	ter total number of other organization								
LHA F	or Paperwork Reduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form	990) (2016)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					TROPHIES AND GIFT CARDS FOR
NIVERSITY SCHOLARSHIPS	83	371,151.	1,488.	FMV	SCHOLARSHIP WINNERS
Part IV Supplemental Information. Provide the information	equired in Part I, lin	l ne 2; Part III, columr	l n (b); and any other a	l dditional information.	
PART I, LINE 2- PROCEDURE FOR MON	NITORING U	SE OF GRAN	ITS FUNDS I	N U.S.	
THE ORGANIZATION PAYS THE COLLEGI					
THE ONORWIENTION THIS THE CORRECT	OK ONIVE	MOIII DIM			

SCHEDULE O

(Form 990 or 990-EZ)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number**

Inspection

93-1144756 CANCER FOR COLLEGE FORM 990, PART VI, SECTION B, LINE 11B: THE EXECUTIVE DIRECTOR REVIEWS A COPY OF THE TAX RETURN BEFORE IT IS FILED. A COPY OF THE TAX RETURN IS MADE AVAILABLE TO THE GOVERNING BODY UPON REQUEST AND THE GOVERNING BODY IS ENCOURAGED TO REVIEW THE TAX RETURN PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD/COMPENSATION COMMITTEE. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA,AL,AK,AR,CT,FL,HI,IL,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OH,OK,OR,RI,SC UT, VA FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 93-1144756 CANCER FOR COLLEGE File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 981 PARK CENTER DRIVE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions VISTA, CA 92081 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 11 Form 990-T (trust other than above) 06 Form 8870 12 GREG FLORES -28465 OLD TOWN FRONT STREET, SUITE 315 The books are in the care of ► TEMECULA, CA 92590 Telephone No. ► 760-599-5096 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this $oxedsymbol{oxed}$. If it is for part of the group, check this box lacksquare $oxedsymbol{oxed}$ and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2017 to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ► X calendar year 2016 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За \$ If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required. by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)