## 2020

# 990

## **PUBLIC**

## DISCLOSURE

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| Form | J | J | U |

### \*\* 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<br>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<br>pplicab | e: C Name of organization                                                                    |                                                   | D Employer identified        | cation number                 |
|                                | Addre              | CANCER FOR COLLEGE                                                                           |                                                   |                              |                               |
|                                | Name               |                                                                                              |                                                   | 93-11447                     | 56                            |
|                                | <br>return         |                                                                                              | Room/suite                                        | E Telephone numbe            | r                             |
|                                | Final              |                                                                                              | 224                                               |                              | 9-5096                        |
|                                | termir<br>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             | ? <b>Yes</b> 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<br>1,670,202.     | Current Year<br>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<br>Fund Balances | 20                 | Total assets (Part X, line 16)                                                               |                                                   | 8,512,360.                   | 9,457,023.                    |
| Ass<br>J Ba                    | 21                 | Total liabilities (Part X, line 26)                                                          |                                                   | 81,600.                      | 209,884.                      |
| Net<br>-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<br>Here                                                                    | Signature of officer<br>GREG FLORES, EXECUTIVE<br>Type or print name and title                         | DIRECTOR             | Date                                 |              |  |  |  |  |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------|--------------|--|--|--|--|
| Paid                                                                            | Print/Type preparer's name                                                                             | Preparer's signature | Date Check<br>06/08/21 self-employed |              |  |  |  |  |
| Preparer                                                                        | Firm's name ALDRICH CPAS AND                                                                           |                      | Firm's EIN                           |              |  |  |  |  |
| Use Only                                                                        | Firm's address 7676 HAZARD CENT<br>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 <b>617,641</b> .                                                           | Form <b>990</b> (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<br>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<br>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<br>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<br>202  |        | A<br>X  |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                         | 20a<br>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       |

 Form 990 (2020)
 CANCER
 FOR
 COLLEGE

 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 |     |          |
| <b>2</b> 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> |

| 93- | 114 | 4756 | Page 5 |
|-----|-----|------|--------|
|-----|-----|------|--------|

| 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>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>b</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?<br>Organizations that may receive deductible contributions under section 170(c).                                             | 6b        |     |     |  |  |
| 7<br>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<br>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       |     |     |  |  |
|          | <b>Note:</b> 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 <b>13b</b>                                                                                   |           |     |     |  |  |
| 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.                                                                                                             |           |     |     |  |  |

Form **990** (2020)

| Form 990 ( | 2020) |
|------------|-------|
|------------|-------|

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<br>(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<br>organizations | ustee                          | trust                                   |         | ee           | npens                           |           | (W-2/1099-MISC) |                 | organization<br>and related |
|                      | below                    | ual tr                         | tional                                  |         | yolqr        | st con<br>yee                   |           |                 |                 | organizations               |
|                      | line)                    | Individual trustee or director | Institutional trustee                   | Officer | Key employee | Highest compensated<br>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 <b>8</b> |
|----------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|---------------|---------------------------------|-------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------|------------|------------------------------------------------------|--------------|
| Par      | t VII Section A. Officers, Directors, Trus                                                                      | tees, Key Emr                                                 | ploy                                                                                                               | ees                   |               |               | ghes                            | t C               | Compensated Employe                                              | es (continued)                                                                     |                |            |                                                      |              |
|          | <b>(A)</b><br>Name and title                                                                                    | (B)<br>Average<br>hours per<br>week<br>(list any<br>hours for | (C)<br>Position<br>(do not check more than one<br>box, unless person is both ar<br>officer and a director/trustee) |                       |               |               |                                 | an                | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization | (E)<br>Reportable<br>compensatio<br>from related<br>organizations<br>(W-2/1099-MIS | in<br>I<br>S   | arr<br>com | (F)<br>timate<br>iount o<br>other<br>oensa<br>om the | of<br>tion   |
|          |                                                                                                                 | related<br>organizations<br>below<br>line)                    | Individual trustee or director                                                                                     | Institutional trustee | Officer       | Key employee  | Highest compensated<br>employee | Former            | (W-2/1099-MISC)                                                  |                                                                                    |                | and        | anizati<br>I relato<br>nizatio                       | ed           |
|          |                                                                                                                 |                                                               |                                                                                                                    |                       |               |               |                                 |                   |                                                                  |                                                                                    |                |            |                                                      |              |
|          |                                                                                                                 |                                                               |                                                                                                                    |                       |               |               |                                 |                   |                                                                  |                                                                                    |                |            |                                                      |              |
|          |                                                                                                                 |                                                               |                                                                                                                    |                       |               |               |                                 |                   |                                                                  |                                                                                    |                |            |                                                      |              |
|          |                                                                                                                 |                                                               |                                                                                                                    |                       |               |               |                                 |                   |                                                                  |                                                                                    |                |            |                                                      |              |
| с        | Subtotal<br>Total from continuation sheets to Part VI<br>Total (add lines 1b and 1c)                            | I, Section A                                                  |                                                                                                                    | · · · · · · ·         |               |               | )<br>)                          | ><br>>            | 108,174.<br>0.<br>108,174.                                       |                                                                                    | 0.<br>0.<br>0. |            | 1,7<br>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 <b>former</b> officer, line 1a? If "Yes," complete Schedule J for si              |                                                               |                                                                                                                    | -                     | •             | -             |                                 |                   | ghest compensated emp                                            | -                                                                                  |                | 3          | Yes                                                  | No<br>X      |
| 4        | For any individual listed on line 1a, is the su<br>and related organizations greater than \$150                 | um of reportabl<br>0,000? <i>If</i> "Yes,"                    | le co<br>" <i>co</i>                                                                                               | ompo<br>mple          | ensa<br>ete S | ation<br>Sche | and<br>and                      | otl<br><i>J f</i> | her compensation from<br>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<br>1 | tion B. Independent Contractors<br>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<br>(A) | (B)                                   | (C) | (D)              |
|                                                                                   |      |                                                               |                                                                                                                                                                                                                                                                                              |                                   |                                                                                                                                      |          |                    | Total revenue               | Related or exempt<br>function revenue |     | Revenue excluded |
| Program Service Contributions, Gifts, Grants<br>Revenue and Other Similar Amounts |      | b<br>c<br>d<br>e<br>f<br>g<br>h<br>c<br>d<br>e<br>c<br>d<br>e | Federated campaigns<br>Membership dues<br>Fundraising events<br>Related organizations<br>Government grants (contr<br>All other contributions, gifts, s<br>similar amounts not included<br>Noncash contributions included in<br><b>Total.</b> Add lines 1a-1f<br>All other program service in | ibutio<br>grant:<br>abov<br>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<br>Investment income (includ<br>other similar amounts)<br>Income from investment of                                                                                                                                                                                   | ding o                            | dividends, i                                                                                                                         | ntere    | est, and           | 146,046.                    |                                       |     | 146,046          |
|                                                                                   | 6    | a<br>b                                                        | Royalties<br>Gross rents<br>Less: rental expenses<br>Rental income or (loss)                                                                                                                                                                                                                 | 6a<br>6b<br>6c                    | (i) Real                                                                                                                             |          | (ii) Personal      |                             |                                       |     |                  |
| Ð                                                                                 | 7    | a                                                             | Net rental income or (loss)<br>Gross amount from sales of<br>assets other than inventory<br>Less: cost or other basis                                                                                                                                                                        | 7a<br>7b                          | (i) Securit<br>1 , 11                                                                                                                | es       | (ii) Other         |                             |                                       |     |                  |
| r Revenue                                                                         |      | d                                                             | and sales expenses<br>Gain or (loss)<br>Net gain or (loss)                                                                                                                                                                                                                                   | 7c                                | 1,11                                                                                                                                 | 8.       |                    | 1,118.                      |                                       |     | 1,118            |
| Other                                                                             | 8    |                                                               | Gross income from fundraisin<br>including \$ 76<br>contributions reported on<br>Part IV, line 18<br>Less: direct expenses                                                                                                                                                                    | <b>,</b> 7<br>line                | 44 • of<br>1c). See                                                                                                                  | 8a<br>8b | 15,100.<br>17,726. |                             |                                       |     |                  |
|                                                                                   | 9    | c<br>a                                                        | Net income or (loss) from t<br>Gross income from gamin<br>Part IV, line 19<br>Less: direct expenses                                                                                                                                                                                          | fund<br>g act                     | raising ever<br>tivities. See                                                                                                        | nts      | ····· •            | -2,626.                     |                                       |     | -2,626           |
|                                                                                   | 10   | c<br>a                                                        | Net income or (loss) from<br>Gross sales of inventory, I<br>and allowances<br>Less: cost of goods sold                                                                                                                                                                                       | gami<br>ess r                     | ng activities<br>eturns                                                                                                              | <u> </u> |                    |                             |                                       |     |                  |
| sous                                                                              | 11   | c<br>a                                                        | Net income or (loss) from :                                                                                                                                                                                                                                                                  |                                   |                                                                                                                                      |          | Business Code      |                             |                                       |     |                  |
| Miscellaneous<br>Revenue                                                          |      | b<br>c<br>d                                                   | All other revenue                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                      | _        |                    |                             |                                       |     |                  |
| 2                                                                                 |      |                                                               | Total. Add lines 11a-11d                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                      |          |                    |                             |                                       |     |                  |
|                                                                                   | 12   |                                                               | Total revenue. See instructio                                                                                                                                                                                                                                                                |                                   |                                                                                                                                      |          |                    | 1,329,471.                  | 0.                                    | 0.  | 144,538          |

CANCER FOR COLLEGE

Form 990 (2020)

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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<br>expenses | Management and general expenses | Fundraising<br>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.<br>2,319.                | 2,521.<br>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.<br>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<br>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 | <b>Joint costs.</b> 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 <b>990</b> (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  |                                   |
| '   <b>:</b> | 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.<br>990,431. | 27  | 8,439,204<br>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<br>Form <b>990</b> (202 |

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

| Form | 990 (2020) CANCER FOR COLLEGE                                                                                      | 93      | -1144756 | Pa  | ge <b>12</b> |
|------|--------------------------------------------------------------------------------------------------------------------|---------|----------|-----|--------------|
| 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- | <b>F7</b> |
|---|-------|-----|----|------|-----------|
| 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<br>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 <b>sectio</b> | 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 <b>se</b>                       | ection 170         | (b)(1)(A)(ii                    | ii).                             |                      |                                                    |
| 4     |        | A medical research organiz           | ation operated in co       | njunction with a hospital                              | described          | d in <b>sectio</b>              | 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 <b>section 509(a)(1)</b> o                       | r section          | 509(a)(2).                      | See <b>section</b> \$            | 5 <b>09(a)(3).</b> ( | 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     |        | <b>Type I.</b> 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     |        | <b>Type II.</b> 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). <b>You must con</b> | 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<br>organization | (ii) EIN                   | (iii) Type of organization<br>(described on lines 1-10 | in your governi    | nization listed<br>ng document? | (v) Amount of<br>support (see ir | ,                    | (vi) Amount of other<br>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) 🕨                                                                                                 | <b>(a)</b> 2016             | <b>(b)</b> 2017      | <b>(c)</b> 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) 🕨                                                                                                 | <b>(a)</b> 2016             | <b>(b)</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 <b>stop here.</b> 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 <b>stop he</b> | r <b>e.</b> 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                                                                                                          | <b>t - 2019.</b> If the org | anization did not c  | heck a box on line     | e 13, 16a, 16b, or <sup>-</sup> | 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) 🕨                                                                                                                                              | <b>(a)</b> 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,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>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<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>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,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>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<br>Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>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 <b>stop here</b>                                                                                                                                                    | •                  |                      |                      |                   |                   | •••                |
| 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     | <b>33 1/3% support tests - 2019.</b> 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    |     |    |
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| 2    |     |    |
|      |     |    |
| 3a   |     | _  |
|      |     |    |
| 3b   |     |    |
|      |     |    |
| 3c   |     |    |
|      |     |    |
| 4a   |     |    |
|      |     |    |
| 4b   |     |    |
|      |     |    |
| 4c   |     |    |
|      |     |    |
| 5a   |     |    |
|      |     |    |
| 5b   |     |    |
| 5c   |     |    |
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| 6    |     |    |
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| 7    |     |    |
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| 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 <b>Part VI</b> 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<br>(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<br>(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 <b>Part VI</b> ):                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 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<br>et short-term capital gain<br>ecoveries of prior-year distributions<br>ther gross income (see instructions)<br>dd lines 1 through 3.<br>epreciation and depletion<br>ortion of operating expenses paid or incurred for production or<br>ollection of gross income or for management, conservation, or<br>laintenance of property held for production of income (see instructions)<br>ther expenses (see instructions)<br>djusted Net Income (subtract lines 5, 6, and 7 from line 4)<br><b>n B - Minimum Asset Amount</b><br>ggregate fair market value of all non-exempt-use assets (see<br>istructions for short tax year or assets held for part of year):<br>verage monthly value of securities<br>verage monthly value of securities<br>verage monthly cash balances<br>air market value of other non-exempt-use assets<br>otal (add lines 1a, 1b, and 1c)<br>iscount claimed for blockage or other factors<br><i>xxplain in detail in</i> <b>Part VI</b> ):<br>cquisition indebtedness applicable to non-exempt-use assets<br>ubtract line 2 from line 1d.<br>ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,<br>ae instructions).<br>et value of non-exempt-use assets (subtract line 4 from line 3)<br>huttiply line 5 by 0.035.<br>ecoveries of prior-year distributions<br>linimum Asset Amount<br>djusted net income for prior year (from Section A, line 8, column A)<br>net 0.85 of line 1.<br>linimum asset amount for prior year (from Section B, line 8, column A)<br>net o.85 of line 1.<br>linimum asset amount for prior year (from Section B, line 8, column A)<br>net o.85 of line 1.<br>linimum asset amount for prior year (from Section B, line 8, column A)<br>net o.85 of line 1.<br>linimum asset amount for prior year (from Section B, line 8, column A)<br>net greater of line 2 or line 3.<br>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<br>plection of gross income or for management, conservation, or<br>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<br>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)<br>Excess Distributions   | (ii)<br>Underdistribution<br>Pre-2020 | IS          | (iii)<br>Distributable<br>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.)                                                                                                                                                                                                                                                                           |
|         |                                                                                                                                                                                                                                                                                               |
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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 |  |
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| CANCER | FOR | COLLEGE |
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| <b>3</b>           |                                                                                  |
|--------------------|----------------------------------------------------------------------------------|
| Filers of:         | Section:                                                                         |
| Form 990 or 990-EZ | X 501(c)( 3) (enter number) organization                                         |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> 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)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|            |                                                                             | \$393,477.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 2          |                                                                             | \$200,000.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 3          |                                                                             | \$25,000.                  | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 4          |                                                                             | \$30,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 5          |                                                                             | \$25,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 6          |                                                                             | \$150,000.                 | Person X<br>Payroll Noncash (Complete Part II for<br>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)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 7          |                                                                             | -<br>\$\$25,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|            |                                                                             | - \$                       | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|            |                                                                             | - \$                       | Person Payroll Noncash (Complete Part II for noncash contributions.)               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|            |                                                                             | -<br>_ \$                  | Person Payroll Noncash (Complete Part II for noncash contributions.)               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|            |                                                                             | -<br>_ \$                  | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>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<br>from any one contributor. Complete columns (a)<br>completing Part III, enter the total of exclusively religious, cl<br>Use duplicate copies of Part III if additional s | through (e) and the following line e<br>naritable, etc., contributions of <b>\$1,000 c</b> | ntry For organizations |                                |
| (a) No.<br>from<br>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<br>d ZIP + 4                                                             |                        | ansferor to transferee         |
|                           |                                                                                                                                                                                                                                 |                                                                                            |                        |                                |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                                                                                                                                             | (c) Use of gift                                                                            | (d) De:                | scription of how gift is held  |
|                           |                                                                                                                                                                                                                                 | (e) Transfer of g                                                                          | <br>ift                |                                |
|                           | Transferee's name, address, an                                                                                                                                                                                                  |                                                                                            |                        | ansferor to transferee         |
|                           |                                                                                                                                                                                                                                 |                                                                                            |                        |                                |
| (a) No.<br>from<br>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.<br>from<br>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<br>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<br>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<br>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<br>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                                                                           |                                  | 🕨                  | \$                                          |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

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

|         | · · · · · · · · · · · · · · · · · · ·                                                  | FOR COLLEG                             | E                    |                             |            |                         | 93-11       | 4475              | 6 <sub>Pa</sub> | age <b>2</b> |
|---------|----------------------------------------------------------------------------------------|----------------------------------------|----------------------|-----------------------------|------------|-------------------------|-------------|-------------------|-----------------|--------------|
| Par     | t III Organizations Maintaining C                                                      | Collections of A                       | rt, Historical       | Treasures, c                | or Othe    | er Simila               | ar Asse     | <b>ts</b> (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<br><b>t V Endowment Funds.</b> 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     | ( <b>a)</b> Thee y      | Cais Dack   | (e) i oui         | years           | Dack         |
| la<br>k | Beginning of year balance                                                              |                                        |                      |                             |            |                         |             |                   |                 |              |
| U<br>O  | Contributions                                                                          |                                        |                      |                             |            |                         |             |                   |                 |              |
| d<br>d  | Net investment earnings, gains, and losses<br>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          |                         |             |                   |                 |              |
| -<br>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                                                                | <b>(a)</b> Cost or o<br>basis (investr |                      | ost or other<br>sis (other) | . ,        | ccumulate<br>preciation | ed          | ( <b>d)</b> 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.<br>(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)<br>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<br><b>a)</b> Description | 11d. See Form 990, Part X, line 15.                                         | (b) Book value        |
| (1)                                                                                                                                                                                                                                                                                                                    |                                                        |                                                                             |                       |
| (2)                                                                                                                                                                                                                                                                                                                    |                                                        |                                                                             |                       |
| \/                                                                                                                                                                                                                                                                                                                     |                                                        |                                                                             |                       |
| (3)                                                                                                                                                                                                                                                                                                                    |                                                        |                                                                             |                       |
| (3)                                                                                                                                                                                                                                                                                                                    |                                                        |                                                                             |                       |
| (3)<br>(4)                                                                                                                                                                                                                                                                                                             |                                                        |                                                                             |                       |
| (3)<br>(4)<br>(5)                                                                                                                                                                                                                                                                                                      |                                                        |                                                                             |                       |
| (3)<br>(4)<br>(5)<br>(6)                                                                                                                                                                                                                                                                                               |                                                        |                                                                             |                       |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)                                                                                                                                                                                                                                                                                        |                                                        |                                                                             |                       |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)                                                                                                                                                                                                                                                                                 |                                                        |                                                                             |                       |
| (3)         (4)         (5)         (6)         (7)         (8)         (9)                                                                                                                                                                                                                                            |                                                        |                                                                             |                       |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) /                                                                                                                                                                                                             | line 15.)                                              |                                                                             |                       |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) /<br>Part X Other Liabilities.                                                                                                                                                                                |                                                        | 11a or 11f Cap Form 000 Part V line 25                                      |                       |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) Part X<br>Other Liabilities.<br>Complete if the organization answered "Yes                                                                                                                                    |                                                        |                                                                             |                       |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) P<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes<br>(a) Description of liability                                                                                                  |                                                        | 11e or 11f. See Form 990, Part X, line 25.                                  | (b) Book value        |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) I<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes<br>(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)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) /<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes<br>. (a) Description of liability<br>(1) Federal income taxes<br>(2) PAYCHECK PROTECTION PROG                                    | s" on Form 990, Part IV, line                          | ▶<br>11e or 11f. See Form 990, Part X, line 25.                             | (b) Book value        |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) I<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes<br>. (a) Description of liability<br>(1) Federal income taxes<br>(2) PAYCHECK PROTECTION PROG<br>(3)                             | s" on Form 990, Part IV, line                          | 11e or 11f. See Form 990, Part X, line 25.                                  | (b) Book value        |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) /<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes<br>. (a) Description of liability<br>(1) Federal income taxes<br>(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)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) I<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes<br>. (a) Description of liability<br>(1) Federal income taxes<br>(2) PAYCHECK PROTECTION PROG<br>(3)                             | s" on Form 990, Part IV, line                          | 11e or 11f. See Form 990, Part X, line 25.                                  | (b) Book value        |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) /<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes<br>Complete if the organization of liability<br>(1) Federal income taxes<br>(2) PAYCHECK PROTECTION PROG<br>(3)<br>(4)           | s" on Form 990, Part IV, line                          | 11e or 11f. See Form 990, Part X, line 25.                                  | (b) Book value        |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) /<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes<br>. (a) Description of liability<br>(1) Federal income taxes<br>(2) PAYCHECK PROTECTION PROG<br>(3)<br>(4)<br>(5)               | s" on Form 990, Part IV, line                          | 11e or 11f. See Form 990, Part X, line 25.                                  | (b) Book value        |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) /<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes<br>. (a) Description of liability<br>(1) Federal income taxes<br>(2) PAYCHECK PROTECTION PROG<br>(3)<br>(4)<br>(5)<br>(6)<br>(7) | s" on Form 990, Part IV, line                          | 11e or 11f. See Form 990, Part X, line 25.                                  | (b) Book value        |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) /<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes<br>. (a) Description of liability<br>(1) Federal income taxes<br>(2) PAYCHECK PROTECTION PROG<br>(3)<br>(4)<br>(5)<br>(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 <b>4a</b> and <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                | 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.<br>1,033,010.                         |
|                                                | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a<br>Total expenses and losses per audited financial statements<br>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<br>Total expenses and losses per audited financial statements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                |              |                                           |
| 1 2                                            | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a<br>Total expenses and losses per audited financial statements<br>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<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities                                                                                                                                                                                                                                                                                                                                                                                     | 2a<br>2b                               |                |              |                                           |
| 1<br>2<br>a<br>b                               | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses                                                                                                                                                                                                                                                                                                                                           | 2a<br>2b<br>2c                         |                |              |                                           |
| 1<br>2<br>a<br>b<br>c                          | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b>                                                                                                                                                                                                                                                                | 2a<br>2b<br>2c<br>2d                   |                |              | 1,033,010.                                |
| 1<br>2<br>b<br>c<br>d                          | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)                                                                                                                                                                                                                                                                                                         | 2a<br>2b<br>2c<br>2d                   |                | 1            |                                           |
| 1<br>2<br>b<br>c<br>d<br>e                     | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b>                                                                                                                                                                                                                                                                | 2a<br>2b<br>2c<br>2d                   |                | 1<br>2e      | 1,033,010.                                |
| 1<br>2<br>b<br>c<br>d<br>e<br>3                | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b><br>Subtract line <b>2e</b> from line <b>1</b><br>Amounts included on Form 990, Part IX, line 25, but not on line 1:                                                                                                                                            | 2a<br>2b<br>2c<br>2d                   |                | 1<br>2e      | 1,033,010.                                |
| 1<br>2<br>6<br>6<br>8<br>3<br>4                | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b><br>Subtract line <b>2e</b> from line <b>1</b><br>Amounts included on Form 990, Part IX, line 25, but not on line 1:<br>Investment expenses not included on Form 990, Part VIII, line 7b                                                                        | 2a<br>2b<br>2c<br>2d<br>4a             |                | 1<br>2e      | 1,033,010.<br>0.<br>1,033,010.            |
| 1<br>2<br>a<br>b<br>c<br>d<br>e<br>3<br>4<br>a | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b><br>Subtract line <b>2e</b> from line <b>1</b><br>Amounts included on Form 990, Part IX, line 25, but not on line 1:<br>Investment expenses not included on Form 990, Part VIII, line 7b<br>Other (Describe in Part XIII.)<br>Add lines <b>4a</b> and <b>4b</b> | 2a<br>2b<br>2c<br>2d<br>2d<br>4a<br>4b | 44,506.        | 1<br>2e      | 1,033,010.<br>0.<br>1,033,010.<br>44,506. |
| 1<br>2<br>d<br>e<br>3<br>4<br>b<br>c<br>5      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b><br>Subtract line <b>2e</b> from line <b>1</b><br>Amounts included on Form 990, Part IX, line 25, but not on line 1:<br>Investment expenses not included on Form 990, Part VIII, line 7b<br>Other (Describe in Part XIII.)                                      | 2a<br>2b<br>2c<br>2d<br>2d<br>4a<br>4b | 44,506.        | 1<br>2e<br>3 | 1,033,010.<br>0.<br>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                                                                                     |       |
|                                                                                                            |       |
|                                                                                                            |       |
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| 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<br>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<br>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     |                                                         |
| <ul> <li><b>Part I</b> 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.</li> <li>1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> </ul> |                                                             |                                                                                                                                                                                                               |                                                      |                                                |                                                                                                |                 |          |                                                         |
| <ul> <li>Indicate whether the organization</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a with key employees listed in Form</li> </ul>                                                       | itation rais<br>itations<br>vritten c<br>990, P<br>aid indi | sed funds through any of the followi<br>e Solicita<br>f Solicita<br>g Special<br>pr oral agreement with any individua<br>Part VII) or entity in connection with pr<br>viduals or entities (fundraisers) purse | tion of<br>tion of<br>fundra<br>l (inclue<br>profess | non-g<br>gover<br>aising<br>ding o<br>sional f | overnment grants<br>nment grants<br>events<br>fficers, directors, trus<br>undraising services? | stees, or       | Yes      |                                                         |
| (i) Name and address of individual<br>or entity (fundraiser)(ii) Activity(iii) Did<br>fundraiser<br>have custody<br>or control of<br>contributions?(iv) Gross receipts<br>from activity(v) Amount paid<br>to (or retained by<br>fundraiser<br>listed in col. (i)                                                       |                                                             |                                                                                                                                                                                                               |                                                      |                                                |                                                                                                |                 |          | (vi) Amount paid<br>to (or retained by)<br>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                                             |
|                                                                                                                                                                                                                                                                                                                        |                                                             |                                                                                                                                                                                                               |                                                      |                                                |                                                                                                |                 |          |                                                         |
|                                                                                                                                                                                                                                                                                                                        |                                                             |                                                                                                                                                                                                               |                                                      |                                                |                                                                                                |                 |          |                                                         |
|                                                                                                                                                                                                                                                                                                                        |                                                             |                                                                                                                                                                                                               |                                                      |                                                |                                                                                                |                 |          |                                                         |

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

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<br>VIRTUAL GAME<br>NIGHT | (b) Event #2              | (c) Other events<br>NONE | (d) Total events<br>(add col. (a) through<br>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<br>9 | Entertainment<br>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<br>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<br>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>b</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 <b>&gt;</b> \$ 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 <b>&gt;</b> \$                                                      |              |        |          |
| 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, |
|     |                                                                                                                              |              |        |          |
|     |                                                                                                                              |              |        |          |
|     |                                                                                                                              |              |        |          |
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| SCHEDULE I<br>(Form 990)                               |                                                                                                              | Comple<br>Comple     | Grants and Other Assistance to Organizations,<br>Governments, and Individuals in the United States<br><sup>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.</sup> | ler Assistan<br>Id Individual<br>n answered "Yes" | nd Other Assistance to Organizations,<br>nts, and Individuals in the United State<br>ganization answered "Yes" on Form 990, Part IV, line 21 o | izations,<br>ted States<br>t IV, line 21 or 22.                |                                                                                                          | OMB No. 1545-0047                            |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Department of the Treasury<br>Internal Revenue Service |                                                                                                              |                      | Go to www.ir                                                                                                                                                                                      | Attach to Form 990.<br>s.gov/Form990 for the la   | <ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>                                         | ation.                                                         |                                                                                                          | Open to Public<br>Inspection                 |
| Name of the organization                               | tion<br>CANCER FOR                                                                                           | R COLLEGE            |                                                                                                                                                                                                   |                                                   |                                                                                                                                                |                                                                |                                                                                                          | Employer identification number<br>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<br>cash grant                       | (e) Amount of non-cash assistance                                                                                                              | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance                                                                 | (h) Purpose of grant<br>or assistance        |
|                                                        |                                                                                                              |                      |                                                                                                                                                                                                   |                                                   |                                                                                                                                                |                                                                |                                                                                                          |                                              |
|                                                        |                                                                                                              |                      |                                                                                                                                                                                                   |                                                   |                                                                                                                                                |                                                                |                                                                                                          |                                              |
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|                                                        |                                                                                                              |                      |                                                                                                                                                                                                   |                                                   |                                                                                                                                                |                                                                |                                                                                                          |                                              |
|                                                        |                                                                                                              |                      |                                                                                                                                                                                                   |                                                   |                                                                                                                                                |                                                                |                                                                                                          |                                              |
|                                                        | 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<br>recipients | <b>(c)</b> Amount of<br>cash grant | (d) Amount of non-<br>cash assistance                                | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
| UNIVERSITY SCHOLARSHIPS                                                                                                                                   | 9 6                         | 495,423.                           |                                                                      |                                                          |                                       |
|                                                                                                                                                           |                             |                                    |                                                                      |                                                          |                                       |
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|                                                                                                                                                           |                             |                                    |                                                                      |                                                          |                                       |
| 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.                                   |                                       |
|                                                                                                                                                           |                             |                                    |                                                                      |                                                          |                                       |
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|                                                                                                                                                           |                             |                                    |                                                                      |                                                          |                                       |
| 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<br>93-1144756 |
|---------------------------------------------|----------------------------------------------|
| UT,VA                                       |                                              |
|                                             |                                              |
| FORM 990, PART VI, SECTION C, LINE 19:      |                                              |
| DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.  |                                              |
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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

| <b>File e</b> | 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<br>28465 OLD TOWN FRONT ST, N                 |             |                                                                                                                                                 |          |                       |             |
| return. See instructions.                          | City, town or post office, state, and ZIP code. For a f<br>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)<br>GREG FLORES -                                                         | 06          | Form 8870<br>OLD TOWN FRONT ST                                                                                                                  |          |                       | 12          |
| box ▶ [<br>1 I red<br>the<br>▶ [<br>▶ [<br>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<br>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 <b>8868</b> (Re  | ev. 1-2020) |