2022

990

PUBLIC

DISCLOSURE

Form 990)
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

AF	For th	e 2022 calendar year, or tax year beginning and e	nding		
B (Check in applicat	Be: C Name of organization		D Employer identific	cation number
	Addr chan	ess CANCER FOR COLLEGE			
	Nam chan	e		93-11447	56
	Initia retur		Room/suite	E Telephone number	
	Final retur	1050 UNIVERSITY AVE SUITE $E107 \pm 705$			9-5096
	term			G Gross receipts \$	4,171,623.
	Ame retur			H(a) Is this a group re	turn
	Appl tion	F Name and address of principal officer: O • CRAIG FOLLARD		for subordinates	
	penc	ISAME AS C ABOVE		H(b) Are all subordinates in	
11	Tax-e	xempt status: 🚺 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	lf "No," attach a	list. See instructions
	Webs			H(c) Group exemption	n number
		f organization: 🗴 Corporation Trust Association Other	L Year of	of formation: 1994 N	State of legal domicile: CA
Pa	art I	•			
-	1	Briefly describe the organization's mission or most significant activities: TO PR	OVIDE	NEED-BASED	COLLEGE
Governance		SCHOLARSHIP AND EDUCATIONAL EXPERIENCES TO) CANC	ER SURVIVOR	S
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			7
Ū	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
ŝ	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			12
viti	6	Total number of volunteers (estimate if necessary)			40
Activities &	7 a	a Total unrelated business revenue from Part VIII, column (C), line 12			100.
_	L t	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		2,452,263.	3,579,226.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		297,141.	300,117.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		37,270.	56,808.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,786,674.	3,936,151.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		619,726.	760,255.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		311,220.	321,057.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	. t	Total fundraising expenses (Part IX, column (D), line 25) 163, 40	4.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		238,416.	377,932.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,169,362.	1,459,244.
	19	Revenue less expenses. Subtract line 18 from line 12		1,617,312.	2,476,907.
0 C				ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		11,977,080.	13,020,365.
tAs	21	Total liabilities (Part X, line 26)		120,644.	308,088.
		Net assets or fund balances. Subtract line 21 from line 20		11,856,436.	12,712,277.
Pa	art II				
Und	er per	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is

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

Sign	Signature of officer			Date			
Here	GREG FLORES, EXECUTIVE DIE	RECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date		Check	PTIN	
Paid			11/08	/23	self-employed		
Preparer	Firm's name ALDRICH CPAS AND	ADVISORS, LLP		Firm's	EIN		
Use Only	Firm's address 1903 WRIGHT PLACE	, #180					
	CARLSBAD, CA 9200	8		Phone	no. (760)) 431-84	440
May the I	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes	No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2022) CANCER FO	R COLLEGE	93-1144756	Page 2
	t III Statement of Program Servic			
	Check if Schedule O contains a respor	se or note to any line in this Part III		
1	Briefly describe the organization's mission:			
	CANCER FOR COLLEGE PROV	IDES NEED-BASED COL	LEGE SCHOLARSHIPS AND	
	EDUCATIONAL EXPERIENCE:	5 TO CANCER SURVIVOR	S.	
2	Did the organization undertake any significar	t program services during the year whic		
			Yes	X No
	If "Yes," describe these new services on Sch	edule O.		
3	Did the organization cease conducting, or ma	ake significant changes in how it condu	cts, any program services? Yes	XNo
	If "Yes," describe these changes on Schedul	e O.		
4	Describe the organization's program service	accomplishments for each of its three la	argest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations	are required to report the amount of gra	ants and allocations to others, the total expenses, an	d
	revenue, if any, for each program service rep	orted.		
4a		5,348. including grants of \$)
	CANCER FOR COLLEGE PROV			
			S. SCHOLAR MUST BE ATTENDIN	
	· · · · · ·		SCHOOL IN THE UNITED STATE	ES.
			HAVE A HOUSEHOLD INCOME OF	
	\$150K OR LESS. A SURVIV			
	DIAGNOSED EITHER CURREN	TLY OR PREVIOUSLY W	ITH CANCER.	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4 -1	Other program convices (Describe on Ostart			
4d	Other program services (Describe on Schedu			
4.5		10 Iding grants of \$ 975,348.) (Revenue \$	
4e	Total program service expenses	J/J,J40.	- 0	00 (0000)

Form	aan	(2022)

Form 990 (2022) CANCER FOR COLLEGE
Part IV Checklist of Required Schedules

If the organization required to complete Schedule 9, Schedule of Contributors? See instructions 1 X 3 Did the organization engage in direct or indirect political campage activities on behalf of or in opposition to candidates for public officing "Yes," complete Schedule 0, Part II 3 X 4 Section 501(c)(0) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year // Yes," complete Schedule C, Part II. 4 X 5 Did the organization assection 2016(k) 501(c)(k) 0 501(c)(k) 0 complete Schedule C, Part II. 5 X 6 Did the organization require or hold a conservation esement, including easements to previse advice on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part II. 6 X 7 Z Did the organization require or hold a conservation esement, including easements to previse advice on the distribution or investment of amounts in such funds or account liability, save as a custodian for amounts in the fisci in Fart X, ine 21, for sacrow or custodial account liability, save as a custodian for amounts in the fisci in Fart X, ine 21, for sacrow or custodial account liability, save as a custodian for amount in fund. Unidings, and equipment in Part X, line 10? If Yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount for insetsets in Part X, line 21, full is E9% or more of its total assets reported in Part X, ine 10? If Yes," complete Schedule D, Part V 10				Yes	No
2 Is the organization required to complete Schedule 0, Schedule of Controlucion 7 See instructions 2 X 3 Dift the organization require Schedule C, Parl 1 3 X 4 Section 501(b(k) organizations. Do the organization engage in loobying activities, or have a section 501(b) election in effect during the taxy end 1/ trais, complete Schedule C, Parl 1 4 X 5 Is the organization ascients 501(b(k) 601(c)(k), or 501(b(k) organization that receives membership dues, assessments, or similar amounts a defined in Reprint 900, electron 10, electron 11, electron 10, electron	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or indirect positical campaign activities on behalf of or in opposition to candidates for public official myss, complete Schedule C, Part II 3 X 4 Section 50 (LQR) organizations. Did the organization engage in loobying activities, or have a section 501(h) election in effect during the tax year // myss, complete Schedule C, Part II 4 X 5 Did the organization maintain any done advised times or ascontint function cancend to a my similar function cancend to a conservation caesement, including caesements to provide advice on the distribution or investment of amounts in such functs or ascontint functs or ascontint for my "res," complete Schedule D, Part II 6 X 9 Did the organization maintain and octorions of works of an , historical treasures, or other similar assets? If "res," complete Schedule D, Part II 7 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts in the state organization, bold assets in donor restricted endowments or in quasi endownexits of the organization report an amount for insettines. Jongain reliated in Part X, line 10? If "res," complete Schedule D, Part V 10 X 10 Did the organization report an amount for insettines. Jongain reliated in Part X, line 10? If "res," complete Schedule D, Part V 10 X 11 It the organization report					
a Sectors 07(6)(3) organizations. D Oth organization engage in lobbying activities, or have a section 501(h) election in effect during the tax yea? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization asceline 501(h)(h) 501(k)(h) or 501(k)(h) organization that receives membership dues, assessments, or similar amounts as defined in the Proc. Sel 1917 (1 Yes," complete Schedule C, Part II 4 X 6 Did the organization matrian any done advised funds or any similar funds or accounts for which denoes have the right to provide advise on the distribution or investment of amounts in such truck or accounts for which denoes have the right to provide advised to matrian in account or advised funds or assessments to preserve open space, the environment, historic land ensars, or historic and truck or grounds challe D, Part II 7 X 7 Did the organization matrian collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi molecoments? If "Yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount for investments - other securities in Part X, line 197 If "Yes," complete Schedule D, Part VII 11 X 11 Did the organization report an amount for onive restments - other securities in Part X, line 197 If "Yes," complete Schedule D, Part VII 11 <td< th=""><th>2</th><td></td><td>2</td><td>X</td><td><u> </u></td></td<>	2		2	X	<u> </u>
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 *es, * complete Schedule C, Part // // is the organization nanotical to (10)(k), 501(c)(k), 501(c)(k	3				
during the tax year? If Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 501(cl)(6) 01(cl)(6) 01(cl)(6) 01(cl)(6) 01(cl)(6) 01(cl)(6) 01(cl)(6) 5 6 Did the organization maintain any dome advised funds or any similar lunds or accounts for which domons have the right to provide advice on the distribution or investment of amounts in such tunds or accounts for which domons have the right to provide advice on the distribution or investment advised funds or any similar lunds or accounts for which domons have the right to the organization nametain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 5 7 ZX ZX 8 Did the organization require and amount in local discount intability, serve as a custodian for anounts not listed in Part X, ine 21, for secrow or custodial account liability, serve as a custodian for anounts not listed on Part X, ine 21, for secrow or custodial account liability, serve as a custodian for anounts not listed in Part X, ine 21, for secrow or custodial account liability, serve as a custodian for anounts not listed in Part X, ine 21, for secrow or custodial account liability, area as a custodian for anount for through a related organization, hold assets in donor-restricted endowments 7 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 102, If Yes, 'complete Schedule D, Part VI 11 X 11 Did the organization report an amount for revestments - order rescluted an Part X, line 12, If Yes, 'complete Schedule D, Part X			3		<u> </u>
5 Is the organization a sector 501(c)(5, 001(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or aminar amounts as defined in Rev. Proc. 98197 (**ex, "complete Schedule C, Part II. 5 X 6 Did the organization maintain any domor advised funds or any similar indis or accounts? (**ex, "complete Schedule D, Part II. 6 X 7 XX 8 X 7 Did the organization maintain any domor advised funds or any similar indis or accounts? (**ex, "complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of at, historical treasures, or other similar assets? (**res, "complete Schedule D, Part II. 7 X 9 Did the organization amount II: Part X, line 21, for escow or custodial account liability, serve as a custodian in oreints? (**res, "complete Schedule D, Part V. 9 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10; H'res, "complete Schedule D, Part V. 9 X 9 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? H'res, "complete Schedule D, Part VI. 11 X 9 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? H	4				
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, 'complete Schedule D, Part III a 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? g 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 report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 if 'Yes, 'complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 if 'Yes, 'complete Schedule D, Part VIII 11a X 13 Did the organization report an amount for threas assets near X, line 12, that is 5% or more of its total assets reported in Part X, line 167 if 'Yes, 'complete Schedule D, Part XIII 11a X 14 Did the organization orbort an amount for threas assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 if 'Yes, 'complete Schedule D, Part X 11e X 11a Z Did the organization separate, independent audided financial statements fo	7		_		
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10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. 10 X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 116 X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 111 X d Did the organization asparate, independent audited financial statements for the tax year include a footnote that addresses the organization asparate, independent audited financial statements for the tax year? 111 X 120 Did the organization asparate, independent audited financial statements for the tax year? 111 X 121 Did the organization answerd YNo" to ine T2a, ther complete Schedule D, Part X and XII 111 <th></th> <td></td> <td>_</td> <td></td> <td></td>			_		
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investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 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 any foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 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. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a X 20a X 20b It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 11 12 <th></th> <td>-</td> <td>148</td> <td></td> <td></td>		-	148		
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 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 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 10 117 X	17		10		
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	.,		17		x
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 0	20a				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					<u> </u>
			200		
		domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x

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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 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		х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
U		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30		30		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? If "yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "yes," complete	31		- 23
32		20		х
22	Schedule N, Part II	32		- 11
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	0		х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>л</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			х
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5%		
~~	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?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b		-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

Form	990 (2022) CANCER FOR COLLEGE 93-1144	756	Р	age 5
Par	TV Statements Regarding Other IRS 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 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		X
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ŭ	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
		7e		x
f		76 7f		X
	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		- 23
g b				
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8				
•	sponsoring organization have excess business holdings at any time during the year?	8		
	9 Sponsoring organizations maintaining donor advised funds.			
a	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:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
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 the 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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

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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	
Check if Schedule O contains a response of hole 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	7		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			<u> </u>
-	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?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		X
- 7a				<u> </u>
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?		Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			<u> </u>
	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		X
b	Describe on 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	
b			Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on 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?		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	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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		X
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, K	Y,ME	,MD	<u>, MA</u>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only	availa	ble
	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, a	nd finar	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			

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Part VII Comper	sation of Officers	, Directors, Trustees, K	Cey Employees, Highest Com	pensated	
Employe	es, and Independ	ent Contractors			
Check if So	chedule O contains a re	sponse or note to any line in t	nis Part VII		
Section A. Officers,	Directors, Trustees, K	ey Employees, and Highest (Compensated Employees		
			ation for the calendar year ending with	Ũ	,

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.

FOR COLLEGE

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

CANCER

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	Position (do not check more than one) than (one	Reportable	Reportable	Estimated		
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week		cer an	aaa	Irecto	r/trus	tee)	from	from related	other	
	(list any	recto						the	organizations	compensation	
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization	
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	and related	
	below	dual t	utiona	_	m ploy	st cor	5			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(1) GREG FLORES	40.00										
EXECUTIVE DIRECTOR		1		х				136,323.	Ο.	3,812.	
(2) O. CRAIG POLLARD	20.00										
PRESIDENT/CEO		Х		Х				0.	0.	0.	
(3) DAN HUGHES	1.00										
VICE PRESIDENT		Х		Х				0.	0.	0.	
(4) ROB O'CARROLL	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.	
(7) MARK WERNIG	1.00										
AT LARGE		Х						0.	0.	0.	
						-					
		1									
						-					
		1									
		1									
		1									
	1			-				•		000	

						56	Page 8					
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t Co		, ,			
(A) Name and title	(B) (C) Average hours per week week					than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		ated nt of er	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	<ey em="" ployee<="" td=""><td>Highest compensated employee</td><td>Former</td><td>the organization (W-2/1099-MISC/ 1099-NEC)</td><td>organizations (W-2/1099-MISC 1099-NEC)</td><td colspan="2">tions comper ·MISC/ from</td><td>sation the ation ated</td></ey>	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	tions comper ·MISC/ from		sation the ation ated
		Ind	Ins	Off	Key	Hig em	For					
										_		
1b Subtotal								136,323.		0.	3,	812.
	sheets to Part VII, Section A 0. 0. 1c) 136,323. 0. 3,8				0. 812.							
d Total (add lines 1b and 1c)2Total number of individuals (including but n										•	5,	1
compensation from the organization											Yes	s No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	-			•	•		Ŭ		•		3	X
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportable	e co	mpe	nsat	tion	and	oth	er compensation from t	ne organization		4	X
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes." com</i>	iccrue compen	sati	on fr	om a	any	unre	late	ed organization or individ	lual for services		5	X
Section B. Independent Contractors	-											
the organization. Report compensation for	the organization. Report compensation for the calendar year ending with or within the organization's tax year.											
(A) Name and business	(A) (B) (C) Name and business address NONE Description of services Compensation				ion							
							_					
2 Total number of independent contractors (in \$100,000 of compensation from the organic	•	ot lin	nited	to t	thos 0		ted	above) who received mo	ore than			

	n 990 (ICER FOR	COLLEGE			93-1144	756 Page 9
Ра	rt VII			aa ax aata ta aay	line in this Dort VIII			
		Check if Schedule O o	contains a respoi	ise or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b d f g h	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	1b 1c 1d ibutions) 1e grants, and above 1f lines 1a-1f 1g \$					
Program Service Revenue	•	All other program service Total. Add lines 2a-2f	revenue					
	3 4 5 6 a b c	Investment income (includ other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses	ling dividends, ir	terest, and nd proceeds	300,117.			300,117.
evenue	d 7 a b c	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securiti 7a 7b 7c					
Other Re	8a b c	Net gain or (loss) Gross income from fundraisin including \$ 510 contributions reported on Part IV, line 18 Less: direct expenses Net income or (loss) from	ng events (not <u>,589.</u> of line 1c). See fundraising even	8a 292,180 8b 235,472	•			56,708.
	b c 10 a b	Gross income from gamin Part IV, line 19 Less: direct expenses Net income or (loss) from Gross sales of inventory, I and allowances Less: cost of goods sold	gaming activities ess returns	10a 100 10b 0			100.	
Miscellaneous Revenue	11 a b c d e	All other revenue		Business Coo				
	12	Total revenue. See instruction	ons		3,936,151.	0.	100.	356,825.

Form 990 (2022)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	760,255.	760,255.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	110 100	46.045	1	
	trustees, and key employees	140,136.	46,245.	47,646.	46,245.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	156 006	70.040	1 4 41 0	<u> </u>
7	Other salaries and wages	156,226.	72,942.	14,419.	68,865.
8	Pension plan accruals and contributions (include	1 076	607		270
~	section 401(k) and 403(b) employer contributions)	1,076.	697.		379.
9	Other employee benefits	23,619.	9,448.	4,960.	9,211.
10	Payroll taxes	43,019.	7,440.	4,900.	9,411.
11	Fees for services (nonemployees):				
	Management				,
		114,816.		114,816.	
	Accounting	114,010.		114,010.	
	Lobbying				
f	Investment management fees	63,799.		63,799.	
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	93,773.	25,863.	54,119.	13.791.
12	Advertising and promotion	8,882.	2,931.	3,020.	<u>13,791.</u> 2,931.
13	Office expenses	14,190.	7,417.	2,337.	4,436.
14	Information technology		.,		
15	Royalties				
16	Occupancy	2,708.	894.	920.	894.
17	Travel	19,830.	9,915.		9,915.
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	6,521.	2,152.	2,217.	2,152.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SCHOLARSHIP/PROGRAM FEE	24,329.	24,329.	0.	0.
b	DUES AND SUBSCRIPTIONS	15,657.	7,829.	3,914.	3,914.
c	TAXES AND LICENSES	13,427.	4,431.	8,325.	671.
d			-		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,459,244.	975,348.	320,492.	163,404.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
232010	12-13-22				Form 990 (2022)

ER	FOR	COLLEGE	
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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		(B) End of year
	1	Cash - non-interest-bearing	591,868.	1	765,136
	2	Savings and temporary cash investments		2	591,477
	3	Pledges and grants receivable, net		3	394,000
	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 disgualified 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	27 345	9	71,671
		Land, buildings, and equipment: cost or other		-	, -
		basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	10,772,680.	11	11,198,07
	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)		16	13,020,36
	17	Accounts payable and accrued expenses		17	174,23
	17 18			18	1/1/20
	10 19	Grants payable		19	133,85
	20	Deferred revenue		20	100,00
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22	Loans and other payables to any current or former officer, director,		21	
	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
				22	
	22			22	
	23	Secured mortgages and notes payable to unrelated third parties		23 24	
	24	Unsecured notes and loans payable to unrelated third parties			
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 of Schedule D		25	
	26	of Schedule D Total liabilities. Add lines 17 through 25	120,644.	25 26	308,08
-	20	Organizations that follow FASB ASC 958, check here X	120,044.	20	500,000
		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	11,130,562.	27	12,219,79
	28	Net assets with donor restrictions		28	492,48
1	20	Organizations that do not follow FASB ASC 958, check here	123,014	20	472,402
		and complete lines 29 through 33.			
	20			29	
	29 20	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		29 30	
	30 24				
	31	Retained earnings, endowment, accumulated income, or other funds		31 32	12,712,27
	32	Total net assets or fund balances		32	13,020,36
13	33	Total liabilities and net assets/fund balances	, 3//,000.	33	Form 990 (20

Form 990 (2022) Part X Balance Sheet

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Form	990 (2022) CANCER FOR COLLEGE	93-	11447	56	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,	936	5,1	51.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	459	9,2	44.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	476	5,9	07.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,	856	5,4	36.
5	Net unrealized gains (losses) on investments	5	-1,	623	L,0	66.
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	12,	712	2,2	77.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
			_		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 on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		L	2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	e of t	the organization						Employer	identification number	
			ER FOR COL						3-1144756	
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.		
The o	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)([.]	1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	Х	An organization that norma	lly receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general	oublic 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 Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction 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 of	the college	or	
		university:								
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). (Check the box on	
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga	-	-	• • • •	-				
		the supported organization			majority c	of the direc	ctors or truste	es of the su	ipporting	
		organization. You must o	-							
b		Type II. A supporting org	-				-		•	
		control or management o			ame perso	ns that co	ntrol or manag	ge the sup	ported	
		organization(s). You mus								
С		J Type III functionally inte						ly integrate	d with,	
		its supported organization	. , .	•						
d		J Type III non-functionally						-		
		that is not functionally int	c	• •			-	an attentiv	/eness	
		requirement (see instructi						U. T		
е		Check this box if the orga					турет, туре	п, туре п		
	Ente	functionally integrated, or er the number of supported of a support of								
1		vide the following information	•	d organization(c)						
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	ng document? No	support (see ir	nstructions)	support (see instructions)	
Tete										
<u>Tota</u>									1	

	organization meets	the facts-and-circums	tances test. The	organization qu	ualifies as a	a publicly s	supported organ	nization	
18	Private foundation	. If the organization d	id not check a bo	ox on line 13, 16	6a. 16b. 17	7a. or 17b.	check this box	and see i	nstructions

CANCER FOR COLLEGE

Schedule A (Form 990) 2022 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.) Section A. Public Support Calendar year (or fiscal year beginning in) <u>(a)</u>2018 (f) Total (b) 2019 (c) 2020 (d) 2021 (e) 2022 1 Gifts, grants, contributions, and

•	anto, granto, contributiono, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1855801.	1670202.	1184933.	2452263.	3579226.	10742425.
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	1855801.	1670202.	1184933.	2452263.	3579226.	10742425.
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)						5735304.
~							5007121.
	Public support. Subtract line 5 from line 4.						500/121.
Sec	ction B. Total Support						

<u>(c)</u>2020 <u>(d)</u>2021 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (e) 2022 (f) Total 1855801 1670202. 1184933. 2452263. 3579226.10742425. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 180,084. 146,046. 297,141. 300,117. 16,686. 940,074. and income from similar sources 9 Net income from unrelated business activities, whether or not the 237,323. 1,450. 37,270. 56,808. 332,851. business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 12015350. Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 41.67 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 % 46.76 15 Public support percentage from 2021 Schedule A, Part II, line 14 % 15 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. 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 facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the Schedule A (Form 990) 2022

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Schedule A	(Form	990) 202
Joing addie / (000	, 202

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	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
·	are not an unrelated trade or bus-							
	iness under section 513							
л	Tax revenues levied for the organ-							
7	ization's benefit and either paid to							
	or expended on its behalf							
F	• • • • • • • • • • • • • • • • • • • •							
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
_	• • …							
	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e	2022	(f) Total
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties,							
	and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included on line 10b,							
	whether or not the business is regularly carried on							
12	Other income. Do not include gain							
	or loss from the sale of capital							
12	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)	L organization's fi	rot occord third i	fourth or fifth toy		1	orgonizatio	
14	First 5 years. If the Form 990 is for the	•			•		•	
Sec	check this box and stop here	c Support Per	rentade					
	Public support percentage for 2022 (I			olumn (f))		15		04
	Public support percentage from 2022 (i Public support percentage from 2021					16		<u>%</u>
	tion D. Computation of Inves							%
	Investment income percentage for 20			no 12 oclumn (f))		17		04
								<u>%</u>
	Investment income percentage from 3 33 1/3% support tests - 2022. If the			on line 14 and line		18	and line 1	% Z is pot
198							, anu ine h	
1-	more than 33 1/3%, check this box ar						22 1/20/ -	
	33 1/3% support tests - 2021. If the	-						
00	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization	n ulu not check a	box on line 14, 19	a, or 190, check th	his box and see ins	struction	15	·····

1

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A	(Form 990) 202	2 CANCE	ER	FOR	COLLEGE
Part IV	Supporting	Organizations (cont	tinued)	

1

2

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

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

supervisea	. or controlled the subl	oorting organization.
Section C. Ty	pe II Supporting	Organizations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 Organizations	
--	--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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		

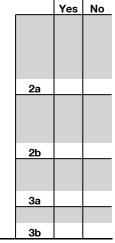
Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the c	organization used to satisf	v the Integral Part Test du	ing the year (see instructions)
-		gamzalion used to salisi	y the milegran art rest du	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a g	governmental entity.	Describe in Part VI how	vou supported a governmenta	l entitv (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 on 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.



Sect	on A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting orga	anization (see
	instructions).			

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.

Schedule A (Form 990) 2022 CANCER FOR COLLEGE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2022

1

Sche	edule A (Form 990) 2022 CANCER FOR C	OLLEGE				
	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	inizations (contin	ued)		
Sect	tion D - Distributions					
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpo	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	the organization is responsive	1			
	(provide details in Part VI). See instructions.	0		8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022			
1	Distributable amount for 2022 from Section C. line 6					

 Current Year

(iii) Distributable Amount for 2022

	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reason-		
	able cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
а	From 2017		
b	From 2018		
с	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D,		
	line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
C	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
C	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		
		So	chedule A (Form 990) 2022

Schedule A	(Form 990) 2022 CAN	ICER FOR	COLLEGE		93-1144756 Page
Part VI	Supplemental Informatio Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2 Section D, lines 5, 6, and 8; and (See instructions.)	and 3; Part IV, S	Section E, lines 1c, 2a,	2b, 3a, and 3b; Part V, line 1; 1	7a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

93-1144756

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

CANCER FOR COLLEGE

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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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.

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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

Name of organization

Ρ

Employer identification number

93-1144756

CANCER FOR COLLEGE

art I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Page **3**

Employer identification number

93-1144756

CANCER FOR COLLEGE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization			Employer identification number
CANCE	R FOR COLLEGE		93-1144756
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line ent charitable, etc., contributions of \$1,000 or l	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif nd ZIP + 4	Tt Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif nd ZIP + 4	The Relationship of transferor to transferee
(a) Na			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	it
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

~~		Supplement	al Financial Statements		OMB No. 1545-0047
			nization answered "Yes" on Form 990,		つつつつ
(Forr	n 990)		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2022
	ment of the Treasury	Α	Ittach to Form 990. 0 for instructions and the latest information	•	Open to Public Inspection
	I Revenue Service e of the organizatio		o for instructions and the latest information		nployer identification number
		CANCER FOR COLLEGE			93-1144756
Pa	rt I Organiza	tions Maintaining Donor Advise	d Funds or Other Similar Funds or	Accou	Ints. Complete if the
	organization	n answered "Yes" on Form 990, Part IV, lin	ie 6.		
			(a) Donor advised funds	(b) Fu	inds and other accounts
1	Total number at en	d of year			
2	Aggregate value of	contributions to (during year)			
3	Aggregate value of	grants from (during year)			
4	Aggregate value at	end of year			
5	Did the organizatio	n inform all donors and donor advisors in	writing that the assets held in donor advised t	unds	
	are the organization	n's property, subject to the organization's	exclusive legal control?		Yes No
6	0	0, ,	dvisors in writing that grant funds can be use	,	
	for charitable purpo	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose con	ferring	
De	impermissible priva				
Pa			ganization answered "Yes" on Form 990, Par	IV, line	7.
1		ervation easements held by the organization			
		of land for public use (for example, recrea	, <u> </u>		y important land area
		f natural habitat	Preservation of a c	ertified r	historic structure
•		of open space	ind concernation contribution in the form of a		ution accoment on the last
2	day of the tax year.		fied conservation contribution in the form of a	conserv	Held at the End of the Tax Year
•				2a	
a b					
c b	-	-	ucture included in (a)	·· –	
d		vation easements included in (c) acquired a		20	
u				2d	
3			eased, extinguished, or terminated by the org		
•	year			Janizatio	
4		 where property subject to conservation eas	sement is located		
5		ion have a written policy regarding the per			
		prcement of the conservation easements it			Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv		
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easeme	nts during the year
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)((4)(B)(ii)?			YesNo
9		c	on easements in its revenue and expense sta		
	balance sheet, and	I include, if applicable, the text of the footr	note to the organization's financial statements	that des	scribes the
De	organization's acco	ounting for conservation easements.	Art, Historical Treasures, or Othe	r Circuit	or Acceto
Pa		_		r Simila	ar Assels.
		the organization answered "Yes" on Form			
та	U U	· •	8, not to report in its revenue statement and		
		· ·	blic exhibition, education, or research in furthe	erance of	
۲.			ncial statements that describes these items.	noo ohoo	at works of
u			 to report in its revenue statement and bala exhibition, education, or research in furthera 		
			exhibition, education, or research in furthera	nce or p	
	-	ng amounts relating to these items:			¢
2			asures, or other similar assets for financial ga		
-	U U	ints required to be reported under FASB A		, provid	20
а	•				\$
		· · · · · · · · · · · · · · · · · · ·			

	For Paperwork Reduction A		Instructions for Form 990
b	Assets included in Form 990.	Part X	

Schedule D (Form 990) 2022

\$

232051 09-01-22

Sche	dule D (Form 990) 2022 CANCER FO	OR COLLEGE	2					93-11	44756	Page 2
	t III Organizations Maintaining Col			orical Tre	asures, o	r Other	Simila	⁻ Assets	(continu	
3	Using the organization's acquisition, accession	, and other records	s, check	any of the f	following that	t make sig	nificant ι	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
с	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	how th	ey further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.	
5	During the year, did the organization solicit or re-	eceive donations o	of art, his	storical treas	sures, or othe	er similar a	assets			
	to be sold to raise funds rather than to be main								Yes	No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part >		ete if the	organizatio	n answered	"Yes" on I	Form 990	, Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodian	or other intermedi	ary for c	contribution	s or other as	sets not ir	ncluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII an									
		·	Ū						Amount	
с	Beginning balance						1c			
	Additions during the year		1d							
	Distributions during the year									
f	Ending balance		1f							
2a	Did the organization include an amount on Forr						y?	🗆	Yes	No No
_	If "Yes," explain the arrangement in Part XIII. Cl									
Par	e emplete il a									
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four y	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren		e (line 1g	, column (a))) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possessi	ion of the organiza	tion that	t are held ar	nd administer	red for the)		5	Yes No
	organization by:									Yes No
	(i) Unrelated organizations								3a(i)	
L	(ii) Related organizations								3a(ii)	
U A	If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the or								3b	
Par	t VI Land, Buildings, and Equipmer	0	wment n	unus.						
	Complete if the organization answered "		Part IV	line 11a. S	ee Form 990). Part X. li	ine 10.			
	Description of property	(a) Cost or of			or other		cumulate	hd	(d) Book	value
	Description of property	basis (investm			(other)		reciation			value
1a	Land		,		. /					
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must eau		X colum	n (R) line 1	0c)					0.
			. colull						D (Form	990) 2022

Schedule D (Form 990) 2022	CANCER	FOR	COLLEGE
Part VII Investments - (Other Securit	ies	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
) Financial derivatives			
2) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Part VIII Investments - Program Related.		11a See Form 000 Part V line 12	
Complete if the organization answered "Yes" or (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of year market value
	(b) DOOK Value	(c) method of valuation. Cost of end-	or year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 000 Part IV line	11d See Form 990 Part V line 15	
-	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)			
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		11	
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of		11e or 11f. See Form 990, Part X, line 25.	
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) vtal. (Column (b) must equal Form 990, Part X, col. (B) line vart X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
 (8) (9) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) 		11e or 11f. See Form 990, Part X, line 25.	(b) Book value

Total. (Column (b) must equal Form 990, Part X, col. (B) 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

Sche	dule D (Form 990) 2022 CANCER FOR COLLEGE	93-2	1144756 Page 4	
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	its With Revenue per I		
	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	2,315,085.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a -1,621,066	5.	
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	-1,621,066.
3	Subtract line 2e from line 1		. 3	3,936,151.
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		
с	Add lines 4a and 4b		. 4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,936,151.	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses pe	r Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		. 1	1,459,244.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	0.
3	Subtract line 2e from line 1			1,459,244.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,459,244.
Pa	t XIII Supplemental Information.			

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	ORGAN	IZAT	ION I	FOLLO	WS TH	E PR	OVISI	ONS C	OF UN	CERTAIN	TAX	POSITI	ONS A	AS
ADD	RESSED	IN	FASB	ACCO	UNTIN	G ST.	ANDAF	RDS CO	DIFI	CATION.	THE	ORGANI	ZATIC	DN
REC	OGNIZE	S AC	CRUEI) INT	EREST	AND	PENA	LTIES	S ASS	OCIATED	WITH	UNCER	TAIN	TAX
POS	ITIONS	AS	PART	OF T	HE IN	COME	TAX	PROVI	SION	, WHEN	APPLI	CABLE.	THEF	RE ARE
NO	AMOUNT	S AC	CRUEI) IN	THE F	INAN	CIAL	STATE	MENT	S RELAT	ED TC	UNCER	TAIN	TAX
POS	ITIONS	FOR	THE	YEAR	S END	ED D	ECEME	BER 31	., 20	22 AND	2021.			

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2022
Department of the Treasury		Attach to Form 990 c	or Forr	n 990-	-EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	ctions	and t	ne latest information	n.		Inspection
Name of the organization		FOR COLLEGE					Employer 93-11	identification number
Part I Fundrais		Complete if the organization answe	rad "V	`~~" ~	Earm 000 Dart IV/	ino 1		
	complete this part		erea r	es or	i Form 990, Part IV, I	ine i	7. FOM 990	-EZ mers are not
a Aail solicitat b Internet and	tions email solicitations	f Solicita	tion of tion of	non-g gover	overnment grants nment grants			
c Phone solici		g 🔄 Special	fundra	aising	events			
		r oral agreement with any individual	(inclue	lina of	ficers directors trus	tees	or	
· ·		art VII) or entity in connection with p		Ũ		,		Yes No
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agreei	ments under which th	ne fur	ndraiser is to	be
compensated at le	east \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity	fundi have c	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount pai or retained b fundraiser ted in col. (i	by) to (or retained by)
			Yes	No				
Total	ioh the ereceitette				or boo boon notified	itia	womet from	
or licensing.	ion the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	IT IS 6	exempt from	I registration

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 CLASSY GOLF CLASSIC	(b) Event #2 HOLIDAY JAM	(c) Other events	(d) Total events (add col. (a) through			
			(event type)	(event type)		col. (c))			
	1	Gross receipts	257,180.	145,772.	399,817.	802,769			
	2	Less: Contributions	30,000.	80,772.	399,817.	510,589			
	3	Gross income (line 1 minus line 2)	227,180.	65,000.		292,180			
	4	Cash prizes							
	5	Noncash prizes							
חמושמ	6	Rent/facility costs	17,679.	6,647.		24,326			
nirect Expenses	7	Food and beverages	26,995.	19,683.		46,678			
5	8	Entertainment Other direct expenses	32,901.	2,482.	129,085.	1.64.460			
	9	<u>164,468</u> 235,472							
	 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 								
2		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add			
Revenue	1	Gross revenue	(a) Bingo	bingo/progressive bingo					
	1	Gross revenue	(a) Bingo	bingo/progressive bingo					
	1 2 3	Gross revenue Cash prizes Noncash prizes	(a) Bingo	bingo/progressive bingo					
	3	Cash prizes	(a) Bingo	bingo/progressive bingo					
	3 4	Cash prizes	(a) Bingo			col. (a) through col. (c			
	3 4 5	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		Yes%				
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	%	☐ Yes%				
	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	% % No	Yes %	col. (a) through col. (c			

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	CANCER	FOR	COLLEGE 93	8-1144	1756	Page 3
11	Does the organization conduct gar	ming activities v	with no	nmembers?		Yes	No
12	Is the organization a grantor, bene	ficiary or trustee	e of a ti	rust, or a member of a partnership or other entity formed			
					🗆	Yes	No
	Indicate the percentage of gaming				I.		
							<u>%</u>
				the organization's gaming/special events books and records:	13b		%
14	Enter the hame and address of the	e person who pr	epares	the organization's garning/special events books and records.			
	Name						
	Address						
							<u> </u>
15a	Does the organization have a conti	ract with a third	l party i	from whom the organization receives gaming revenue?		Yes	└── No
	If "Yes," enter the amount of gamir	na revenue rece	aived by	y the organization \$ and the amount	•		
	of gaming revenue retained by the						
	If "Yes," enter name and address of						
			•				
	Name						
	Address						
40							
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employee		Independent contractor			
17	Mandatory distributions:						
á				ritable distributions from the gaming proceeds to			—
						Yes	└── No
	organization's own exempt activitie	•		w to be distributed to other exempt organizations or spent in the \$	3		
Pa				explanations required by Part I, line 2b, columns (iii) and (v); and	Part III. li	nes 9. 9	b. 10b.
				de any additional information. See instructions.	,	,	
_							

Part IV	Supplemental Information (continued)

SCHEDULE I	Grants and Other Assistance to Organizations,											
(Form 990)		Go	vernments, an ete if the organizatio	d Individua	ls in the Úni	ted States		2	022			
Department of the Treasury		Compr		Attach to Forn				Ope	n to Public			
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest inform	ation.		Ir	spection			
Name of the organization								Employer identifie				
Part I General In	CANCER FO							93-	114475	6		
	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection											
criteria used to award the grants or assistance?												
2 Describe in Part I	V the organization's pro											
· · ·		,		· ·	1	(f) Method of		(1) =				
	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose or assis				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2022

CANCER FOR COLLEGE

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NIVERSITY SCHOLARSHIPS	165	760,255.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 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.

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 OUESTION. 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 EXECUTIVE BOARD.

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

CA, AL, AK, AR, CT, FL, HI, IL, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, RI, SC

CANCER FOR COLLEGE

FORM 990, PART VI, SECTION C, LINE 18:

MOST CURRENT TAX RETURNS ARE AVAILABLE ON WWW.CANCERFORCOLLEGE.ORG AND

CHARITY WEBSITES SUCH AS GUIDESTAR.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eilo a	conarato	application	for oach	roturn
· File a	separate	application	tor each	i 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.

Туре о	r Name of exempt organization or other filer, see instru-	structions.			Taxpayer identification number (TIN)				
print	CANCER FOR COLLEGE	93-1144756							
File by the due date filing your return. Se	In the pure street, and room or suite no. If a P.O. box, see instructions.								
instructio	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
Enter t	ne Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1			
Application			Application			Return			
Is For			Is For			Code			
Form 990 or Form 990-EZ			Form 1041-A			08			
Form 4720 (individual)			Form 4720 (other than individual)			09			
Form 990-PF			Form 5227			10			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11					
Form 9	90-T (trust other than above)	06	Form 8870			12			
Form 9	90-T (corporation)	07	NIVERSITY AVE SUIT						
 If th If th box 1 t t t 	Phone No. ► <u>760-599-5096</u> e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit (If it is for part of the group, check this box ►	Group Exe and atta NOVEN anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>IBER 15, 2023</u> , to file return for: d ending	f this is fo all memb	r the whole gro ers the extension npt organization 	on is for.			
	3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					0.			
-									
	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.			
-									
	Ising EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.			
Cautio instruc	n: If you are going to make an electronic funds withdrawal tions.	(direct deb	bit) with this Form 8868, see Form 84	153-TE an	d Form 8879-TI	E for payment			

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