

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" 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		D Employer identification number 93-1144756
	Doing business as		E Telephone number (760) 599-5096
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 6,245,595.
	2247 SAN DIEGO AVE #130		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92110		H(b) Are all subordinates included? Yes No	If "No," attach a list. See instructions
F Name and address of principal officer: O. CRAIG POLLARD SAME AS C ABOVE		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J Website: WWW.CANCERFORCOLLEGE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: 1994 M State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE COLLEGE SCHOLARSHIPS, EDUCATIONAL EXPERIENCES AND MEDICAL DEBT RELIEF TO CANCER SURVIVORS.		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	50
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
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)	3,579,226.	3,028,390.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	300,117.	360,578.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,808.	572,999.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,936,151.	3,961,967.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	760,255.	882,097.
	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)	321,057.	747,580.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 436,723.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	377,932.	626,677.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,459,244.	2,256,354.
19 Revenue less expenses. Subtract line 18 from line 12	2,476,907.	1,705,613.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 13,020,365.	End of Year 15,863,341.
	21 Total liabilities (Part X, line 26)	308,088.	107,245.
	22 Net assets or fund balances. Subtract line 21 from line 20	12,712,277.	15,756,096.

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 GREG FLORES, EXECUTIVE DIRECTOR	Date
Paid Preparer Use Only	Print/Type preparer's name DEBRA D. SMITH, CPA	Preparer's signature DEBRA D. SMITH, CPA
	Firm's name ALDRICH CPAS AND ADVISORS, LLP	Date 10/03/24
	Firm's address 1903 WRIGHT PLACE, #180 CARLSBAD, CA 92008	Check if self-employed <input type="checkbox"/>
		PTIN
		Firm's EIN (760) 431-8440