2020

990

PUBLIC

DISCLOSURE

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** 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.

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



Department of the Treasury Internal Revenue Service	Go to www.irs
A For the 2020 calend	ar vear, or tax vear beginning

AF	or th	e 2020 calendar year, or tax year beginning ar	nd ending	_	
B c	heck if pplicab	e: C Name of organization		D Employer identified	cation number
	Addre	CANCER FOR COLLEGE			
	Name			93-11447	56
	 return		Room/suite	E Telephone numbe	r
	Final		224		9-5096
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	1,347,197.
	Amen			H(a) Is this a group re	eturn
				for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) or 📃 527	If "No," attach a	list. See instructions
		te: WWW.CANCERFORCOLLEGE.ORG		H(c) Group exemptio	
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1994	State of legal domicile: CA
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities:	PROVIDE	E NEED-BASED	COLLEGE
anc		SCHOLARSHIP AND EDUCATIONAL EXPERIENCES			
Governance		Check this box 🕨 🛄 if the organization discontinued its operations or disp		1 1	
200					5
~		Number of independent voting members of the governing body (Part VI, line 1b		5	
ties		Total number of individuals employed in calendar year 2020 (Part V, line 2a) \ldots		30	
Activities &			otal number of volunteers (estimate if necessary)		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year 1,670,202.	Current Year 1,184,933.
ani		Contributions and grants (Part VIII, line 1h)		1,070,202.	1,104,955.
Revenue		Program service revenue (Part VIII, line 2g)		194,706.	147,164.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-27,989.	-2,626.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,836,919.	1,329,471.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		464,599.	495,423.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	4,55,425.
		Benefits paid to or for members (Part IX, column (A), line 4)		269,617.	272,960.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	〃 <u> </u>	0.	0.
ben	h	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 250,	603.		
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		397,815.	309,133.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,132,031.	1,077,516.
		Revenue less expenses. Subtract line 18 from line 12		704,888.	251,955.
or				eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		8,512,360.	9,457,023.
Ass J Ba	21	Total liabilities (Part X, line 26)		81,600.	209,884.
Net -unc	22	Net assets or fund balances. Subtract line 21 from line 20		8,430,760.	9,247,139.
Pa	art II				, , ,
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedi	ules and staten	nents, and to the best of m	y knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer GREG FLORES, EXECUTIVE Type or print name and title	DIRECTOR	Date					
Paid	Print/Type preparer's name	Preparer's signature	Date Check 06/08/21 self-employed					
Preparer	Firm's name ALDRICH CPAS AND		Firm's EIN					
Use Only	Firm's address 7676 HAZARD CENT SAN DIEGO, CA 92		Phone no. (61	.9) 810-4940				
May the IRS discuss this return with the preparer shown above? See instructions								
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							

Form	n 990 (2020) CANCER FOR COLLEGE	93-1144756 Page 2
Pa	rt III Statement of Program Service Accomplishments	<u></u>
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	CANCER FOR COLLEGE PROVIDES NEED-BASED COLLEGE SCHOL	ARSHIPS AND
	EDUCATIONAL EXPERIENCES TO CANCER SURVIVORS.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	prior Form 990 or 990-EZ?	Yes X No
	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 set	rvices?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 servi	
	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		
	CANCER FOR COLLEGE PROVIDES NEED-BASED COLLEGE SCHOL	
	EDUCATIONAL EXPERIENCES TO CANCER SURVIVORS. SCHOLAR	
		SCHOLAR MUST BE
	ATTENDING AN ACCREDITED COLLEGE, UNIVERSITY OR TRADE	
	UNITED STATES. SCHOLARS MUST BE A SURVIVOR OF CANCER	
		TERMINED AS SOMEONE
	WHO HAS BEEN DIAGNOSED EITHER CURRENTLY OR PREVIOUSL	Y WITH CANCER. IN
	2020, THE CHARITY AWARDED 96 SCHOLARSHIPS.	
46		
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 617,641 .	Form 990 (2020)

	oneokist of negatical conclusion			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	~		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		- 21
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0	Schedule D, Part III	8		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	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		<u></u>
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41-		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			x
20-	complete Schedule G, Part III	19 202		A X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 23
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			77
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	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?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
Pa	Note: All Form 990 filers are required to complete Schedule O ttv Statements Regarding Other IRS Filings and Tax Compliance	30	17	L
1 01	Check if Schedule O contains a response or note to any line in this Part V			
	טוופטיג זו סטוופטעוב ט טטווגמווזס מ ופסטטוסט טו ווטנט נט מוזץ ווווט ווו נוווס דמוג ע			
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6		Yes	No
b				
с	(gambling) winnings to prize winners?	1c	х	
	(Barriend), withings to bure without			<u> </u>

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Form 990	(2020)	CANCER	FOR	COLLEGE	
Part V	Statements	Regarding C)ther II	RS Filings and	Tax Compliance (continued)

		_	Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a	3				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
3a	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?					
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O					
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?					
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0		x		
b	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		_ A		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Gh				
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b				
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	7a	x			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10				
Ŭ	to file Form 8282?	7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h						
8						
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	4				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders 11a	-				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
10-	amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.	ieu				
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans 13b					
с	Enter the amount of reserves on hand 13c	1				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.					

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CANCER FOR COLLEGE

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	7a		x
h	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:	1.0		
	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			
Ū	organization's mailing address? If "Yes," provide the names and addresses on 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
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	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	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(s) only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	GREG FLORES - 760-599-5096			
	28465 OLD TOWN FRONT STREET, SUITE 224, TEMECULA, CA 92590			

SEE SCHEDULE O FOR FULL LIST OF STATES

Part VII	I Compensation of Officers, Directors, 1	Trustees, Key	Employees,	Highest	Compensated
	Employees, and Independent Contract	tors			

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

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.

See instructions for the order in which to list the persons above.

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yolqr	st con yee				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GREG FLORES	40.00	_			<u>×</u>	1 0				
EXECUTIVE DIRECTOR				x				108,174.	0.	11,700.
(2) O. CRAIG POLLARD	20.00									
PRESIDENT/CEO		X		х				0.	0.	0.
(3) DAN HUGHES	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) ROB O'CAROLL	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) JOLENE LEONARD	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) EMIL WOHL	1.00									
AT LARGE		Х						0.	0.	0.
		1								
							_			·

	990 (2020) CANCER FC	OR COLLE	EGI	3						93-11	L44'	756	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emr	ploy	ees			ghes	t C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)					an	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organizations (W-2/1099-MIS	in I S	arr com	(F) timate iount o other oensa om the	of tion
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	anizati I relato nizatio	ed
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A		· · · · · · ·))	> >	108,174. 0. 108,174.		0. 0. 0.		1,7 1,7	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed at	oove	e) wh	o r	eceived more than \$100),000 of reportabl	e			1
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si			-	•	-			ghest compensated emp	-		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportabl 0,000? <i>If</i> "Yes,"	le co " <i>co</i>	ompo mple	ensa ete S	ation Sche	and and	otl <i>J f</i>	her compensation from for such individual	the organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-			-			5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	acto	rs t	that received more than	\$100.000 of com	nens	ation f	rom	
	the organization. Report compensation for t		-								·	(0		
	Name and business	address	NC	ONE	2			_	Description of s	ervices	Co		nsation	n
								_						
	Tabalan and index of the second se		-4.12	14	-1.4	44.			deberre Vicebre 1 1					
2	Total number of independent contractors (ii \$100,000 of compensation from the organized	•	ot li	nite	d to	tho:	-	tec	a above) who received m	lore than				

Pa	rt \	VII									
			Check if Schedule O c	conta	ains a respo	nse	or note to any lir	ie in this Part VIII (A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue		Revenue excluded
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d e f g h c d e c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, s similar amounts not included Noncash contributions included in Total. Add lines 1a-1f All other program service in	ibutio grant: abov lines	1b 1c 1d ons) 1e s, and 1f e 1f ia-1f 1g		Business Code	1,184,933.			
	3		Total. Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of	ding o	dividends, i	ntere	est, and	146,046.			146,046
	6	a b	Royalties Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	(i) Real		(ii) Personal				
Ð	7	a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	7a 7b	(i) Securit 1 , 11	es	(ii) Other				
r Revenue		d	and sales expenses Gain or (loss) Net gain or (loss)	7c	1,11	8.		1,118.			1,118
Other	8		Gross income from fundraisin including \$ 76 contributions reported on Part IV, line 18 Less: direct expenses	, 7 line	44 • of 1c). See	8a 8b	15,100. 17,726.				
	9	c a	Net income or (loss) from t Gross income from gamin Part IV, line 19 Less: direct expenses	fund g act	raising ever tivities. See	nts	····· •	-2,626.			-2,626
	10	c a	Net income or (loss) from Gross sales of inventory, I and allowances Less: cost of goods sold	gami ess r	ng activities eturns	<u> </u>					
sous	11	c a	Net income or (loss) from :				Business Code				
Miscellaneous Revenue		b c d	All other revenue			_					
2			Total. Add lines 11a-11d								
	12		Total revenue. See instructio					1,329,471.	0.	0.	144,538

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CANCER FOR COLLEGE

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 response	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		cxperises	general expenses	схрензез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	495,423.	495,423.		
3	Grants and other assistance to foreign	19371231	19971290		
3	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	119,874.	39,558.	40,757.	39,559.
~	trustees, and key employees	117,074.	55,550.		55,555.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	116,680.	46,455.	8,659.	61,566.
7	Other salaries and wages	110,000.	40,455.	0,059.	01,500.
8	Pension plan accruals and contributions (include	E 000	2 1/5	1 222	0 501
_	section 401(k) and 403(b) employer contributions)	5,898.	2,145.	1,232. 2,319.	2,521. 4,746.
9	Other employee benefits	11,102.	4,037.		4,746.
10	Payroll taxes	19,406.	7,056.	4,054.	8,296.
11	Fees for services (nonemployees):				
а	Management	4			
b	Legal	1,377.		1,377.	
С	Accounting	73,361.		73,361.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	44,475.		44,475.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	25,507.		12,000.	13,507.
12	Advertising and promotion	68,459.	6,846.	6,846.	54,767.
13	Office expenses	5,851.	1,647.	1,401.	2,803.
14	Information technology				
15	Royalties				
16	Occupancy	18,291.	6,036.	6,219.	6,036. 1,232.
17	Travel	2,464.	1,232.		1,232.
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	Depreciation, depletion, and amortization				
23	Insurance	10,072.	3,324.	3,424.	3,324.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	44,506.	0.	0.	44,506.
b	DUES AND SUBSCRIPTIONS	9,258.	3,055.	3,148.	3,055.
с	TAXES AND LICENSES	5,512.	827.	0.	4,685.
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,077,516.	617,641.	209,272.	250,603.
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)				
					Earm 990 (2020)

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art	~	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	(A)		
			Beginning of year		End of year
	1	Cash - non-interest-bearing	487,727.	1	381,415
	2	Savings and temporary cash investments	596,688.	2	590,673
	3	Pledges and grants receivable, net	10,350.	3	6,000
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,737.	9	26,487
·	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
·	11	Investments - publicly traded securities	7,412,858.	11	8,452,448
·	12	Investments - other securities. See Part IV, line 11		12	
·	13	Investments - program-related. See Part IV, line 11		13	
.	14	Intangible assets		14	
·	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	8,512,360.	16	9,457,023
·	17	Accounts payable and accrued expenses	81,600.	17	62,423
·	18	Grants payable		18	
·	19	Deferred revenue	0.	19	97,656
1	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
1	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
' :	23	Secured mortgages and notes payable to unrelated third parties		23	
1	24	Unsecured notes and loans payable to unrelated third parties		24	
1	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			40.005
		of Schedule D	0.	25	49,805
1	26	Total liabilities. Add lines 17 through 25	81,600.	26	209,884
2		Organizations that follow FASB ASC 958, check here 🕨 🔀			
		and complete lines 27, 28, 32, and 33.	7 440 220		0 420 204
	27	Net assets without donor restrictions	7,440,329. 990,431.	27	8,439,204 807,935
	28	Net assets with donor restrictions	990,431.	28	807,935
		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds	0 120 760	31	0 0/7 100
-	32	Total net assets or fund balances	8,430,760.	32	9,247,139
	33	Total liabilities and net assets/fund balances	8,512,360.	33	9,457,023 Form 990 (202

Form 990 (2020)
Part X Balance Sheet CANCER FOR COLLEGE

Form	990 (2020) CANCER FOR COLLEGE	93	-1144756	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
_	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,32		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,07		
3	Revenue less expenses. Subtract line 2 from line 1	3			55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,43		
5	Net unrealized gains (losses) on investments	5	56	4,4	24.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,24	7,1	39.
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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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	e basis	δ,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,		
	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 on Scl	nedule	O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit		
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		ıdit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

S	СН	ED	UL	E.	Α

Department of the Treasury

Internal Revenue Service

1	(Form	990	or	990-	F7
1		550		550	

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

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

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

OMB No. 1545-0047	
2020	
Open to Public Inspection	

OMB No. 1545-0047

Name of the organization

Nam	e of t	he organization							identification number
			ER FOR COL						3-1144756
Pa	τI	Reason for Public	Charity Status.	All organizations must c	omplete tl	nis part.) S	ee instructior	IS.	
The o	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental ı	unit describ	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	Illy receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	f the colleg	e or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributic	ons, members	hip fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of	its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	iired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section \$	5 09(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete F	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not functionally int	tegrated. The organiz	ation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ing organi	zation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iv) to the error	nization listed			
	(i	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)
Tota									

Schedule A (Form 990 or 990 EZ) 2020 CANCER FOR COLLEGE

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	541,931.	816,983.	1855801.	1670202.	1184933.	6069850.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	541,931.	816,983.	1855801.	1670202.	1184933.	6069850.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						2430373.			
6	Public support. Subtract line 5 from line 4.						3639477.			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7	Amounts from line 4	541,931.	816,983.	1855801.	1670202.	1184933.	6069850.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	14,252.		16,686.	180,084.	146,046.	357,068.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on	430,456.	19,628.	237,323.	1,450.	0.	688,857.			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						7115775.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First 5 years. If the Form 990 is for th	ne organization's fi				501(c)(3)				
	organization, check this box and stor	here			-					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2020 (line 6, column (f), d	livided by line 11,	column (f))		14	51.15 %			
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	55.78 %			
	33 1/3% support test - 2020. If the c					nore, check this bo				
	stop here. The organization qualifies	as a publicly supp	orted organization							
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qualifies as a publicly supported organization									
17a	7a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□]			
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or			
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the									
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶∐			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	<u>s</u>			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 CANCER FOR COLLEGE

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)			1			
	First 5 years. If the Form 990 is for th	e organization's f	irst, second. third.	fourth, or fifth tax	vear as a section	501(c)(3) organiz	ation.
-	check this box and stop here	•					•••
Sec	ction C. Computation of Publ						
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						/0
	Investment income percentage for 20				1	17	%
	Investment income percentage from 2					18	<u> </u>
	33 1/3% support tests - 2020. If the						
199		-					
L.	more than 33 1/3%, check this box at 22 1/2% curport tooto 2010. If the						
D	33 1/3% support tests - 2019. If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	n dia not check a	box on line 14, 19	a, or 190, check t			
03202	23 01-25-21				Sch	iedule A (Form 9	90 or 990-EZ) 2020

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If* "*No*," *describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 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 line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		_
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
401-		

10b

1

2

Ves No

Yes

No

			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	•		
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the bonefit of any supported organization other than the supported	

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.

Section 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		

Section D. All	Type III Supporting Ore	ganizations

			100	110
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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section 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).

- a 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	tal entity (see instructions).
---	--	------------------------------	----------------------	-------------------------	----------------------------	--------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

3b

Schedule A (Form 990 or 990-EZ) 2020 CANCER FOR COLLEGE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
et short-term capital gain	1		
ecoveries of prior-year distributions	2		
ther gross income (see instructions)	3		
dd lines 1 through 3.	4		
epreciation and depletion	5		
ortion of operating expenses paid or incurred for production or			
ollection of gross income or for management, conservation, or			
aintenance of property held for production of income (see instructions)	6		
ther expenses (see instructions)	7		
djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
ggregate fair market value of all non-exempt-use assets (see			
structions for short tax year or assets held for part of year):			
verage monthly value of securities	1a		
verage monthly cash balances	1b		
air market value of other non-exempt-use assets	1c		
otal (add lines 1a, 1b, and 1c)	1d		
iscount claimed for blockage or other factors			
xplain in detail in Part VI):			
cquisition indebtedness applicable to non-exempt-use assets	2		
ubtract line 2 from line 1d.	3		
ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
ee instructions).	4		
et value of non-exempt-use assets (subtract line 4 from line 3)	5		
	6		
ecoveries of prior-year distributions	7		
linimum Asset Amount (add line 7 to line 6)	8		
C - Distributable Amount			Current Year
djusted net income for prior year (from Section A, line 8, column A)	1		
nter 0.85 of line 1.	2		
inimum asset amount for prior year (from Section B, line 8, column A)	3		
nter greater of line 2 or line 3.	4		
come tax imposed in prior year	5		
nergency temporary reduction (see instructions).	6		
	A - Adjusted Net Income et short-term capital gain ecoveries of prior-year distributions ther gross income (see instructions) dd lines 1 through 3. epreciation and depletion ortion of operating expenses paid or incurred for production or ollection of gross income or for management, conservation, or laintenance of property held for production of income (see instructions) ther expenses (see instructions) djusted Net Income (subtract lines 5, 6, and 7 from line 4) n B - Minimum Asset Amount ggregate fair market value of all non-exempt-use assets (see istructions for short tax year or assets held for part of year): verage monthly value of securities verage monthly value of securities verage monthly cash balances air market value of other non-exempt-use assets otal (add lines 1a, 1b, and 1c) iscount claimed for blockage or other factors <i>xxplain in detail in</i> Part VI): cquisition indebtedness applicable to non-exempt-use assets ubtract line 2 from line 1d. ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, ae instructions). et value of non-exempt-use assets (subtract line 4 from line 3) huttiply line 5 by 0.035. ecoveries of prior-year distributions linimum Asset Amount djusted net income for prior year (from Section A, line 8, column A) net 0.85 of line 1. linimum asset amount for prior year (from Section B, line 8, column A) net o.85 of line 1. linimum asset amount for prior year (from Section B, line 8, column A) net o.85 of line 1. linimum asset amount for prior year (from Section B, line 8, column A) net o.85 of line 1. linimum asset amount for prior year (from Section B, line 8, column A) net greater of line 2 or line 3. Icome tax imposed in prior year	et short-term capital gain 1 ecoveries of prior-year distributions 2 ther gross income (see instructions) 3 dd lines 1 through 3. 4 epreciation and depletion 5 ortion of operating expenses paid or incurred for production or ollection of gross income or for management, conservation, or laintenance of property held for production of income (see instructions) 6 ther expenses (see instructions) 7 7 djusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 n B - Minimum Asset Amount 7 ggregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year): 1 verage monthly cash balances 1b air market value of other non-exempt-use assets 1c otal (add lines 1a, 1b, and 1c) 1d iscount claimed for blockage or other factors taplain in detail in Part VI): 2 cquisition indebtedness applicable to non-exempt-use assets 2 ubtract line 2 from line 1d. 3 ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, ee onsert of structions). 4 et value of non-exempt-use assets (subtract line 4 from line 3) 5 lutitply line 5 by 0.035. 6<	et short-term capital gain 1 ecoveries of prior-year distributions 2 ther gross income (see instructions) 3 dd lines 1 through 3. 4 operciation and depletion 5 ortion of operating expenses paid or incurred for production or plection of gross income or for management, conservation, or laintenance of property held for production of income (see instructions) 6 ther expenses (see instructions) 7 djusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 n B - Minimum Asset Amount (A) Prior Year ggregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year): 1 verage monthly value of other non-exempt-use assets 1 air market value of other non-exempt-use assets 1 otal dil lines 1a, 1b, and 1c) 1 air market value of other non-exempt-use assets 2 ubtract line 2 from line 10. 3 ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, peinstructions). 4 et instructions). 4 et value of non-exempt-use assets (subtract line 4 from line 3) 5 optiant in detail in Part VI): 2 coveries of prioryear distr

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Fai			continu	<u>ied)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	IS	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV Section A lines 1.2 3b 3c 4b 4c 5a 6 9a 9b 9c 11a 11b and 11c Part IV Section B lines 1 and 2 Part IV Section C
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule B

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

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

9	3	_	1	1	4	4	7	5	6	
~	2		÷-	÷-	-	-	1	2	v	

CANCER	FOR	COLLEGE

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

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

General Rule

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

Special Rules

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

93-1144756

CANCER FOR COLLEGE

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$393,477.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$25,000.	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
4		\$30,000.	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
5		\$25,000.	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
6		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

CANCER FOR COLLEGE

Employer identification number

93-1144756

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		- \$\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

CANCER FOR COLLEGE

Employer identification number

93-1144756

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of or	ganization			Employer identification number
CANCEF	R FOR COLLEGE			93-1144756
Part III	Exclusively religious, charitable, etc., contributin from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cl Use duplicate copies of Part III if additional s	through (e) and the following line e naritable, etc., contributions of \$1,000 c	ntry For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
	Transferee's name, address, an	(e) Transfer of g d ZIP + 4		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De:	scription of how gift is held
		(e) Transfer of g	 ift	
	Transferee's name, address, an			ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De:	scription of how gift is held
	Transferee's name, address, an	(e) Transfer of g		ransferor to transferee
_	,,			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
F		(e) Transfer of g	ift	
ŀ	Transferee's name, address, an	d ZIP + 4	Relationship of t	ransferor to transferee

SCHEDULE D

Department of the Treasury Internal Revenue Service

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



Nam	e of the organization CANCER FOR COLLEGE		Emp	ployer identification number $93 - 1144756$
Pa		or Other Similar Fund	ls or Accou	
1 0	organization answered "Yes" on Form 990, Part IV, line 6.			
		Donor advised funds	(b) Fur	nds and other accounts
4				
1	Total number at end of year			
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)			
4	Aggregate value of grants norm (during year)			
5	Did the organization inform all donors and donor advisors in writing that	t the assets hold in donor adv	l isod funds	
5	are the organization's property, subject to the organization's exclusive			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in			
0	for charitable purposes and not for the benefit of the donor or donor ac			
			0	
Pa				
1	Purpose(s) of conservation easements held by the organization (check		, i ure iv, into i	•
•	Preservation of land for public use (for example, recreation or edu		of a historically	important land area
	Protection of natural habitat			istoric structure
	Preservation of open space		a certilied fil	
2	Complete lines 2a through 2d if the organization held a qualified conser	nuction contribution in the form	n of a concon	ation accoment on the last
2	day of the tax year.	vation contribution in the form	II OI a COIISEIV	Held at the End of the Tax Year
-	, , , , , , , , , , , , , , , , , , ,		20	field at the Lind of the Tax Teal
a h	Total number of conservation easements			
D				
с.	Number of conservation easements on a certified historic structure incl			
d	Number of conservation easements included in (c) acquired after 7/25/			
•	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ext	tinguished, or terminated by tr	ne organizatio	n during the tax
	year			
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mon			
•		·····		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	of violations, and enforcing col	nservation eas	sements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	lations, and enforcing conserv	ation easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	•		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation easement			
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial stater	ments that des	scribes the
Da	organization's accounting for conservation easements. T III Organizations Maintaining Collections of Art, His	storiaal Traasuras, or (Othor Simil	lar Accata
Fai				Iai A55et5.
	Complete if the organization answered "Yes" on Form 990, Part			- hand - state - state
1a	If the organization elected, as permitted under FASB ASC 958, not to re	•		
	of art, historical treasures, or other similar assets held for public exhibit			rpublic
	service, provide in Part XIII the text of the footnote to its financial stater			
b	If the organization elected, as permitted under FASB ASC 958, to report			
	art, historical treasures, or other similar assets held for public exhibition	n, education, or research in fur	therance of pi	ublic service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			\$
_			🕨	\$
2	If the organization received or held works of art, historical treasures, or		ial gain, provic	de
	the following amounts required to be reported under FASB ASC 958 re	-		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X		🕨	\$

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Schedule D	(Form 990)	2020
Schedule D	Form 330	2020

	· · · · · · · · · · · · · · · · · · ·	FOR COLLEG	E				93-11	4475	6 _{Pa}	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historical	Treasures, c	or Othe	er Simila	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check any of	the following that	t make s	significant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or e	exchange progra	ım					
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they furth	er the organization	on's exe	mpt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical t	reasures, or othe	er similai	r assets		-		_
	to be sold to raise funds rather than to be m							Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the organiza	ation answered "	Yes" on	Form 990), Part IV,	line 9, oi		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		•					7		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amoun	t	
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
f	Ending balance									1
	Did the organization include an amount on F						L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete									
1 0		(a) Current year					voare back	(e) Four	Voare	back
10	Designing of year balance	(a) Current year	(b) Prior year		5 Dack	(a) Thee y	Cais Dack	(e) i oui	years	Dack
la k	Beginning of year balance									
U O	Contributions									
d d	Net investment earnings, gains, and losses Grants or scholarships									
	Other expenditures for facilities									
e	-									
f	and programsAdministrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1 a. colum	n (a)) held as:	I					
- a	Board designated or quasi-endowment	forte your ond balance	%							
b	Permanent endowment	%								
		%								
•	The percentages on lines 2a, 2b, and 2c sho	· -								
3a	Are there endowment funds not in the posse	-	ation that are he	d and administe	red for t	he organiz	zation			
	by:	5				5			Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule	R?				3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11	a. See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		ost or other sis (other)	. ,	ccumulate preciation	ed	(d) Boo	k value	e
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			İ						
	Other									
	Add lines 1a through 1e. (Column (d) must e		X, column (B), lir	ne 10c.)						0.
_									0001	0000

Schedule D (Form 990) 2020

(a) Description of security or category (including name of security) (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			-
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)	_		
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	>		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-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.) ▶			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line a) Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
\/			
(3)			
(3)			
(3) (4)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9)			
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) /	line 15.)		
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) / Part X Other Liabilities.		11a or 11f Cap Form 000 Part V line 25	
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Yes			
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) P Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) I Part X Other Liabilities. Complete if the organization answered "Yes (1) Federal income taxes	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) / Part X Other Liabilities. Complete if the organization answered "Yes . (a) Description of liability (1) Federal income taxes (2) PAYCHECK PROTECTION PROG	s" on Form 990, Part IV, line	▶ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) I Part X Other Liabilities. Complete if the organization answered "Yes . (a) Description of liability (1) Federal income taxes (2) PAYCHECK PROTECTION PROG (3)	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) / Part X Other Liabilities. Complete if the organization answered "Yes . (a) Description of liability (1) Federal income taxes (2) PAYCHECK PROTECTION PROG	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) I Part X Other Liabilities. Complete if the organization answered "Yes . (a) Description of liability (1) Federal income taxes (2) PAYCHECK PROTECTION PROG (3)	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) / Part X Other Liabilities. Complete if the organization answered "Yes Complete if the organization of liability (1) Federal income taxes (2) PAYCHECK PROTECTION PROG (3) (4)	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) / Part X Other Liabilities. Complete if the organization answered "Yes . (a) Description of liability (1) Federal income taxes (2) PAYCHECK PROTECTION PROG (3) (4) (5)	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) / Part X Other Liabilities. Complete if the organization answered "Yes . (a) Description of liability (1) Federal income taxes (2) PAYCHECK PROTECTION PROG (3) (4) (5) (6) (7)	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) / Part X Other Liabilities. Complete if the organization answered "Yes . (a) Description of liability (1) Federal income taxes (2) PAYCHECK PROTECTION PROG (3) (4) (5) (6)	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Sche	edule D (Form 990) 2020 CANCER FOR COLLEGE			93-	1144756 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With			
	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	1,849,389.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	564,424.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	564,424.
3	Subtract line 2e from line 1			3	1,284,965.
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	44,506.		
с	Add lines 4a and 4b			4c	44,506.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,329,471.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statem		h Expenses per	Retu	ırn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1 Pa				Retu	rn. 1,033,010.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements				
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b			
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c			
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d			1,033,010.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d		1 2e	1,033,010.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d		1 2e	1,033,010.
1 2 6 6 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a		1 2e	1,033,010. 0. 1,033,010.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	44,506.	1 2e	1,033,010. 0. 1,033,010. 44,506.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	44,506.	1 2e 3	1,033,010. 0. 1,033,010.

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

PART X, LINE 2:

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 YEARS ENDED DECEMBER 31, 2020 AND 2019.								

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

44,506.

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Schedule D (Form 990) 2020 CANCER FOR COLLEGE Part XIII Supplemental Information (continued)	93-11
Part XIII Supplemental Information (continued)	
SPECIAL EVENT EXPENSES	

SCHEDULE G Supp	oleme	ental Information Regarding	J Fun	drais	ing or Gaming	Activities		OMB No. 1545-0047
(Form 990 or 990-EZ) Comple		e organization answered "Yes" on organization entered more than \$1				or 19, or if th	e	2020
Department of the Treasury		Attach to Form 990) or Fo	rm 99	0-EZ.	_		Open to Public Inspection
Internal Revenue Service Name of the organization	► Go	o to www.irs.gov/Form990 for instr	uction	is and	the latest informat			entification number
•	CER	FOR COLLEGE					1144	
 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are n required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. 								
 Indicate whether the organization Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a with key employees listed in Form 	itation rais itations vritten c 990, P aid indi	sed funds through any of the followi e Solicita f Solicita g Special pr oral agreement with any individua Part VII) or entity in connection with pr viduals or entities (fundraisers) purse	tion of tion of fundra l (inclue profess	non-g gover aising ding o sional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees, or	Yes	
(i) Name and address of individual or entity (fundraiser)(ii) Activity(iii) Did fundraiser have custody or control of contributions?(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				
Total		•						
	anizatio	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt	t from r	egistration

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Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 CANCER FOR COLLEGE

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

			(a) Event #1 VIRTUAL GAME NIGHT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
000	1	Gross receipts	91,844.			91,844.
	2	Less: Contributions	76,744.			76,744.
╡	3	Gross income (line 1 minus line 2)	15,100.			15,100.
	4	Cash prizes				
,	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	6,685.			6,685.
	8 9	Entertainment Other direct expenses				11,041.
	-	Direct expense summary. Add lines 4 throug	,		•	17,726
- 1		Net income summary. Subtract line 10 from I				-2,626
a	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	Ì	(b) Pull tabs/instant		(a) Tatal manaiman (add
0000			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
+	1	Gross revenue				
	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
1			Yes %	Yes %	Yes %	
	6	Volunteer labor	Νο	□ No	Νο	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	0	Not goming income summers. Outstant line -	The transformer (-1)		•	
4	8	Net gaming income summary. Subtract line 7	r from line 1, column (a)			
а	ls t	er the state(s) in which the organization cond he organization licensed to conduct gaming a	ctivities in each of these			Yes No
b	lf "I	No," explain:				
	We	re any of the organization's gaming licenses r	evoked, suspended, or te	erminated during the tax	year?	Yes No
		Yes," explain:				

Sch	nedule G (Form 990 or 990-EZ) 2020 CANCER FOR COLLEGE 93	8-1144	1756	Page 3
-	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	b An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
15a	Addressa 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			
47	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
c	retain the state gaming license?		Yes	No No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		100	
	organization's own exempt activities during the tax year > \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	1 Part III I	ines 9	9b 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, are m, i		00, 100,

SCHEDULE I (Form 990)		Comple Comple	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.}	ler Assistan Id Individual n answered "Yes"	nd Other Assistance to Organizations, nts, and Individuals in the United State ganization answered "Yes" on Form 990, Part IV, line 21 o	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.ir	Attach to Form 990. s.gov/Form990 for the la	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 	ation.		Open to Public Inspection
Name of the organization	tion CANCER FOR	R COLLEGE						Employer identification number 93-1144756
Part I General I	General Information on Grants and Assistance	nd Assistance						
1 Does the organi	Does the organization maintain records to substantiate the amount of	o substantiate the		or assistance, the	grantees' eligibility	r for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[
	criteria used to award the grants or assistance? $_{\dots}$	tance?						X Yes No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monit	oring the use of grant	funds in the Unite	d States.			
Part II Grants an	Grants and Other Assistance to Domestic Organizations and	Domestic Organi	zations and Domestic	c Governments. C	complete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
1 (a) Name and a or go	1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (if applicable) cash grant	(b) EIN	(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 grant or assistance
	Enter total number of section 501(c)(3) and government organizations I	nd government or	ganizations listed in th	isted in the line 1 table				
3 Enter total numb	Enter total number of other organizations listed in the line 1 table	listed in the line 1	table					
LHA For Paperworl	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ons for Form 990.					Schedule I (Form 990) 2020

032101 11-02-20

Schedule I (Form 990) 2020 CANCER FOR COLLEGE	'EGE				93-1144756 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complet Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	te if the organization answered "Yes" on Form 990, Part IV, line 22.	90, Part IV, line 22.	
(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
UNIVERSITY SCHOLARSHIPS	9 6	495,423.			
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, lin	le 2; Part III, column	(b); and any other ac	lditional information.	
032102 11-02-20					Schedule I (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

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



Employer identification number 93 - 1144756

CANCER FOR COLLEGE

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

THE EXECUTIVE DIRECTOR AND PRESIDENT/CEO REVIEW 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.

Supplemental Information to Form 990 or 990-EZ

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

THE EXECUTIVE BOARD MEMBERS OF THE CANCER FOR COLLEGE CERTIFY THAT THEY HAVE NO AFFILIATIONS WITH OR INVOLVEMENT IN ANY ORGANIZATION OR ENTITY WITH ANY FINANCIAL INTEREST (IE: HONORARIA; EDUCATIONAL GRANTS; PARTICIPATION IN SPEAKERS' BUREAUS; MEMBERSHIP, EMPLOYMENT, CONSULTANCIES, STOCK OWNERSHIP, OR OTHER EQUITY INTEREST; AND EXPERT TESTIMONY OR PATENT-LICENSING ARRANGEMENTS), OR NON-FINANCIAL INTEREST (SUCH AS PERSONAL OR PROFESSIONAL RELATIONSHIPS, AFFILIATIONS, KNOWLEDGE OR BELIEFS) AS A RESULT OF THEIR VOTING POSITION ON THE ADVISORY BOARD. IN THE EVENT OF A CONFLICT, IT SHOULD BE RECORDED PUBLICLY (MEETING MINUTES) AND THE BOARD MEMBER IN CONFLICT SHOULD ABSTAIN FROM ANY VOTE WHERE CONFLICT OF INTEREST IS IN QUESTION. FAILURE TO DISCLOSE A CONFLICT OF INTEREST CAN BE GROUNDS FOR REMOVAL FROM THE CANCER FOR COLLEGE EXECUTIVE BOARD.

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

COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD/COMPENSATION

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

Name of the organization CANCER FOR COLLEGE	Employer identification number 93-1144756
UT,VA	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.	

Page 2

Schedule O (Form 990 or 990-EZ) 2020

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

File e	aanarata	application	604 00	ah raturn	
rile a	separate	application	Tor ea	ch return.	

► Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/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.

Type or	Name of exempt organization or other filer, see instru	uctions.		Taxpaye	r identification numb	ber (TIN)
print	CANCER FOR COLLEGE				93-114475	56
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 28465 OLD TOWN FRONT ST, N					
return. See instructions.	City, town or post office, state, and ZIP code. For a f TEMECULA, CA 92590					
Enter the	Return Code for the return that this application is for (fi	le a separa	te application for each return)			. 0 1
Applicati	on	Return	Application			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			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above) GREG FLORES -	06	Form 8870 OLD TOWN FRONT ST			12
box ▶ [1 I red the ▶ [▶ [2 If th	e tax year entered in line 1 is for less than 12 months, o	and atta	a list with the names and TINs of MBER 15, 2021 , to file s return for: a ending on: Initial return	all memb	pers the extension is	for.
	his application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions.), or 6069,	enter the tentative tax, less	3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	9 enter an	v refundable credits and	3d	Ψ	
	mated tax payments made. Include any prior year over		•	3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your part				Ψ	
	ng EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.
	If you are going to make an electronic funds withdrawa					
	or Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form 8868 (Re	ev. 1-2020)