

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.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CANCER FOR COLLEGE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1050 UNIVERSITY AVE. SUITE E107 #705 City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92103 F Name and address of principal officer: O. CRAIG POLLARD SAME AS C ABOVE	D Employer identification number ** - ***4756 E Telephone number (760) 599-5096 G Gross receipts \$ 4,171,623. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.CANCERFORCOLLEGE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1994 M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE NEED-BASED COLLEGE SCHOLARSHIP AND EDUCATIONAL EXPERIENCES TO CANCER SURVIVORS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	40
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	100.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,452,263.
9 Program service revenue (Part VIII, line 2g)		0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		297,141.	300,117.
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.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	619,726.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	311,220.	321,057.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 163,404.		
	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.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 11,977,080.	End of Year 13,020,365.
	21 Total liabilities (Part X, line 26)	120,644.	308,088.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,856,436.	12,712,277.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	GREG FLORES, EXECUTIVE DIRECTOR				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	DEBRA D. SMITH, CPA	DEBRA D. SMITH, CPA	11/08/23		P00646873
	Firm's name	Firm's EIN			
	ALDRICH CPAS AND ADVISORS, LLP	** - ***3286			
	Firm's address	Phone no. (760) 431-8440			
	1903 WRIGHT PLACE, #180				
	CARLSBAD, CA 92008				

May the IRS discuss this return with the preparer shown above? See instructions Yes No