2021

990

PUBLIC

DISCLOSURE

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



Department of the Treasury Internal Revenue Service

AF	or th	e 2021 calendar year, or tax year beginning and	l ending	_	
B c a	Check if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre				
	Name Chang			93-11447	56
	Initial returr Final returr	,	Room/suite	E Telephone number (760) 59	r 9–5096
	termii	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,942,561.	
	Amer			H(a) Is this a group re	
	_lreturr]Appli _tion	-		for subordinates	
L	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
	ax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527		list. See instructions
		te: ► WWW.CANCERFORCOLLEGE.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Year		State of legal domicile: CA
		Summary			
	1	Briefly describe the organization's mission or most significant activities: TO F	ROVID	E NEED-BASED	COLLEGE
Activities & Governance	·	SCHOLARSHIP AND EDUCATIONAL EXPERIENCES	TO CAN	ICER SURVIVO	RS.
nai	2	Check this box			
ver	3	Number of voting members of the governing body (Part VI, line 1a)			6
ß	4	Number of independent voting members of the governing body (Part VI, line 1a)			5
ა ა	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			4
itie					0
ži		Total number of volunteers (estimate if necessary)			1,900.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			<u> </u>
	a a	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		-
		Contributions and events (Dout) (III line 14)		Prior Year 1,184,933.	Current Year 2,452,263.
Revenue	8	Contributions and grants (Part VIII, line 1h)		0.	0.
ven	9	Program service revenue (Part VIII, line 2g)		147,164.	297,141.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-2,626.	37,270.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,329,471.	2,786,674.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		495,423.	619,726.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		272,960.	311,220.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ä	b	Total fundraising expenses (Part IX, column (D), line 25)		200 122	220 410
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		309,133.	238,416.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·····	1,077,516.	1,169,362.
	19	Revenue less expenses. Subtract line 18 from line 12		251,955.	1,617,312.
Net Assets or Fund Balances			B	eginning of Current Year	End of Year
sset Balai	20	Total assets (Part X, line 16)		9,457,023.	11,977,080.
at As	21	Total liabilities (Part X, line 26)		209,884.	120,644.
ž,	22	Net assets or fund balances. Subtract line 21 from line 20		9,247,139.	11,856,436.
	art II	Signature Block			
	•	lties of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and belief, it is
true,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare/	r has any knowledge.	

	Signature of officer			Date
Sign	, , ,			Dale
Here	GREG FLORES, EXECUTIVE	I DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid			09/30/	122 if self-employed
Preparer	Firm's name 🕨 ALDRICH CPAS ANI			Firm's EIN 🕨
Use Only	Firm's address 📐 7676 HAZARD CENT	ER DRIVE, STE 1300		
	SAN DIEGO, CA 92	2108		Phone no. (619) 810 - 4940
May the I	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	OPPO (2021) CANCER FOR COLL	EGE	93-1144756 Page 2
	rt III Statement of Program Service Accom	plishments	
	Check if Schedule O contains a response or note t	o any line in this Part III	
1	Briefly describe the organization's mission:		
•	CANCER FOR COLLEGE PROVIDES	NEED-BASED COLLEGE SCHOLA	ARSHIPS AND
	EDUCATIONAL EXPERIENCES TO C		
2	Did the organization undertake any significant program s	onvices during the year which were not listed on t	ho
2		0	
-	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significa	nt changes in how it conducts, any program serv	ices?Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplish		
	Section 501(c)(3) and 501(c)(4) organizations are require	to report the amount of grants and allocations to	o others, the total expenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 847, 578.	including grants of \$ 619,726.	(Revenue \$)
	CANCER FOR COLLEGE PROVIDES	NEED-BASED COLLEGE SCHOLA	ARSHIPS AND
	EDUCATIONAL EXPERIENCES TO C	ANCER SURVIVORS. SCHOLARS	SHIPS ARE SENT TO
	THE SCHOLARS UNIVERSITY IN T	HE NAME OF THE STUDENT. S	SCHOLAR MUST BE
	ATTENDING AN ACCREDITED COLL	EGE, UNIVERSITY OR TRADE	SCHOOL IN THE
	UNITED STATES. SCHOLARS MUST	-	
	HOUSEHOLD INCOME OF \$150K OR		
	WHO HAS BEEN DIAGNOSED EITHE		
	2021, THE CHARITY AWARDED 14		
4b	(Code:) (Expenses \$	including grants of \$)	(Revenue \$)
4.			
4c	(Code:) (Expenses \$	including grants of \$)	(Revenue \$)
4d	Other program services (Describe on Schedule O.)		
Ψu)
<u> </u>	(Expenses \$ including grants of \$) (Revenue \$ 7,578.)
4e	Total program service expenses 84	1,510.	Faura 000 (2001)

 Form 990 (2021)
 CANCER
 FOR
 COLLEGE

 Part IV
 Checklist of Required Schedules

4 Section 501(c)(3) organizations. Dd the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy year? If 'res,' complete Schedule D, Part I // 2 5 Is the organization a section 501(c)(a), 501(c)(b), or 501(c)(b) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 88:197 II 'Yes,' complete Schedule D, Part II 6 2 6 Did the organization mether and yod or advised massement, including assements to preserve open space. the environment, instroic land areas, or historic structures? II 'Yes,' complete Schedule D, Part II 7 2 7 Did the organization mether of an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit consening, dott management, credit repart, or doth negotiation services? II 'res,' complete Schedule D, Part IV 7 2 9 Did the organization direction or investments and practical section in the section section in the advised section in the section section is a custodian for amounts not listed in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 10, Part V 10 2 9 Did the organization divertion through related organization, hold assets in donorrestricted endowments or in quasi endowment? If 'Yes,' complete Schedule D, Part X, line 12, that is 5% or more of its total assets reported in Part X, line 171 'Yes,' complete Schedule D, Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17				Yes	No
2 1 It he organization required to complete Schedule B, Schedule C, Part I 2 X 3 Did the organization anguge in disct or indirect political campaign activities on behalf of in oppoation to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 2 4 Section 501(c)(3) organizations. Did the organization anguge in lobbying activities, or have a section 501(b) election in effect 4 4 2 5 Is the organization a section 501(c)(4), 501(c)(3), or 501(c)(3) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 981:917 'Yes,' complete Schedule D, Part II 6 2 6 Did the organization maintain any donor advised funds or accounts for which donors have the right to provide advise. On thoid account and amounts in such tonds or accounts for which donors have the right to provide advised asso, or historic at mounts in such tonds or accounts for which account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, provide organization, hold assets in donor-estiticted endowmerts I''''se,'' complete Schedule D, Part V 7 2 7 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts in other liand, buildings, and equipment in Part X, line 10? I'''se,'' complete Schedule D, Part V 7 2 9 Did the organization report an amou	1	• • • • • • • • • • • • • • • • • • • •		v	
3 Dd the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part II 3 2 3 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/II 'Yes,' complete Schedule C, Part II 4 2 4 Did the organization markina and yoor advised funds or any similar runds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts I/I 'Yes,' complete Schedule D, Part II 6 2 9 Dd the organization markina collections of vorks of art. historic at reasures, or other similar assets? II 'Yes,' complete Schedule D, Part II 7 2 9 Dd the organization requires or through a marking organization through a robid a conservation (autor any similar assets? II 'Yes,' complete Schedule D, Part II 7 2 9 Dd the organization requires or through a reliated organization, require year, or other similar assets? II 'Yes,' complete Schedule D, Part II 7 2 9 Dd the organization metry or through a reliated organization, hold assets in donor-restricted endowments or in quasi endowments? II 'Yes,' complete Schedule D, Part II 7 2 9 Dd the organization server. 10 2 11 2 9 Dd the organization metry or through a reliated organization, hold assets in donor-restricted endowments or in quasi endowments? II 'Yes,' complete Schedule D,	_	If "Yes," complete Schedule A			
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4 Section 501(c)(3) organizations. Dd the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy year? If 'res,' complete Schedule D, Part I // 2 5 Is the organization a section 501(c)(a), 501(c)(b), or 501(c)(b) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 88:197 II 'Yes,' complete Schedule D, Part II 6 2 6 Did the organization mether and yod or advised massement, including assements to preserve open space. the environment, instroic land areas, or historic structures? II 'Yes,' complete Schedule D, Part II 7 2 7 Did the organization mether of an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit consening, dott management, credit repart, or doth negotiation services? II 'res,' complete Schedule D, Part IV 7 2 9 Did the organization direction or investments and practical section in the section section in the advised section in the section section is a custodian for amounts not listed in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 10, Part V 10 2 9 Did the organization divertion through related organization, hold assets in donorrestricted endowments or in quasi endowment? If 'Yes,' complete Schedule D, Part X, line 12, that is 5% or more of its total assets reported in Part X, line 171 'Yes,' complete Schedule D, Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17	3				x
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5 Is the organization asceltion 501(c)(4), 501(c)(6), or 601(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in ther, Proc. 89-191 (***), ** 5 2 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? if "Yes," complete Schedule D, Part II 7 2 6 2 7 Did the organization maintain any donor advised funds or any similar funds or accounts? if "Yes," complete Schedule D, Part II 7 2 8 Did the organization maintain collections of works of art, historical treasurus, or other similar amagets? If "Yes," complete Schedule D, Part II 7 2 9 Did the organization, factory of through a related organization, hold assets in donor estricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 7 2 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 2 10 Did the organization report an amount for investments - porgam related 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 VII 10 2 10 Did the organization report an amount for othre assets in Part X, line 12, that is 5% or more of its total	4				x
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or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 2 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII	40		9		
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. 11 12 a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 11a 12 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 VII 11b 12 c 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? If "Yes," complete Schedule D, Part VII 11c 12 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 11c 12 e Did the organization report an amount for other tablitis in Part X, line 25? If "Yes," complete Schedule D, Part X 11t 12 f Did the organization is separate, independent audited financial statements for the tax year? 11t 12 11t 2 d Did the organization included in consolidated, independent audited financial statements for the tax year? 11t 2 12 12 12 12 12 12 12 12 12 12 12 12 12	10		10		x
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Form **990** (2021)

 Form 990 (2021)
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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			
	chedule J			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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			<u></u>
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			v
~~	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
~	contributions? If "Yes," complete Schedule M			A X
31				_ <u>^</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	32		x
~~	Schedule N, Part II			_ <u>^</u>
33				x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
D.	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?	330		
50	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			
07	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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021)	CANCER	FOR (COLLEGE	
Statements	Regarding C	other IR	S Filings and	Tax Compliance (continued)

Form 990 (2021)

Part V

			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 4	2b	х			
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?					
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X 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	~			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x		
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		21		
D	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		х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
c	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?					
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).					
а	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			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			x		
е						
f	5 , 5 , 1 , , , , , , , , , , , , , , ,					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•				
•	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.	9a				
a b						
10	 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders [11a]					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	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 12b					
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					
	Enter the amount of reserves on hand			v		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>		
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(c) during the year?	15		х		
	excess parachute payment(s) during the year?	15				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х		
10	If "Yes," complete Form 4720, Schedule O.	10				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.					

Form 990	(2021)
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CANCER FOR COLLEGE

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6		
	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		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip with a	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			
	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	1990 was	s filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		. 5		X
6	Did the organization have members or stockholders?			. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint o	one or			
	more members of the governing body?			. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	stockho	lders, or			
	persons other than the governing body?			. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the	following:			
а	The governing body?			. 8a		
b	Each committee with authority to act on behalf of the governing body?			. 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached a	t the			
	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?			. 10	3	X
b	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?			. 10	<u>ہ</u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befor	e filing the form?	11	3	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			. 12		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			. 12	5 X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
	on Schedule O how this was done			. 12		
13	Did the organization have a written whistleblower policy?			. 13	Х	

exempt status with respect to such arrangements?

17	List the states with which a copy of this Form 990 is required to be filed CA, AL, AK, AR, CT, FL, HI, IL, KY, ME, MD, MA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	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 \blacktriangleright

		OTHI			OTT T T T	004	THE OTTER A	~ ~	
18/165 (ייני בנברי	())(())		0110660	QIII III III	111	''' μ'Μ μ'(''' Ι Ι Ι . Δ	(')	u /sun
20403 (OWIN	T. LON T	SINDI,	COLLE		TEMECULA		92390

Did the organization have a written document retention and destruction policy?

Did the process for determining compensation of the following persons include a review and approval by independent

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

taxable entity during the year?

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

persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Х

Х

Х

Х

14

15a

15b

16a

16b

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	mployees,	Highest	Compensate	əd
	Employees, and Independe	ent Contrac	ctors					

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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, 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	id a d I	irecto	or/trus	stee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ę.			ated		organization	(W-2/1099-MISC/	from the
	related	istee	truste		e	bensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	onal		ploye	t com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GREG FLORES	40.00	=	=	ò	l ₹	드 뉴	R.			
EXECUTIVE DIRECTOR				x				126,250.	0.	3,630.
(2) O. CRAIG POLLARD	20.00									
PRESIDENT/CEO		x		x				0.	Ο.	0.
(3) DAN HUGHES	1.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(4) ROB O'CARROLL	1.00									
TREASURER		X		х				0.	0.	0.
(5) JOLENE LEONARD	1.00									_
SECRETARY		X		х				0.	0.	0.
(6) EMIL WOHL	1.00									
AT LARGE		Х						0.	0.	0.
		<u> </u>								
		1								
		1								
		<u> </u>	<u> </u>		<u> </u>					

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Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	hours per b week		not c , unle	ss pe	ition ^{more} rson i	than o is botl pr/trus	h an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	on I	(F) Estimated amount of other compensatior		of
		hours for related organizations below line)	related rganizations below below below rganizations rg					SC/	from the organization and related organizations					
											_			
с	Subtotal Total from continuation sheets to Part VI	I, Section A							126,250. 0.		0.			30.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n							► no r	126,250. eceived more than \$100	.000 of reportab	0. le		3,6	30.
_	compensation from the organization						.,			.,				1
3	Did the organization list any former officer,			key e	empl	loye	e, or	hig	ghest compensated emp	oloyee on	ſ		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	um of reportabl	le co	omp	ensa	ation	n and	d ot				3		x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									idual for services		4		x
_	rendered to the organization? If "Yes," com								v			5		Х
1	tion B. Independent Contractors Complete this table for your five highest co	mnensated in	lene	nde	ent c	ontr	racto	ors t	that received more than	\$100 000 of com	nens	ation f	rom	
	the organization. Report compensation for	-	-						n the organization's tax					
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	C	(C omper		n
2	Total number of independent contractors (i	•	ot li	mite	d to	tho:	-	stec	d above) who received n	nore than				

Forn	1 99	0 (;		ICE	R FOR	CO	LLEGE			93-1144	756 Page 9
Pa	rt V	/	Statement of Re								
			Check if Schedule O	cont	ains a respo	nse	or note to any lir	ne in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	Unrelated	(D) Revenue excluded from tax under sections 512 - 514
nts its	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
Am (Fundraising events				732,135.				
ilar İlar		d	Related organizations		1d						
Sin',			Government grants (cont		· ·		49,805.				
utio Ier (f	All other contributions, gifts,			1	670 202				
Q E E E			similar amounts not included				670,323.				
		g	Noncash contributions included in				>	2,452,263.			
0.0		n	Total. Add lines 1a-1f				Business Code	2,452,205.			
Ð	2	а					Busiliess Code				
, vic	2	b b									
Sei		c									
am		d									
Program Service Revenue		е									
д		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f				►				
	3		Investment income (inclu	-							
			other similar amounts) \dots					297,141.			297,141
	4		Income from investment		•		-				
	5		Royalties	· · · · · · ·	(i) Real		(ii) Personal				
		_	Overe vente				(II) Personal				
	0	a h	Gross rents	6a 6b							
		C C	Less: rental expenses Rental income or (loss)	6c							
		d	Net rental income or (loss	<u> </u>	I						
	7		Gross amount from sales of		(i) Securit		(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
anı			and sales expenses	7b							
evenue		с	Gain or (loss)	7c							
			Net gain or (loss)			·····	►				
Other R	8	а	Gross income from fundraisi								
0			including \$ 732								
			contributions reported or		,		189,257.				
		h	Part IV, line 18 Less: direct expenses			8a 9h	155,887.				
			Net income or (loss) from				<u>→→→→→→→→→→→→→→→→→→→→→→→→→→→→→→→→→→→→</u>	33,370.			33,370
	9		Gross income from gamir								,
			Part IV, line 19			9a	2,000.				
		b	Less: direct expenses			9b	0.				
			Net income or (loss) from			s	►	2,000.			2,000.
	10	а	Gross sales of inventory,								
			and allowances				-				
			Less: cost of goods sold			10b		1 0 0 0		1 000	
		С	Net income or (loss) from	sale	s of invento	ry		1,900.		1,900.	
sņ		æ					Business Code				
neo	11							<u> </u>			
ver		b c									
Miscellaneous Revenue		-	All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					2,786,674.	0.	1,900.	332,511

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CANCER FOR COLLEGE

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	se or note to any line in	this Part IX	,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
~	individuals. See Part IV, line 22	619,726.	619,726.		
3	Grants and other assistance to foreign				
Ū	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,				
Ŭ	trustees, and key employees	129,880.	71,434.	25,976.	32,470.
6	Compensation not included above to disqualified		, _ • _ •		
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	155,277.	88,014.	12,935.	54,328.
8	Pension plan accruals and contributions (include			,,,,,,,	,-200
Ū	section 401(k) and 403(b) employer contributions)	3,911.	2,200.	330.	1,381.
9	Other employee benefits		_,		_,
10	Payroll taxes	22,152.	12,326.	3,102.	6,724.
11	Fees for services (nonemployees):	,	, ,	-,	-,
	Management				
	Legal				
	Accounting	79,768.		79,768.	
	Lobbying	,			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	56,260.		56,260.	
	Other. (If line 11g amount exceeds 10% of line 25,	,			
9	column (A), amount, list line 11g expenses on Sch 0.)	22,072.	18,990.	2,372.	710.
12	Advertising and promotion	14,676.	4,843.	4,990.	4,843.
13	Office expenses	12,068.	6,978.	1,831.	3,259.
14	Information technology		,		
15	Royalties				
16	Occupancy	18,551.	6,122.	6,307.	6,122.
17	Travel	8,650.	4,325.		4,325.
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	5,808.	1,917.	1,974.	1,917.
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	DUES AND SUBSCRIPTIONS	10,599.	5,300.	2,649.	2,650.
b	TAXES AND LICENSES	6,808.	2,247.	4,221.	340.
c	SCHOLARSHIP/PROGRAM FEE	3,156.	3,156.	0.	0.
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,169,362.	847,578.	202,715.	119,069.
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)				
		K			Eorm 990 (2021)

	n 990 (j			93-	1144756 Page 11
Pa	rt X	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	381,415.	1	591,868.
	2	Savings and temporary cash investments	590,673.	2	501,636.
	3	Pledges and grants receivable, net	6,000.	3	80,696.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	0.	8	2,855.
Ř	9	Prepaid expenses and deferred charges	26,487.	9	27,345.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	8,452,448.	11	10,772,680.
	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)	9,457,023.	16	11,977,080.
	17	Accounts payable and accrued expenses	62,423.	17	111,789.
	18	Grants payable		18	
	19	Deferred revenue	97,656.	19	8,855.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	40.005		
		of Schedule D	49,805.	25	0.
	26	Total liabilities. Add lines 17 through 25	209,884.	26	120,644.
ŝ		Organizations that follow FASB ASC 958, check here \blacktriangleright X			
nce		and complete lines 27, 28, 32, and 33.	0 420 004		11 120 500
ala	27	Net assets without donor restrictions	8,439,204. 807,935.	27	11,130,562. 725,874.
d B	28	Net assets with donor restrictions	807,935.	28	/25,8/4.
'n		Organizations that do not follow FASB ASC 958, check here 🕨 🛄			
٩. ۲		and complete lines 29 through 33.			
ets	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	0 0/7 100	31	11 056 136
ž	32	Total net assets or fund balances	9,247,139. 9,457,023.	32	<u>11,856,436.</u> 11,977,080.
	33	Total liabilities and net assets/fund balances	5,437,043.	33	
					Form 990 (2021)

Form	990 (2021) CANCER FOR COLLEGE	93	-1144	756	Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,780 ,169					
2									
3	Revenue less expenses. Subtract line 2 from line 1	3		,61'					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	,24'					
5	Net unrealized gains (losses) on investments	5		99:	1,9	85.			
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									
	column (B))	10	11	,85	5,4	36.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	в,						
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule	О.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit						
	Act and OMB Circular A-133?			3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Зb					

Form **990** (2021)

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
2021
Open to Public Inspection

Nan	ne of t	the organization		1 000					
			ER FOR COL						3-1144756
Ра	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete ti	nis part.) S	see instruction	ns.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(*	1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov		nental unit described in s	section 17	70(b)(1)(A)	(v).		
	Χ	An organization that norma						the general	public described in
		section 170(b)(1)(A)(vi). (Co		······ - ··· - · ·· - - - · · ·				J	
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college							
Ũ		or university or a non-land-g							
		university:	grant conege of agric			name, en	y, and state o	i tric colleg	
10		An organization that norma	Illy racaivas (1) mara	than 33 1/3% of its sup	port from	contributio	ne mombore	hin foos a	ad gross receipts from
10		activities related to its exem							
		income and unrelated busir							
		See section 509(a)(2). (Cor				3363 acqu		ganization	
11		An organization organized a		ively to test for public sa	foty Soo	soction 50	Q(a)(4)		
12	\square	An organization organized a	-	•	•			arny out the	purposes of one or
12		more publicly supported or	-	•	-			-	
		lines 12a through 12d that							
а		Type I. A supporting orga							aivina
a			-	-	•				
		the supported organization			a majority	of the dire	ctors or trust	ees of the s	supporting
		organization. You must c	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	-						
С		☐ Type III functionally inte						illy integrate	ed with,
		its supported organization							
d		☐ Type III non-functionally		• •				-	
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness						iveness		
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.								
е		Check this box if the orga					а Туре I, Туре	e II, Type III	
		functionally integrated, or	<i>.</i>	, , ,	0 0				
f		er the number of supported o							
<u> </u>		vide the following information			(iv) is the orga	nization listed	(.) (· · · · · · · · · · · · · · · · · · ·	
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ii	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See ii	1311 40110113)	
Tota	al								

CANCER FOR COLLEGE

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	816,983.	1855801.	1670202.	1184933.	2452263.	7980182.
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	816,983.	1855801.	1670202.	1184933.	2452263.	7980182.
5		-					
-	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)						3811584.
6	Public support. Subtract line 5 from line 4.						4168598.
	ction B. Total Support						41003901
	ndar year (or fiscal year beginning in)	(a) 2017	(6) 0019	(a) 2010	(4) 2020	(a) 2021	
		(a)2017 816,983.	(b)2018 1855801.	(c) 2019 1670202.	(d) 2020 1184933.	(e) 2021 2452263.	(f) Total 7980182.
-	Amounts from line 4	010,505.	1033001.	10/0202.	1104030.	2452205.	7500102.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		16 696	100 004	146 046	207 141	620 057
	and income from similar sources \dots		16,686.	180,084.	146,046.	297,141.	639,957.
9	Net income from unrelated business						
	activities, whether or not the	10 000		1 450			
	business is regularly carried on \dots	19,628.	237,323.	1,450.	0.	37,270.	295,671.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8915810.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (line 6, column (f), d	livided by line 11,	column (f))		14	46.76 %
15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	51.15 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2020. If the o						nis box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets th	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•				
-10		and not one on a		a, 100, 17a, 01 17k			

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
U	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
Ċ	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box a						
ł	33 1/3% support tests - 2020. If the						3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
-				, ,			

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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.
0	Did the experimentation energies for the banefit of any supported experimentation other than the supported

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

|--|

			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 organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e 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 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 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 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

CANCER FOR COLLEGE

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A	(Form 990) 2021	CANCER FOR	COLLEGE	93-1144756 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, line	, 3b, 3c, 4b, 4c, 5a, 6 es 2 and 3; Part IV, S	explanations required by Part II, line 10; Part II, 5, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectio ection E, lines 1c, 2a, 2b, 3a, and 3b; Part V, lir E, lines 2, 5, and 6. Also complete this part for a	n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V,
	(

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

93-1144756

CANCER FOR CO	LLEGE
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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.

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) (2021)

No.

Name of o	rganization	En	ployer identification numbe
CANCE	R FOR COLLEGE		93-1144756
Part 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
<u> 1</u>		\$1,496,895	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$49,805	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$150,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Payroll Payroll Oncash Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(2)		\$(c)	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)

Name, address, and ZIP + 4

Nar

identification number

Total contributions

\$

Person Payroll Noncash (Complete Part II for noncash contributions.)

Type of contribution

Schedule B (Form 990) (2021)

CZ

CANCER FOR COLLEGE

Name of organization

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

	Noncash Property (see instructions). Use duplicate copies of P		-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		 \$	
-		V	
(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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
-			
-		 \$	

93-1144756

Name of or	rganization			Employer identification number
CANCER	R FOR COLLEGE			93-1144756
Part III	Exclusively religious, charitable, etc., contribut 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 charitable, etc., contributions of \$1,000	entry For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
F		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) [escription of how gift is held
Part I	(b) t dipose of gitt			
-		(e) Transfer of	gift	
	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) D	escription of how gift is held
		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee
(a) No. from		[ecovirties of how sift is hold
Part I	(b) Purpose of gift	(c) Use of gift	(a) D	escription of how gift is held
		(e) Transfer of	gift	
ŀ	Transferee's name, address, a			transferor to transferee

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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



Name of the organization

Employer identification number

Hum	CANCER FOR COLLEGE	C	93-1144756
Pa	t I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end 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 organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organiza	tion (check all that apply).	
	Preservation of land for public use (for example, recre	ation or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
с	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year 🕨		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conse	ervation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, har	idling of violations, and enforcing conservati	ion easements during the year
•		the set of the results of eachiers 170/	
8	Does each conservation easement reported on line 2(d) abo		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserva		
9	balance sheet, and include, if applicable, the text of the foo	-	
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on For		
1a	If the organization elected, as permitted under FASB ASC 9		nd balance sheet works
	of art, historical treasures, or other similar assets held for pu	· ·	
	service, provide in Part XIII the text of the footnote to its fina		•
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for publ		
	provide the following amounts relating to these items:		-
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tr		
	the following amounts required to be reported under FASB	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• *
	Assets included in Form 990. Part X		

		FOR COLLEG				1144756	
Par	t III Organizations Maintaining C	ollections of A	rt, Historical T	reasures, or Oth	ner Similar As	sets(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	e following that make	significant use o	f its	
	collection items (check all that apply):						
а	Public exhibition	d		change program			
b	Scholarly research	e	e L Other				
С	Preservation for future generations						
4	Provide a description of the organization's co					Part XIII.	
5	During the year, did the organization solicit o		,	,			
Do	to be sold to raise funds rather than to be ma						No No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organizati	on answered "Yes" o	n Form 990, Part	IV, line 9, or	
			diaus (fau a autuilas stia				
Ia	Is the organization an agent, trustee, custodi		•			Yes	
h	on Form 990, Part X?					L Tes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the lo	nowing table.			Amount	
~	Boginning balanco				1c	<i>y</i> anotane	
	Additions during the year						
	Additions during the year						
f	Ending balance						
2a	Did the organization include an amount on Fe					Yes	No
	If "Yes," explain the arrangement in Part XIII.						
Par							
		(a) Current year	(b) Prior year	(c) Two years back		ack (e) Four y	ears back
1a	Beginning of year balance						
	Contributions						
	Net investment earnings, gains, and losses						
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cur	rent year end baland	ce (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 sho	uld equal 100%.					
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administered for	the organization		
	by:					Y I	'es No
	(i) Unrelated organizations					3a(i)	
	(ii) Related organizations			-		3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza			?		3b	
4	t VI Land, Buildings, and Equipm		owment funds.				
Fai	Complete if the organization answere		D Part IV line 11a	Soo Form 000 Part	(line 10		
			· · · · · · · · · · · · · · · · · · ·				
	Description of property	(a) Cost or o basis (investr	• •	• • •	Accumulated epreciation	(d) Book	value
	Land						
	Buildings						
	Leasehold improvements						
	Equipment						
	Other						
Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)	🕨		0.

Schedule D (Form 990) 2021

Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total (Col. (b) must equal Form 000, Part Y, col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
	on Form 000 Dart IV lin	11a Saa Form 000 Dart V lina 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-	wear market value
		(c) Method of Valuation. Cost of end-of-	year marker value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Col (b) must equal Form 000 Part V col (P) line 12)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Part IX Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
Part IX Other Assets. Complete if the organization answered "Yes"	I on Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		9 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	Description		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	Description		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes"	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (3)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	Description		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Sche	edule D (Form 990) 2021 CANCER FOR COLLEGE			93-3	1144756	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With				<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,778,	659.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	991,985.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	991,	
3	Subtract line 2e from line 1			3	2,786,	674.
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	2,786,	674.
De						
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements Wit	h Expenses per	Retu	ırn.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line		h Expenses per	Retu		
1		e 12a.		Retu	ırn.	362.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				362.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	9 12a.				362.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	212a.				362.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	212a.				362.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2b 2c				362.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d			1,169,	0.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d		1		0.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		1 2e	1,169,	0.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d		1 2e	1,169,	0.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a		1 2e	1,169,	0.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b		1 2e	1,169,	0. 362. 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b		1 2e 3	1,169,	0. 362. 0.

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

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISIONS OF UNCERTAIN TAX POSITIONS AS
ADDRESSED IN FASB ACCOUNTING STANDARDS CODIFICATION. THE ORGANIZATION
RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX
POSITIONS AS PART OF THE INCOME TAX PROVISION, WHEN APPLICABLE. THERE ARE
NO AMOUNTS ACCRUED IN THE FINANCIAL STATEMENTS RELATED TO UNCERTAIN TAX
POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020.

SCHEDULE G	Suppleme	ntal Information Regardin	ig Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" or organization entered more than \$				or 19,	or if the	2021	
Department of the Treasury		Attach to Form 99	90 or Fo	rm 99	0-EZ.			Open to Public	
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for ins	tructior	is and	the latest informat	ion.	Employer i	Inspection dentification number	
CANCER FOR COLLEGE 93-1144756									
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 									
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paic r retained by undraiser ed in col. (i)		
			Yes	No					
Total									
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solic	it contrik	outions	s or has been notified	d it is	exempt fron	registration	

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

Schedule G (Form 990) 2021

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	(b) Event #2	(c) Other events	(d) Total events
			CLASSY GOLF		3	(add col. (a) through
			CLASSIC (event type)	HOLIDAY JAM (event type)	(total number)	col. (c))
	1 Gross	eceipts	186,198.	127,769.	607,425.	921,392
	2 Less: 0	Contributions	89,710.	35,000.	607,425.	732,135
	3 Gross i	ncome (line 1 minus line 2)	96,488.	92,769.		189,257
	4 Cash p	rizes				
	5 Noncas	sh prizes				
		cility costs	30,098.	11,045.	10,315.	51,458
		nd beverages				
	8 Enterta	inment				
		lirect expenses		42,776.	41,527.	
ŀ		expense summary. Add lines 4 throug			>	155,887
		ome summary. Subtract line 10 from aming. Complete if the organization				33,370
	\$1	5,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad
			(,,,	bingo/progressive bingo		col. (a) through col. (a
	1 Gross	evenue		bingo/progressive bingo		col. (a) through col. (
╋		revenue		bingo/progressive bingo		col. (a) through col. (c
	2 Cash p			bingo/progressive bingo		col. (a) through col. (c
	 Cash p Noncas 	rizes		bingo/progressive bingo		col. (a) through col. (c
	 Cash p Noncas Rent/fa 	rizes				col. (a) through col. (c
	 Cash p Noncas Rent/fa 	rizes		bingo/progressive bingo		col. (a) through col. (c
	 Cash p Noncas Rent/fa Other c Volunte 	rizes	%	Yes%	Yes%	col. (a) through col. (c
	 Cash p Noncas Rent/fa Other c Other c Volunta Direct c 	rizes		└── Yes % └── No	Yes% No	col. (a) through col. (c
	 Cash p Noncas Rent/fa Other c Other c Volunte Direct a Net ga 	rizes	yes% □ Yes% □ No 15 in column (d) 7 from line 1, column (d)	└── Yes % └── No	Yes% No	col. (a) through col. (
	 Cash p Noncas Rent/fa Other c Other c Volunta Volunta Net ga Enter the s 	rizes	Yes % No 15 in column (d) 7 from line 1, column (d) Ucts gaming activities:	└── Yes% └── No	Yes% No	
a	 Cash p Noncas Rent/fa Other of Other of Volunta Volunta Net gas Enter the s Is the organ 	rizes	Yes% No	└── Yes% └── No	Yes% No	

b If "Yes," explain:

132082 10-21-21

Schedule G (Form 990) 2021

Sch	hedule G (Form 990) 2021 CANCER FOR COLLEGE	93-1	14475	6 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for to administer charitable gaming?	med	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility		13a	%
	b An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and			/0
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenu	e?	└── Yes	s ∟ No
k	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the second sec	ie amount		
	of gaming revenue retained by the third party >			
c	c If "Yes," enter name and address of the third party:			
	Name 🕨			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		└── Yes	i 📖 No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the		
	organization's own exempt activities during the tax year s			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a	and (v); and Par	t III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

(*********		

SCHEDULE I	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States							OMB No. 1545-0047
(Form 990)		2021						
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.							Open to Public Inspection
Name of the organiza		R COLLEGE						Employer identification number 93-1144756
Part I General Information on Grants and Assistance								
criteria used to	ization maintain records award the grants or assi t IV the organization's pro	stance?						
Part II Grants a	nd Other Assistance to that received more than	Domestic Organi	zations and Domesti	c Governments. (Complete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and a	ddress of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	ber of section 501(c)(3) a			ne line 1 table	•		•	·
	ber of other organization k Reduction Act Notice			<u></u>				Schedule I (Form 990) 2021

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.

			(e) Method of valuation (book, FMV, appraisal, other)	
147	619,726.	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

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

CANCER FOR COLLEGE

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 QUESTION. FAILURE TO DISCLOSE A CONFLICT OF INTEREST CAN BE GROUNDS FOR REMOVAL FROM THE CANCER FOR COLLEGE EXECUTIVE BOARD.

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

COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD/COMPENSATION

COMMITTEE.

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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

ORM 990, PART VI, SECTION C, LINE 19:	
OCUMENTS ARE MADE AVAILABLE UPON REQUEST.	
x x - x	
	Schedule O (Form 990)

Schedule O (Form 990) 2021

CANCER FOR COLLEGE

Name of the organization

Page 2

Employer identification number 93-1144756

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File :	a separate	application	for each	n 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	Name of exempt organization or other filer, see instru	ictions.		Taxpayer identification number (TIN)			
print	CANCER FOR COLLEGE	93-1144756		6			
File by the due date f filing your	for Number, street, and room or suite no. If a P.O. box, see instructions.						
return. Sei instructior							
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			01	
Applica	ition	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	90 or Form 990-EZ	01	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 99	90-PF	04	Form 5227			10	
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	90-T (trust other than above)	06	Form 8870			12	
Form 99	90-T (corporation)	07	OLD TOWN FRONT ST				
 If the If thi box 1 the the<	ohome No. ▶ 760-599-5096 e organization does not have an office or place of busines s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until ne organization named above. The extension is for the org X calendar year 2021 or the tax year entered in line 1 is for less than 12 months, or Change in accounting period	Group Exe and atta NOVEI anization's	emption Number (GEN) I ich a list with the names and TINs of MBER 15, 2022 , to file s return for: d ending	f this is fo all memb	r the whole group, c ers the extension is npt organization retu 	for.	
a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 3a any nonrefundable credits. See instructions. 3a					0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069			3b	\$	0.	
_	stimated tax payments made. Include any prior year over alance due. Subtract line 3b from line 3a. Include your pa			30	φ 		
	sing EFTPS (Electronic Federal Tax Payment System). Se	•		3c	s	0.	
	n: If you are going to make an electronic funds withdrawal				nd Form 8879-TE for		

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

Form 8868 (Rev. 1-2022)