

Organization Information

Legal Name

Michelle's Place Cancer Resource Center

DBA (if Applicable)

n/a

Program Name/Title

Health Education and Outreach

Brief Program Description

The Health Education and Outreach program empowers the Fallbrook Regional Healthcare District residents with information and resources to make the best choices for their health and provides cancer patients and their families with resources to support them in their fight against cancer.

Is this a new (pilot, recently developed) or established program?

Established Program

Program Information - Type

Ongoing

Requested Amount

21428

Organization's Mission Statement

Empowering individuals and families impacted by cancer through education and support services.

Organization's Vision Statement

No one should face cancer alone.

Agency Capability

Since inception in 2001, over 200,000 free services have been received by women and their families dealing with breast cancer. Michelle's Place started as an all volunteer organization providing 5-10 mammograms a year and about 200 services. Today, the Center has grown to providing on average 15,000 free services annually, employing 10 staff and 123 volunteers. As the need grows, Michelle's Place meets those needs. In 2018, Michelle's Place expanded to serve all cancers and began construction of the regions only cancer resource center. Today, the Center includes 10,000 sq. ft. of resources for anyone dealing with cancer. Each month there are 23 different classes, support groups and seminars happening 50 times a month. Michelle's Place provides direct services such as wigs, prosthesis, one-on-one support, a variety of support groups, financial assistance, transportation, weekly yoga, Reiki and Tai Chi. Michelle's Place also offers mental health services, has a lending library, a walking club and application assistance.

In 2019, Michelle's Place expanded to Northern San Diego County by opening a satellite office in Fallbrook. There are currently no cancer resources available in the area and thanks to a grant from the Fallbrook Regional Healthcare District, Michelle's Place is able to provide one on one support, financial assistance, transportation and education and outreach to empower cancer patients to be their own best advocate for their health.

Agency Collaborations

Michelle's Place is grateful for the relationships and collaborations we have in the District. Since 2019 when Michelle's Place intentionally began targeting the FRHD residents for our programs, the community has been very welcoming. We partner with Fallbrook Family Health to provide access to women needing their annual mammogram by providing a mobile mammography day. We provide information and resources as clients access the mobile unit. We have also partnered with them to provide educational opportunities to our Spanish speaking clients. And, Michelle's Place has provided educational seminars at their facility.

This year, we will partner with the Fallbrook Food Pantry to provide nutritional education to the community through educational seminars and one-on-one consultations.

We also collaborate with the Fallbrook Chamber of Commerce to utilize members skills to provide classes and seminars to our clients. These skill sets include seminars on health, Reiki, yoga and mental health.

Target Population - Age

| | Percent of program participants | Estimated number of participants |
|---|---------------------------------|----------------------------------|
| Children (infants to 12) | | |
| Young Adults (13-17) | | |
| Adults (18-60) | 100 | 2360 |
| Seniors (60+) | | |
| We do not collect this data (indicate with 100%)* | | |

Target Population not collected - Age

n/a

Gender

| | Percent of program participants |
|------------|---------------------------------|
| Female | 85 |
| Male | 15 |
| Non-binary | |
| Unknown* | |

*Target Population - Gender

N/A

Income Level

| | Percent of program participants |
|---|---------------------------------|
| Extremely Low-Income Limits, ceiling of \$32,100 | 25 |
| Very Low (50%) Income Limits, ceiling of \$53,500 | 25 |
| | |

| | Percent of program participants |
|---|---------------------------------|
| Low (80%) Income Limits, ceiling of \$85,600 | 50 |
| Higher Than Listed Limits | |
| We do not collect this data (indicate with 100%)* | |

*Target Population - Income Level

The health and education outreach program will target the community at large so they will not be required to fill out an application that collects their income level. Some of the participants in this program will request direct services such as financial assistance, transportation and a variety of cancer care kits. These participants will fill out an application that will collect their income levels. We will report on these individuals.

Projected number of residents that will directly benefit (participant/client) from this program.

2360

Social Determinants of Health (SDOH)

Program/Services Description - Social Determinants of Health

Healthcare Access & Quality (Access to Health Care, Access to Primary Care, Health Literacy)

Statement of Need/Problem

Michelle's Place estimates there are over 600 cancer patients in the FRHD. Michelle's Place is currently serving approximately 125 FRHD residents. Less than half of those residents are seeking support at the Fallbrook site located within the FRHD Community Health and Wellness Center. Through this program, the Michelle's Place Patient Navigator will intentionally seek the community at large with information on Michelle's Place resources, provide free educational programs and classes at the CHWC and attend events and speaking engagements to promote these programs. Through these efforts our goal is to reach more of the community, encourage better health, increase the amount of cancer patients receiving support at the CHWC and overall provide opportunity for better health.

There is a significant Hispanic population in the FRHD (approx. \$18,273 in 2020) that are not seeking resources through our programs. We have three Spanish speaking patient navigators and a Community Health Worker who is bilingual. We will provide Spanish speaking educational opportunities and produce collateral in Spanish to reach this population.

Michelle's Place is the only cancer resource center serving the residents of the FRHD.

Statement of Need/Problem - Others

There are currently no other organizations providing health education and outreach to cancer patients in the community.

Program/Services Description - Program Entry

This program is focused on providing the greater Fallbrook area residents with education on the resources available to them through Michelle's Place as well as providing education on cancer screenings, health and wellness. Participants will attend a variety of educational seminars and classes. There will be no charge for the class. Attendance will be taken and contact information will be collected for follow-up. When Michelle's Place is in the community attending events, the community will be encouraged to leave their information so Michelle's Place can follow-up with them based on their

needs.

If a client visits the Center and receives direct services such as wellness kits, financial assistance, transportation or one-on-one support, they will fill out an application and they will be continuously provided follow-up care as needed.

Through this program, extensive outreach and marketing will be implemented to encourage participation.

Program/Services Description - Program Activities

Thanks to the generosity of the FRHD, Michelle's Place satellite office is located at the Community Health and Wellness Center. This space allows for our Patient Navigator to provide one on one support, resources such as wigs and prosthesis and the opportunity to host educational seminars, classes, and one-on-one support. The education provided through this program will empower the community at large to make better lifestyle choices, eat healthier, get annual cancer screenings and for cancer patients it will provide them the information they need to make the best choices for their care. These educational resources include seminars called 'Lunch & Learns'. At Lunch & Learns a variety of community experts provide information to the residents of the FRHD at the CHWC on things such as healthy cooking, better health through nutrition, latest cancer treatments, preventative care, etc. Classes such as Art Therapy provide an opportunity for cancer patients to engage with each other through the medium of art. Support groups provide facilitated discussion about their cancer journey providing insight into symptom management, family dynamics, treatments, doctors, etc. Other program ideas include Reiki, mental health sessions, gardening, cooking, etc. These opportunities encourage a healthier community. It will potentially save lives by encouraging early detection of cancer through cancer screenings. And it empowers individuals to make better health choices. For cancer patients, it will make their cancer journey easier by receiving support through other cancer patients attending the programs. The Patient Navigator will intentionally seek opportunities to reach the public, so the community knows that Michelle's Place is there, and they do not have to face cancer alone.

Program Goal #1

The goal of this program is to reach over 2,000 people in the FRHD with education on health and wellness. Through this outreach we hope to increase the number of cancer resources provided by the Fallbrook location by 20%.

Program Objectives - Goal #1

The Patient Navigator will host at least eight programs at the Fallbrook location that focus on health & wellness.

The Patient Navigator will attend at least 12 community events and/or speaking engagements within the FRHD presenting information on free cancer resources available through Michelle's Place.

Michelle's Place will provide 20% more resources to the residents of the FRHD than last year.
 $375 \times 20\% = 450$ free resources through the Community Health and Wellness Center.

Program Outcomes/Measurables - Goal & Objectives #1

Success is ideally measured by ensuring that cancer patients and their families get the resources they need, and they don't feel alone during their journey. Constant monitoring, communication with clients and survey of programs and services will be instrumental in measuring success. Michelle's Place will track each of the above objectives through our client database. The database will provide reports on how many clients served and what resources they received. A survey will periodically be distributed to clients after interventions are provided. A review form will be requested from participants after each educational program. They will be asked what type of programs would benefit them on their cancer

journey, how impactful the current program is and what we can do to ensure their needs are being met. Results from these surveys will shape further programs implemented at the CHWC location. After each educational program a review will be requested by each participant asking about the value of the content, ideas for future programs and rating the speaker. Continued outreach and collaboration will be sought.

Success will also be measured against the metrics provided above in the objectives.

Anticipated Acknowledgment

Anticipated Acknowledgment

Social Media Postings

Signage at Service Sites

Print Materials to Service Recipients

Website Display

Anticipated Acknowledgment

Michelle's Place will acknowledge the District through our social media platforms that include Facebook and Instagram. Additionally, the District will be acknowledged on our website. There is currently a page dedicated to the Fallbrook location on our website and the District logo is represented there. All printed materials for outreach will include the District logo. Our monthly digital calendars that go to over 3,000 subscribers will include the District's logo and acknowledgement of funding. We look forward to promoting this program with the District.

Terms and Conditions

Accepted

Authorized Signature



2023 ~ Board of Directors

Bostre-Le, Annie

Director

City of Temecula

34075 Abbey Road

Temecula, CA 92592

(951) 265-7741 (Cell)

le_soccer7@yahoo.com

Boylston, Charles

President

Law Offices of Charles P. Boylston

28991 Old Town Front St., Ste 103

Temecula, CA 92590

(909) 825-9276 (Office)

cboylston@boylstonlaw.com

Doherty, Leslie

Treasurer

Leslie A. Doherty & Company

29970 Technology Drive, Suite 120

Murrieta, CA 92563

(951) 813-9268 (Cell)

(951) 698-2260 (Office)

leslie@dohertycpa.com

Fininis, RN, PHN, MSN, NE-BC Renee

Secretary

Kaiser Permanente

Work address:

10800 Magnolia Ave.

Riverside, CA 92505

Home address:

27149 Tosa Ln.

Menifee, CA 92584

(951) 201-1295 (Cell)

(951) 353-5399 (Office)

Renee.L.Fininis@kp.org

Geller, Jan

Vice President

Michelle's Place Volunteer

38127 Silver Fox Ct.

Murrieta, CA 92562

(760) 742-2428 (Home)

(951) 704-2560 (Cell)

jangeller@hotmail.com

Gerrish, Kim

Executive Director - Michelle's Place

41669 Winchester Rd., #101

Temecula, CA 92590

(951) 699-5455 (Work)

(951) 265-3936 (Cell)

kim@michellesplace.org

Light, Cyndi

Secretary

Partner – Coldwell Banker SC

Work address:

27720 Jefferson Ave., Suite 100 B

Temecula, CA 92592

Home address:

4624 Calle Mar De Armonia

San Diego, CA 92130

(951) 452-3000 (Cell)

(951) 200-7683 (Office)

CyndiL@cbcsocalgroup.com

Kelly Noon

Director

Noon & Associates, CPAs

43705 Piasano Place

Temecula, CA 92592

(951) 375-2731 (Cell)

knoon@nooncpas.com

Watson, Marilyn

Founder

37877 Glenoaks Rd.

Temecula CA 92591

(951) 302-0739 (Home)

(909) 709-5419 (Cell)

mwatson@michellesplace.org

Watson, William

Founder

37877 Glen Oaks Rd.

Temecula, CA 92591

(951) 302-0739 (Home)

hdroman@aol.com

Watson, Wayne

Founder

31179 Pescado Drive

Temecula, CA 92592

(951) 302-9339 (Home)

(741) 381-3458 (Cell)

wwatson13@sbcglobal.net

Michelle's Place
Profit & Loss
 January through December 2022

| | Jan - Dec 22 |
|--|--------------|
| Ordinary Income/Expense | |
| Income | |
| 4001 · Donations - General | |
| 4002 · Donation - Newsletter Envelope | 7,220.00 |
| 4003 · Donation - Wings of Hope | 46,536.20 |
| 4001 · Donations - General - Other | 240,443.58 |
| | 294,199.78 |
| Total 4001 · Donations - General | |
| 4050 · Grant Income - Current | |
| 4070 · Riverside Co Transportation Com | 8,694.73 |
| 4069 · IEHP | 97,250.00 |
| 4052 · City of Murrieta - CDBG | 10,000.00 |
| 4053 · City of Temecula - Comm. Grant | 7,000.00 |
| 4055 · Stater Bros Charities | 65,000.00 |
| 4061 · County Supervisor CID Funds | 10,000.00 |
| 4066 · Foundation Grants | 50,908.04 |
| 4067 · Fallbrook Healthcare District | 44,657.00 |
| 4050 · Grant Income - Current - Other | 15,000.00 |
| | 308,509.77 |
| Total 4050 · Grant Income - Current | |
| 4010 · Endowment | 5,050.00 |
| 4030 · Scholarship | |
| 4200 · Patty Dereoux Scholarship | 2,000.00 |
| | 2,000.00 |
| Total 4030 · Scholarship | |
| 4081 · Pink Ribbon Assistance Program | 7,550.00 |
| 4020 · Golf Tournament | |
| 4021 · Event Day Income | 20,356.15 |
| 4022 · Golf - Sponsorships | 37,150.00 |
| 4023 · Golfers and Banquet Guests | 17,355.00 |
| | 74,861.15 |
| Total 4020 · Golf Tournament | |
| 4101 · Spring Fundraiser | |
| 4102 · Event Day Income | 60,342.00 |
| 4103 · Tickets/Tables | 13,840.00 |
| 4104 · Vendors/Sponsors | 34,150.00 |
| | 108,332.00 |
| Total 4101 · Spring Fundraiser | |
| 4091 · Reality Rally | 21,575.00 |
| 4071 · Other Events - Income | |
| 4078 · 5K Walk of Hope | 39,357.00 |
| 4072 · GO PINK | 97,468.61 |
| 4077 · Bowling Event | 19,139.00 |
| 4071 · Other Events - Income - Other | 9,081.00 |
| | 165,045.61 |
| Total 4071 · Other Events - Income | |
| 4080 · Stationary | 28.00 |
| | 987,151.31 |
| Total Income | |
| Gross Profit | 987,151.31 |

Michelle's Place
Profit & Loss
 January through December 2022

| | Jan - Dec 22 |
|--|-------------------|
| Expense | |
| 5281 · Salaries | |
| 5501 · Prog/Fundraising Coordinator AB | 15,230.82 |
| 5298 · Program Manager - JE | 57,408.00 |
| 5283 · Executive Director | 99,516.04 |
| 5282 · Director of Operations | 58,076.93 |
| 5293 · Community Outreach | 4,670.10 |
| 5294 · Prog/Fundraising Coordinator JS | 40,604.93 |
| 5295 · Service Award | 2,849.30 |
| 5297 · Volunteer Coordinator | 59,800.22 |
| | 338,156.34 |
| Total 5281 · Salaries | 338,156.34 |
| 5322 · Taxes - Payroll | 39,197.68 |
| 5371 · Health Benefit | 28,661.22 |
| 5260 · Resource Center | |
| Fallbrook Office | 1,654.80 |
| 5277 · Patient Navigator Wages | |
| 5286 · Patient Navigator - MM | 4,169.25 |
| 5289 · Patient Navigator - PG | 39,083.32 |
| 5299 · Patient Navigator - KB | 13,879.70 |
| 5287 · Patient Navigator - DD | 20,456.96 |
| 5291 · Patient Navigator - MR | 35,970.12 |
| 5292 · Patient Navigator - LL | 38,120.31 |
| | 151,679.66 |
| Total 5277 · Patient Navigator Wages | 151,679.66 |
| Wellness programs | 2,799.17 |
| 5274 · Art Expression | 529.59 |
| 5276 · Transportation Assistance Prog | 16,147.33 |
| 5262 · Community/Patient Education | 10,065.73 |
| 5263 · Educational Seminars/Wellness | 1,488.60 |
| 5265 · Lymphedema Sleeves | 61.94 |
| 5271 · Metastatic Support | |
| 5272 · Amy's Flowers | 636.15 |
| 5271 · Metastatic Support - Other | 17.45 |
| | 653.60 |
| Total 5271 · Metastatic Support | 653.60 |
| 5275 · Pink Ribbon Assistance Program | |
| PRA Back to School | 8,199.56 |
| 5273 · Treatment Assistance | 5,085.22 |
| 5268 · Pink Gift Cards | 47,500.00 |
| 5269 · PRA Holiday | 1,768.15 |
| 8151 · PRA Postage/Printing | 1,663.61 |
| 5275 · Pink Ribbon Assistance Program - Other | 300.00 |
| | 64,516.54 |
| Total 5275 · Pink Ribbon Assistance Program | 64,516.54 |
| 5260 · Resource Center - Other | 20.66 |
| | 249,617.62 |
| Total 5260 · Resource Center | 249,617.62 |
| 5021 · Community Outreach | 49.50 |
| 5300 · Scholarship Expense | |
| 5350 · Michelle's Place Scholarship ex | 3,000.00 |
| 5351 · Patty D. Expense | 2,000.00 |
| | 5,000.00 |
| Total 5300 · Scholarship Expense | 5,000.00 |
| 5051 · Golf Tournament Expense | |
| 5052 · Golf Banquet | 1,063.04 |
| 5053 · Golf Course | 15,167.76 |
| 5051 · Golf Tournament Expense - Other | 7,497.90 |
| | 23,728.70 |
| Total 5051 · Golf Tournament Expense | 23,728.70 |

Michelle's Place
Profit & Loss
 January through December 2022

| | Jan - Dec 22 |
|---|-------------------|
| 5301 · Spring Event | |
| 5302 · Advertising and Promotion | 6,499.15 |
| 5303 · Entertainment | 5,088.71 |
| 5304 · Food and Venue | 22,385.26 |
| 5301 · Spring Event - Other | 505.66 |
| | 34,478.78 |
| Total 5301 · Spring Event | 34,478.78 |
| 5151 · Other Events | |
| 5158 · 5k Walk of Hope | 7,093.11 |
| 5156 · GO PINK | 680.78 |
| 5157 · Bowling Event | 6,165.62 |
| 5151 · Other Events - Other | 19,217.43 |
| | 33,156.94 |
| Total 5151 · Other Events | 33,156.94 |
| 5000 · Administration Expenses | |
| Maintenance | 10,276.05 |
| 5001 · Auto Expenses | 721.24 |
| 5003 · Miscellaneous | 91.31 |
| 5004 · Office Printing | 14,914.83 |
| 5005 · Office Supplies | 9,153.61 |
| 5006 · Other Expense | 1,059.55 |
| 5008 · Staff Development | 3,826.00 |
| 5009 · Volunteer Expense | 2,724.70 |
| | 42,767.29 |
| Total 5000 · Administration Expenses | 42,767.29 |
| 5018 · Bank Charges | 4,221.69 |
| 5031 · Computers/Software/Internet | |
| 5032 · Hardware and Software | 444.00 |
| 5033 · Web Development | 3,115.40 |
| 5031 · Computers/Software/Internet - Other | 6,731.84 |
| | 10,291.24 |
| Total 5031 · Computers/Software/Internet | 10,291.24 |
| 5041 · Dues and Subscriptions | 7,390.01 |
| 5060 · Insurance, Business | |
| 5062 · Insurance - Directors/Officer | 812.00 |
| 5063 · Insurance - Liability | 14,819.06 |
| | 15,631.06 |
| Total 5060 · Insurance, Business | 15,631.06 |
| 5075 · Merchant Fees | 2,138.83 |
| 5076 · Meals & Entertainment | 688.54 |
| 5202 · Postage and Delivery | 2,007.20 |
| 5221 · Professional Fees | |
| Social Media | 11,826.00 |
| 5222 · Accounting Services | 9,545.00 |
| 5223 · Grant Writer | 8,825.00 |
| 5226 · IT Services | 7,285.00 |
| 5227 · Investment Fees | 1,645.83 |
| | 39,126.83 |
| Total 5221 · Professional Fees | 39,126.83 |
| 5321 · Taxes | 9,770.25 |
| 5325 · Telecommunications | 4,221.53 |
| 5327 · Travel and Lodging | 3,241.45 |
| 5332 · Utilities | 21,193.12 |
| | 914,735.82 |
| Total Expense | 914,735.82 |
| Net Ordinary Income | 72,415.49 |

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Accrual Basis

Michelle's Place
Profit & Loss
January through December 2022

| | <u>Jan - Dec 22</u> |
|------------------------------------|-------------------------|
| Other Income/Expense | |
| Other Income | |
| 7777 · Rental Income | 142,843.27 |
| 8000 · Expansion Campaign Income | 25,400.00 |
| 7001 · Interest Income | 3,209.51 |
| 7101 · Unrealized Gain/(Loss) | (30,144.74) |
| Total Other Income | <u>141,308.04</u> |
| Other Expense | |
| 8210 · Building Interest Expense | 86,181.91 |
| 8300 · Rental Expenses | |
| 8321 · Tax & Licenses | 135.06 |
| 8314 · Security Service | 13,375.00 |
| 8301 · Janitorial | 0.00 |
| 8308 · Association Fees | 1,011.00 |
| 8316 · Pest Control | 0.00 |
| 8311 · Fire Equipment/Monitoring | 1,752.57 |
| 8309 · Property Taxes | 18,602.48 |
| 8304 · Bank Charges | 75.00 |
| 8312 · Repairs | 25,300.04 |
| 8307 · Trash Service | 2,366.03 |
| 8306 · Management Fees | 3,000.00 |
| 8315 · Utilities | 5,227.82 |
| 8310 · Telephone | 0.00 |
| 8305 · Landscaping | 3,432.00 |
| Total 8300 · Rental Expenses | <u>74,277.00</u> |
| 8200 · Expansion Campaign Expenses | 296.93 |
| 8201 · Building Expense | 34,246.11 |
| Total Other Expense | <u>195,001.95</u> |
| Net Other Income | <u>(53,693.91)</u> |
| Net Income | <u><u>18,721.58</u></u> |

Michelle's Place
Balance Sheet
As of December 31, 2022

| | Dec 31, 22 |
|--|---------------------|
| ASSETS | |
| Current Assets | |
| Checking/Savings | |
| 1015 · Coldwell Bank - Rental | 24,377.15 |
| 1013 · SD Credit Union Small Bus Check | 1,954.37 |
| 1010 · SD Credit Union Money Market Ma | 29.95 |
| 1011 · SD Credit Union Primary Savings | 19.61 |
| 1014 · Banner Bank Checking | 152,086.63 |
| 1004 · Petty Cash | 193.90 |
| 1002 · Charles Schwab Inst - 7922 | 125,891.04 |
| 1001 · Charles Schwab Inst - 5202 | 37,385.74 |
| Total Checking/Savings | 341,938.39 |
| Total Current Assets | 341,938.39 |
| Fixed Assets | |
| 1500 · Building & Land | 3,152,358.96 |
| 1051 · Computer Equipment | 6,217.00 |
| 1052 · Furniture and Fixtures | 16,077.00 |
| 1053 · Leasehold Improvements | 86,819.00 |
| 1060 · Accum. Depreciation | (160,110.00) |
| Total Fixed Assets | 3,101,361.96 |
| Other Assets | |
| 1410 · Tenant Deposits | 1,715.00 |
| 1405 · Tenant Chargebacks | 1,313.65 |
| Total Other Assets | 3,028.65 |
| TOTAL ASSETS | 3,446,329.00 |
| LIABILITIES & EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Other Current Liabilities | |
| 2060 · Prepaid Rent | 8,500.00 |
| 2075 · Security Deposits - Rent | 8,624.12 |
| Total Other Current Liabilities | 17,124.12 |
| Total Current Liabilities | 17,124.12 |
| Long Term Liabilities | |
| 2750 · EIDL Loan | 148,618.00 |
| 2700 · TD Payable - Banner Bank | 2,033,140.10 |
| Total Long Term Liabilities | 2,181,758.10 |
| Total Liabilities | 2,198,882.22 |
| Equity | |
| 3000 · Fund Balance-Perm. Restricted | 92,623.50 |
| 3001 · Fund Balance-Restricted | 241,002.14 |
| 3002 · Fund Balance-Unrestricted | 895,099.56 |
| Net Income | 18,721.58 |
| Total Equity | 1,247,446.78 |
| TOTAL LIABILITIES & EQUITY | 3,446,329.00 |

Michelle's Place
Profit & Loss
 January through December 2021

| | Jan - Dec 21 |
|--|--------------|
| Ordinary Income/Expense | |
| Income | |
| 4001 · Donations - General | |
| 4002 · Donation - Newsletter Envelope | 5,790.00 |
| 4003 · Donation - Wings of Hope | 41,236.00 |
| 4001 · Donations - General - Other | 274,000.51 |
| | 321,026.51 |
| Total 4001 · Donations - General | |
| 4050 · Grant Income - Current | |
| 4099 · Reach Out | 6,000.00 |
| 4070 · Riverside Co Transportation Com | 14,241.21 |
| 4069 · IEHP | 41,250.00 |
| 4053 · City of Temecula - Comm. Grant | 5,500.00 |
| 4054 · County of Riverside CBGC | 8,000.00 |
| 4055 · Stater Bros Charities | 25,000.00 |
| 4059 · Kaiser Permanente | 24,500.00 |
| 4064 · TE Connectivity | 2,000.00 |
| 4066 · Foundation Grants | 25,000.00 |
| 4067 · Fallbrook Healthcare District | 41,129.00 |
| 4050 · Grant Income - Current - Other | 5,159.00 |
| | 197,779.21 |
| Total 4050 · Grant Income - Current | |
| 4010 · Endowment | 475.00 |
| 4081 · Pink Ribbon Assistance Program | 4,203.00 |
| 4020 · Golf Tournament | |
| 4021 · Event Day Income | 24,455.96 |
| 4022 · Golf - Sponsorships | 41,650.00 |
| 4023 · Golfers and Banquet Guests | 34,700.00 |
| 4026 · PRA | 100.00 |
| 4020 · Golf Tournament - Other | 1,695.00 |
| | 102,600.96 |
| Total 4020 · Golf Tournament | |
| 4101 · Spring Fundraiser | |
| 4102 · Event Day Income | 78,025.46 |
| 4103 · Tickets/Tables | 28,305.00 |
| 4104 · Vendors/Sponsors | 39,285.00 |
| | 145,615.46 |
| Total 4101 · Spring Fundraiser | |
| 4091 · Reality Rally | 1,636.00 |
| 4071 · Other Events - income | |
| 4078 · 5K Walk of Hope | 28,880.90 |
| 4072 · GO PINK | 44,854.14 |
| 4071 · Other Events - Income - Other | 32,255.00 |
| | 105,990.04 |
| Total 4071 · Other Events - Income | |
| Total Income | 879,326.18 |
| Gross Profit | 879,326.18 |
| Expense | |
| 5281 · Salaries | |
| 5369 · Simple IRA Match | 11,244.66 |
| 5298 · Program Manager - JE | 35,776.00 |
| 5283 · Executive Director | 95,255.69 |
| 5282 · Director of Operations | 53,904.37 |
| 5293 · Community Outreach | 0.00 |
| 5294 · Prog/Fundraising Coordinator JS | 53,846.33 |
| 5295 · Service Award | 4,059.24 |
| 5297 · Volunteer Coordinator | 44,298.69 |
| | 298,384.98 |
| Total 5281 · Salaries | |
| 5322 · Taxes - Payroll | 36,212.63 |
| 5371 · Heath Benefit | 22,153.60 |

Michelle's Place
Profit & Loss
 January through December 2021

| | Jan - Dec 21 |
|---|--------------|
| 5260 · Resource Center | |
| Navigation Account | 85.00 |
| 5277 · Patient Navigator Wages | |
| 5289 · Patient Navigator - PG | 8,035.49 |
| 5299 · Patient Navigator - KB | 3,826.03 |
| 5287 · Patient Navigator - DD | 34,643.82 |
| 5290 · Patient Navigator - JY | 11,434.75 |
| 5291 · Patient Navigator - MR | 30,966.94 |
| 5292 · Patient Navigator - LL | 33,166.13 |
| 5285 · Patient Navigator - CL | 39,853.43 |
| 5277 · Patient Navigator Wages - Other | 0.00 |
| Total 5277 · Patient Navigator Wages | 161,926.59 |
| Look Good Feel Better | 9,000.00 |
| Wellness programs | 148.93 |
| 5274 · Art Expression | 153.75 |
| 5276 · Transportation Assistance Prog | 6,826.85 |
| 5262 · Community/Patient Education | 5,071.69 |
| 5263 · Educational Seminars/Wellness | |
| 5270 · Thriver Retreat | 2,296.46 |
| 5263 · Educational Seminars/Wellness - Other | 348.00 |
| Total 5263 · Educational Seminars/Wellness | 2,644.46 |
| 5271 · Metastatic Support | |
| 5272 · Amy's Flowers | 791.29 |
| 5271 · Metastatic Support - Other | 977.23 |
| Total 5271 · Metastatic Support | 1,768.52 |
| 5275 · Pink Ribbon Assistance Program | |
| PRA Back to School | 6,306.93 |
| 5273 · Treatment Assistance | 5,333.14 |
| 5268 · Pink Gift Cards | 39,850.00 |
| 5269 · PRA Holiday | 989.06 |
| 8151 · PRA Postage/Printing | 1,106.26 |
| 5275 · Pink Ribbon Assistance Program - Other | 775.00 |
| Total 5275 · Pink Ribbon Assistance Program | 54,360.39 |
| Total 5260 · Resource Center | 241,986.18 |
| 5021 · Community Outreach | |
| 5022 · Esperanza Expense | 20.11 |
| Total 5021 · Community Outreach | 20.11 |
| 5300 · Scholarship Expense | |
| 5350 · Michelle's Place Scholarship ex | 2,000.00 |
| 5300 · Scholarship Expense - Other | 1,014.13 |
| Total 5300 · Scholarship Expense | 3,014.13 |
| 5016 · Advertising and Promotions | |
| 5017 · Wings of Hope | 144.56 |
| Total 5016 · Advertising and Promotions | 144.56 |
| 5051 · Golf Tournament Expense | |
| 5052 · Golf Banquet | 2,985.84 |
| 5053 · Golf Course | 21,066.00 |
| 5051 · Golf Tournament Expense - Other | 15,329.47 |
| Total 5051 · Golf Tournament Expense | 39,381.31 |

Michelle's Place
Profit & Loss
 January through December 2021

| | Jan - Dec 21 |
|---|-------------------|
| 5301 · Spring Event | |
| 5302 · Advertising and Promotion | 19,608.54 |
| 5303 · Entertainment | 7,910.00 |
| 5304 · Food and Venue | 22,387.84 |
| 5301 · Spring Event - Other | 927.48 |
| Total 5301 · Spring Event | 50,833.86 |
| 5151 · Other Events | |
| 5158 · 5k Walk of Hope | 7,903.48 |
| 5156 · GO PINK | 2,118.18 |
| 5151 · Other Events - Other | 15,471.55 |
| Total 5151 · Other Events | 25,493.21 |
| 5000 · Administration Expenses | |
| Maintenance | 5,280.25 |
| 5001 · Auto Expenses | 8.00 |
| 5002 · Executive Budget | 115.00 |
| 5003 · Miscellaneous | 536.70 |
| 5004 · Office Printing | 11,964.93 |
| 5005 · Office Supplies | 10,585.00 |
| 5006 · Other Expense | 1,713.24 |
| 5008 · Staff Development | 4,783.13 |
| 5009 · Volunteer Expense | 1,360.42 |
| Total 5000 · Administration Expenses | 36,346.67 |
| 5018 · Bank Charges | 2,386.42 |
| 5041 · Dues and Subscriptions | 7,371.50 |
| 5042 · Depreciation | 38,768.00 |
| 5060 · Insurance, Business | |
| 5062 · Insurance - Directors/Officer | 812.00 |
| 5063 · Insurance - Liability | 12,868.71 |
| 5064 · Insurance - Workers' Comp | 1,122.45 |
| Total 5060 · Insurance, Business | 14,803.16 |
| 5075 · Merchant Fees | 2,315.17 |
| 5076 · Meals & Entertainment | 302.63 |
| 5202 · Postage and Delivery | 1,308.77 |
| 5221 · Professional Fees | |
| Social Media | 8,955.00 |
| 5222 · Accounting Services | 8,835.00 |
| 5226 · IT Services | 8,691.48 |
| 5227 · Investment Fees | 1,609.46 |
| Total 5221 · Professional Fees | 28,090.94 |
| 5321 · Taxes | 75.00 |
| 5325 · Telecommunications | 4,110.00 |
| 5327 · Travel and Lodging | 657.92 |
| 5332 · Utilities | 15,298.83 |
| Total Expense | 869,459.58 |
| Net Ordinary Income | 9,866.60 |
| Other Income/Expense | |
| Other Income | |
| 7700 · PPP Loan | 83,681.00 |
| 7777 · Rental Income | 144,991.71 |
| 8000 · Expansion Campaign Income | 58,285.00 |
| 7001 · Interest Income | 2,834.37 |
| 7101 · Unrealized Gain/(Loss) | 13,872.17 |
| Total Other Income | 303,664.25 |

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Accrual Basis

Michelle's Place
Profit & Loss
January through December 2021

| | <u>Jan - Dec 21</u> |
|-------------------------------------|-------------------------|
| Other Expense | |
| 8210 · Building Interest Expense | 89,343.13 |
| 8300 · Rental Expenses | |
| 8301 · Janitorial | 95.00 |
| 8308 · Association Fees | 1,685.00 |
| 8316 · Pest Control | 250.00 |
| 8311 · Fire Equipment/Monitoring | 1,094.22 |
| 8309 · Property Taxes | 19,660.00 |
| 8304 · Bank Charges | 60.00 |
| 8312 · Repairs | 13,038.03 |
| 8307 · Trash Service | 2,334.03 |
| 8306 · Management Fees | 3,000.00 |
| 8315 · Utilities | 5,141.54 |
| 8310 · Telephone | 0.00 |
| 8305 · Landscaping | 3,120.00 |
| Total 8300 · Rental Expenses | <u>49,477.82</u> |
| 8200 · Expansion Campaign Expenses | 3,592.34 |
| 8201 · Building Expense | 105,720.05 |
| Total Other Expense | <u>248,133.34</u> |
| Net Other Income | <u>55,530.91</u> |
| Net Income | <u><u>65,397.51</u></u> |

Michelle's Place
Balance Sheet
 As of December 31, 2021

| | Dec 31, 21 |
|--|---------------------|
| ASSETS | |
| Current Assets | |
| Checking/Savings | |
| 1015 · Coldwell Bank - Rental | 36,227.92 |
| 1013 · SD Credit Union Small Bus Check | 5,821.97 |
| 1010 · SD Credit Union Money Market Ma | 29.95 |
| 1011 · SD Credit Union Primary Savings | 19.61 |
| 1014 · Banner Bank Checking | 182,993.43 |
| 1004 · Petty Cash | 193.90 |
| 1002 · Charles Schwab Inst - 7922 | 149,489.46 |
| 1001 · Charles Schwab Inst - 5202 | 28,658.73 |
| Total Checking/Savings | 403,434.97 |
| Total Current Assets | 403,434.97 |
| Fixed Assets | |
| 1500 · Building & Land | 3,152,358.96 |
| 1051 · Computer Equipment | 6,217.00 |
| 1052 · Furniture and Fixtures | 16,077.00 |
| 1053 · Leasehold Improvements | 86,819.00 |
| 1060 · Accum. Depreciation | (160,110.00) |
| Total Fixed Assets | 3,101,361.96 |
| Other Assets | |
| 1410 · Tenant Deposits | 1,715.00 |
| 1405 · Tenant Chargebacks | 1,402.08 |
| Total Other Assets | 3,117.08 |
| TOTAL ASSETS | 3,507,914.01 |
| LIABILITIES & EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Other Current Liabilities | |
| 2605 · Simple IRA Payable | 11,244.66 |
| 2060 · Prepaid Rent | 400.00 |
| 2075 · Security Deposits - Rent | 9,994.36 |
| 2202 · Loan from J&J Geller | 18,245.36 |
| Total Other Current Liabilities | 39,884.38 |
| Total Current Liabilities | 39,884.38 |
| Long Term Liabilities | |
| 2750 · EIDL Loan | 149,900.00 |
| 2700 · TD Payable - Banner Bank | 2,089,404.43 |
| Total Long Term Liabilities | 2,239,304.43 |
| Total Liabilities | 2,279,188.81 |
| Equity | |
| 3000 · Fund Balance-Perm. Restricted | 92,623.50 |
| 3001 · Fund Balance-Restricted | 81,199.28 |
| 3002 · Fund Balance-Unrestricted | 989,504.91 |
| Net Income | 65,397.51 |
| Total Equity | 1,228,725.20 |
| TOTAL LIABILITIES & EQUITY | 3,507,914.01 |

Michelle's Place
Profit & Loss
 January through December 2022

| | Jan - Dec 22 |
|--|-------------------|
| Ordinary Income/Expense | |
| Income | |
| 4001 · Donations - General | |
| 4002 · Donation - Newsletter Envelope | 7,220.00 |
| 4003 · Donation - Wings of Hope | 46,536.20 |
| 4001 · Donations - General - Other | 240,443.58 |
| | 294,199.78 |
| Total 4001 · Donations - General | |
| 4050 · Grant Income - Current | |
| 4070 · Riverside Co Transportation Com | 8,694.73 |
| 4069 · IEHP | 97,250.00 |
| 4052 · City of Murrieta - CDBG | 10,000.00 |
| 4053 · City of Temecula - Comm. Grant | 7,000.00 |
| 4055 · Stater Bros Charities | 65,000.00 |
| 4061 · County Supervisor CID Funds | 10,000.00 |
| 4066 · Foundation Grants | 50,908.04 |
| 4067 · Fallbrook Healthcare District | 44,657.00 |
| 4050 · Grant Income - Current - Other | 15,000.00 |
| | 308,509.77 |
| Total 4050 · Grant Income - Current | |
| 4010 · Endowment | 5,050.00 |
| 4030 · Scholarship | |
| 4200 · Patty Dereoux Scholarship | 2,000.00 |
| | 2,000.00 |
| Total 4030 · Scholarship | |
| 4081 · Pink Ribbon Assistance Program | 7,550.00 |
| 4020 · Golf Tournament | |
| 4021 · Event Day Income | 20,356.15 |
| 4022 · Golf - Sponsorships | 37,150.00 |
| 4023 · Golfers and Banquet Guests | 17,355.00 |
| | 74,861.15 |
| Total 4020 · Golf Tournament | |
| 4101 · Spring Fundraiser | |
| 4102 · Event Day Income | 60,342.00 |
| 4103 · Tickets/Tables | 13,840.00 |
| 4104 · Vendors/Sponsors | 34,150.00 |
| | 108,332.00 |
| Total 4101 · Spring Fundraiser | |
| 4091 · Reality Rally | 21,575.00 |
| 4071 · Other Events - Income | |
| 4078 · 5K Walk of Hope | 39,357.00 |
| 4072 · GO PINK | 97,468.61 |
| 4077 · Bowling Event | 19,139.00 |
| 4071 · Other Events - Income - Other | 9,081.00 |
| | 165,045.61 |
| Total 4071 · Other Events - Income | |
| 4080 · Stationary | 28.00 |
| | 987,151.31 |
| Total Income | |
| | 987,151.31 |
| Gross Profit | 987,151.31 |

Michelle's Place
Profit & Loss
 January through December 2022

| | Jan - Dec 22 |
|--|-------------------|
| Expense | |
| 5281 · Salaries | |
| 5501 · Prog/Fundraising Coordinator AB | 15,230.82 |
| 5298 · Program Manager - JE | 57,408.00 |
| 5283 · Executive Director | 99,516.04 |
| 5282 · Director of Operations | 58,076.93 |
| 5293 · Community Outreach | 4,670.10 |
| 5294 · Prog/Fundraising Coordinator JS | 40,604.93 |
| 5295 · Service Award | 2,849.30 |
| 5297 · Volunteer Coordinator | 59,800.22 |
| | 338,156.34 |
| Total 5281 · Salaries | 338,156.34 |
| 5322 · Taxes - Payroll | 39,197.68 |
| 5371 · Health Benefit | 28,661.22 |
| 5260 · Resource Center | |
| Fallbrook Office | 1,654.80 |
| 5277 · Patient Navigator Wages | |
| 5286 · Patient Navigator - MM | 4,169.25 |
| 5289 · Patient Navigator - PG | 39,083.32 |
| 5299 · Patient Navigator - KB | 13,879.70 |
| 5287 · Patient Navigator - DD | 20,456.96 |
| 5291 · Patient Navigator - MR | 35,970.12 |
| 5292 · Patient Navigator - LL | 38,120.31 |
| | 151,679.66 |
| Total 5277 · Patient Navigator Wages | 151,679.66 |
| Wellness programs | 2,799.17 |
| 5274 · Art Expression | 529.59 |
| 5276 · Transportation Assistance Prog | 16,147.33 |
| 5262 · Community/Patient Education | 10,065.73 |
| 5263 · Educational Seminars/Wellness | 1,488.60 |
| 5265 · Lymphedema Sleeves | 61.94 |
| 5271 · Metastatic Support | |
| 5272 · Amy's Flowers | 636.15 |
| 5271 · Metastatic Support - Other | 17.45 |
| | 653.60 |
| Total 5271 · Metastatic Support | 653.60 |
| 5275 · Pink Ribbon Assistance Program | |
| PRA Back to School | 8,199.56 |
| 5273 · Treatment Assistance | 5,085.22 |
| 5268 · Pink Gift Cards | 47,500.00 |
| 5269 · PRA Holiday | 1,768.15 |
| 8151 · PRA Postage/Printing | 1,663.61 |
| 5275 · Pink Ribbon Assistance Program - Other | 300.00 |
| | 64,516.54 |
| Total 5275 · Pink Ribbon Assistance Program | 64,516.54 |
| 5260 · Resource Center - Other | 20.66 |
| | 249,617.62 |
| Total 5260 · Resource Center | 249,617.62 |
| 5021 · Community Outreach | 49.50 |
| 5300 · Scholarship Expense | |
| 5350 · Michelle's Place Scholarship ex | 3,000.00 |
| 5351 · Patty D. Expense | 2,000.00 |
| | 5,000.00 |
| Total 5300 · Scholarship Expense | 5,000.00 |
| 5051 · Golf Tournament Expense | |
| 5052 · Golf Banquet | 1,063.04 |
| 5053 · Golf Course | 15,167.76 |
| 5051 · Golf Tournament Expense - Other | 7,497.90 |
| | 23,728.70 |
| Total 5051 · Golf Tournament Expense | 23,728.70 |

Michelle's Place
Profit & Loss
 January through December 2022

| | Jan - Dec 22 |
|---|-------------------|
| 5301 · Spring Event | |
| 5302 · Advertising and Promotion | 6,499.15 |
| 5303 · Entertainment | 5,088.71 |
| 5304 · Food and Venue | 22,385.26 |
| 5301 · Spring Event - Other | 505.66 |
| | 34,478.78 |
| Total 5301 · Spring Event | 34,478.78 |
| 5151 · Other Events | |
| 5158 · 5k Walk of Hope | 7,093.11 |
| 5156 · GO PINK | 680.78 |
| 5157 · Bowling Event | 6,165.62 |
| 5151 · Other Events - Other | 19,217.43 |
| | 33,156.94 |
| Total 5151 · Other Events | 33,156.94 |
| 5000 · Administration Expenses | |
| Maintenance | 10,276.05 |
| 5001 · Auto Expenses | 721.24 |
| 5003 · Miscellaneous | 91.31 |
| 5004 · Office Printing | 14,914.83 |
| 5005 · Office Supplies | 9,153.61 |
| 5006 · Other Expense | 1,059.55 |
| 5008 · Staff Development | 3,826.00 |
| 5009 · Volunteer Expense | 2,724.70 |
| | 42,767.29 |
| Total 5000 · Administration Expenses | 42,767.29 |
| 5018 · Bank Charges | 4,221.69 |
| 5031 · Computers/Software/Internet | |
| 5032 · Hardware and Software | 444.00 |
| 5033 · Web Development | 3,115.40 |
| 5031 · Computers/Software/Internet - Other | 6,731.84 |
| | 10,291.24 |
| Total 5031 · Computers/Software/Internet | 10,291.24 |
| 5041 · Dues and Subscriptions | 7,390.01 |
| 5060 · Insurance, Business | |
| 5062 · Insurance - Directors/Officer | 812.00 |
| 5063 · Insurance - Liability | 14,819.06 |
| | 15,631.06 |
| Total 5060 · Insurance, Business | 15,631.06 |
| 5075 · Merchant Fees | 2,138.83 |
| 5076 · Meals & Entertainment | 688.54 |
| 5202 · Postage and Delivery | 2,007.20 |
| 5221 · Professional Fees | |
| Social Media | 11,826.00 |
| 5222 · Accounting Services | 9,545.00 |
| 5223 · Grant Writer | 8,825.00 |
| 5226 · IT Services | 7,285.00 |
| 5227 · Investment Fees | 1,645.83 |
| | 39,126.83 |
| Total 5221 · Professional Fees | 39,126.83 |
| 5321 · Taxes | 9,770.25 |
| 5325 · Telecommunications | 4,221.53 |
| 5327 · Travel and Lodging | 3,241.45 |
| 5332 · Utilities | 21,193.12 |
| | 914,735.82 |
| Total Expense | 914,735.82 |
| Net Ordinary Income | 72,415.49 |

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Accrual Basis

Michelle's Place
Profit & Loss
January through December 2022

| | <u>Jan - Dec 22</u> |
|------------------------------------|---------------------|
| Other Income/Expense | |
| Other Income | |
| 7777 · Rental Income | 142,843.27 |
| 8000 · Expansion Campaign Income | 25,400.00 |
| 7001 · Interest Income | 3,209.51 |
| 7101 · Unrealized Gain/(Loss) | (30,144.74) |
| | <hr/> |
| Total Other Income | 141,308.04 |
| Other Expense | |
| 8210 · Building Interest Expense | 86,181.91 |
| 8300 · Rental Expenses | |
| 8321 · Tax & Licenses | 135.06 |
| 8314 · Security Service | 13,375.00 |
| 8301 · Janitorial | 0.00 |
| 8308 · Association Fees | 1,011.00 |
| 8316 · Pest Control | 0.00 |
| 8311 · Fire Equipment/Monitoring | 1,752.57 |
| 8309 · Property Taxes | 18,602.48 |
| 8304 · Bank Charges | 75.00 |
| 8312 · Repairs | 25,300.04 |
| 8307 · Trash Service | 2,366.03 |
| 8306 · Management Fees | 3,000.00 |
| 8315 · Utilities | 5,227.82 |
| 8310 · Telephone | 0.00 |
| 8305 · Landscaping | 3,432.00 |
| | <hr/> |
| Total 8300 · Rental Expenses | 74,277.00 |
| 8200 · Expansion Campaign Expenses | 296.93 |
| 8201 · Building Expense | 34,246.11 |
| | <hr/> |
| Total Other Expense | 195,001.95 |
| | <hr/> |
| Net Other Income | (53,693.91) |
| | <hr/> |
| Net Income | <u>18,721.58</u> |

Michelle's Place
Balance Sheet
As of December 31, 2022

| | Dec 31, 22 |
|--|--------------|
| ASSETS | |
| Current Assets | |
| Checking/Savings | |
| 1015 · Coldwell Bank - Rental | 24,377.15 |
| 1013 · SD Credit Union Small Bus Check | 1,954.37 |
| 1010 · SD Credit Union Money Market Ma | 29.95 |
| 1011 · SD Credit Union Primary Savings | 19.61 |
| 1014 · Banner Bank Checking | 152,086.63 |
| 1004 · Petty Cash | 193.90 |
| 1002 · Charles Schwab Inst - 7922 | 125,891.04 |
| 1001 · Charles Schwab Inst - 5202 | 37,385.74 |
| Total Checking/Savings | 341,938.39 |
| Total Current Assets | 341,938.39 |
| Fixed Assets | |
| 1500 · Building & Land | 3,152,358.96 |
| 1051 · Computer Equipment | 6,217.00 |
| 1052 · Furniture and Fixtures | 16,077.00 |
| 1053 · Leasehold Improvements | 86,819.00 |
| 1060 · Accum. Depreciation | (160,110.00) |
| Total Fixed Assets | 3,101,361.96 |
| Other Assets | |
| 1410 · Tenant Deposits | 1,715.00 |
| 1405 · Tenant Chargebacks | 1,313.65 |
| Total Other Assets | 3,028.65 |
| TOTAL ASSETS | 3,446,329.00 |
| LIABILITIES & EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Other Current Liabilities | |
| 2060 · Prepaid Rent | 8,500.00 |
| 2075 · Security Deposits - Rent | 8,624.12 |
| Total Other Current Liabilities | 17,124.12 |
| Total Current Liabilities | 17,124.12 |
| Long Term Liabilities | |
| 2750 · EIDL Loan | 148,618.00 |
| 2700 · TD Payable - Banner Bank | 2,033,140.10 |
| Total Long Term Liabilities | 2,181,758.10 |
| Total Liabilities | 2,198,882.22 |
| Equity | |
| 3000 · Fund Balance-Perm. Restricted | 92,623.50 |
| 3001 · Fund Balance-Restricted | 241,002.14 |
| 3002 · Fund Balance-Unrestricted | 895,099.56 |
| Net Income | 18,721.58 |
| Total Equity | 1,247,446.78 |
| TOTAL LIABILITIES & EQUITY | 3,446,329.00 |

Michelle's Place Profit & Loss January through December 2021

| | Jan - Dec 21 |
|--|--------------|
| Ordinary Income/Expense | |
| Income | |
| 4001 · Donations - General | |
| 4002 · Donation - Newsletter Envelope | 5,790.00 |
| 4003 · Donation - Wings of Hope | 41,236.00 |
| 4001 · Donations - General - Other | 274,000.51 |
| | 321,026.51 |
| Total 4001 · Donations - General | |
| 4050 · Grant Income - Current | |
| 4099 · Reach Out | 6,000.00 |
| 4070 · Riverside Co Transportation Com | 14,241.21 |
| 4069 · IEHP | 41,250.00 |
| 4053 · City of Temecula - Comm. Grant | 5,500.00 |
| 4054 · County of Riverside CBGC | 8,000.00 |
| 4055 · Stater Bros Charities | 25,000.00 |
| 4059 · Kaiser Permanente | 24,500.00 |
| 4064 · TE Connectivity | 2,000.00 |
| 4066 · Foundation Grants | 25,000.00 |
| 4067 · Fallbrook Healthcare District | 41,129.00 |
| 4050 · Grant Income - Current - Other | 5,159.00 |
| | 197,779.21 |
| Total 4050 · Grant Income - Current | |
| 4010 · Endowment | 475.00 |
| 4081 · Pink Ribbon Assistance Program | 4,203.00 |
| 4020 · Golf Tournament | |
| 4021 · Event Day Income | 24,455.96 |
| 4022 · Golf - Sponsorships | 41,650.00 |
| 4023 · Golfers and Banquet Guests | 34,700.00 |
| 4026 · PRA | 100.00 |
| 4020 · Golf Tournament - Other | 1,695.00 |
| | 102,600.96 |
| Total 4020 · Golf Tournament | |
| 4101 · Spring Fundraiser | |
| 4102 · Event Day Income | 78,025.46 |
| 4103 · Tickets/Tables | 28,305.00 |
| 4104 · Vendors/Sponsors | 39,285.00 |
| | 145,615.46 |
| Total 4101 · Spring Fundraiser | |
| 4091 · Reality Rally | 1,636.00 |
| 4071 · Other Events - income | |
| 4078 · 5K Walk of Hope | 28,880.90 |
| 4072 · GO PINK | 44,854.14 |
| 4071 · Other Events - Income - Other | 32,255.00 |
| | 105,990.04 |
| Total 4071 · Other Events - Income | |
| Total Income | 879,326.18 |
| Gross Profit | 879,326.18 |
| Expense | |
| 5281 · Salaries | |
| 5369 · Simple IRA Match | 11,244.66 |
| 5298 · Program Manager - JE | 35,776.00 |
| 5283 · Executive Director | 95,255.69 |
| 5282 · Director of Operations | 53,904.37 |
| 5293 · Community Outreach | 0.00 |
| 5294 · Prog/Fundraising Coordinator JS | 53,846.33 |
| 5295 · Service Award | 4,059.24 |
| 5297 · Volunteer Coordinator | 44,298.69 |
| | 298,384.98 |
| Total 5281 · Salaries | |
| 5322 · Taxes - Payroll | 36,212.63 |
| 5371 · Heath Benefit | 22,153.60 |

Michelle's Place
Profit & Loss
 January through December 2021

| | Jan - Dec 21 |
|---|--------------|
| 5260 · Resource Center | |
| Navigation Account | 85.00 |
| 5277 · Patient Navigator Wages | |
| 5289 · Patient Navigator - PG | 8,035.49 |
| 5299 · Patient Navigator - KB | 3,826.03 |
| 5287 · Patient Navigator - DD | 34,643.82 |
| 5290 · Patient Navigator - JY | 11,434.75 |
| 5291 · Patient Navigator - MR | 30,966.94 |
| 5292 · Patient Navigator - LL | 33,166.13 |
| 5285 · Patient Navigator - CL | 39,853.43 |
| 5277 · Patient Navigator Wages - Other | 0.00 |
| Total 5277 · Patient Navigator Wages | 161,926.59 |
| Look Good Feel Better | 9,000.00 |
| Wellness programs | 148.93 |
| 5274 · Art Expression | 153.75 |
| 5276 · Transportation Assistance Prog | 6,826.85 |
| 5262 · Community/Patient Education | 5,071.69 |
| 5263 · Educational Seminars/Wellness | |
| 5270 · Thriver Retreat | 2,296.46 |
| 5263 · Educational Seminars/Wellness - Other | 348.00 |
| Total 5263 · Educational Seminars/Wellness | 2,644.46 |
| 5271 · Metastatic Support | |
| 5272 · Amy's Flowers | 791.29 |
| 5271 · Metastatic Support - Other | 977.23 |
| Total 5271 · Metastatic Support | 1,768.52 |
| 5275 · Pink Ribbon Assistance Program | |
| PRA Back to School | 6,306.93 |
| 5273 · Treatment Assistance | 5,333.14 |
| 5268 · Pink Gift Cards | 39,850.00 |
| 5269 · PRA Holiday | 989.06 |
| 8151 · PRA Postage/Printing | 1,106.26 |
| 5275 · Pink Ribbon Assistance Program - Other | 775.00 |
| Total 5275 · Pink Ribbon Assistance Program | 54,360.39 |
| Total 5260 · Resource Center | 241,986.18 |
| 5021 · Community Outreach | |
| 5022 · Esperanza Expense | 20.11 |
| Total 5021 · Community Outreach | 20.11 |
| 5300 · Scholarship Expense | |
| 5350 · Michelle's Place Scholarship ex | 2,000.00 |
| 5300 · Scholarship Expense - Other | 1,014.13 |
| Total 5300 · Scholarship Expense | 3,014.13 |
| 5016 · Advertising and Promotions | |
| 5017 · Wings of Hope | 144.56 |
| Total 5016 · Advertising and Promotions | 144.56 |
| 5051 · Golf Tournament Expense | |
| 5052 · Golf Banquet | 2,985.84 |
| 5053 · Golf Course | 21,066.00 |
| 5051 · Golf Tournament Expense - Other | 15,329.47 |
| Total 5051 · Golf Tournament Expense | 39,381.31 |

Michelle's Place
Profit & Loss
 January through December 2021

| | Jan - Dec 21 |
|---|-------------------|
| 5301 · Spring Event | |
| 5302 · Advertising and Promotion | 19,608.54 |
| 5303 · Entertainment | 7,910.00 |
| 5304 · Food and Venue | 22,387.84 |
| 5301 · Spring Event - Other | 927.48 |
| Total 5301 · Spring Event | 50,833.86 |
| 5151 · Other Events | |
| 5158 · 5k Walk of Hope | 7,903.48 |
| 5156 · GO PINK | 2,118.18 |
| 5151 · Other Events - Other | 15,471.55 |
| Total 5151 · Other Events | 25,493.21 |
| 5000 · Administration Expenses | |
| Maintenance | 5,280.25 |
| 5001 · Auto Expenses | 8.00 |
| 5002 · Executive Budget | 115.00 |
| 5003 · Miscellaneous | 536.70 |
| 5004 · Office Printing | 11,964.93 |
| 5005 · Office Supplies | 10,585.00 |
| 5006 · Other Expense | 1,713.24 |
| 5008 · Staff Development | 4,783.13 |
| 5009 · Volunteer Expense | 1,360.42 |
| Total 5000 · Administration Expenses | 36,346.67 |
| 5018 · Bank Charges | 2,386.42 |
| 5041 · Dues and Subscriptions | 7,371.50 |
| 5042 · Depreciation | 38,768.00 |
| 5060 · Insurance, Business | |
| 5062 · Insurance - Directors/Officer | 812.00 |
| 5063 · Insurance - Liability | 12,868.71 |
| 5064 · Insurance - Workers' Comp | 1,122.45 |
| Total 5060 · Insurance, Business | 14,803.16 |
| 5075 · Merchant Fees | 2,315.17 |
| 5076 · Meals & Entertainment | 302.63 |
| 5202 · Postage and Delivery | 1,308.77 |
| 5221 · Professional Fees | |
| Social Media | 8,955.00 |
| 5222 · Accounting Services | 8,835.00 |
| 5226 · IT Services | 8,691.48 |
| 5227 · Investment Fees | 1,609.46 |
| Total 5221 · Professional Fees | 28,090.94 |
| 5321 · Taxes | 75.00 |
| 5325 · Telecommunications | 4,110.00 |
| 5327 · Travel and Lodging | 657.92 |
| 5332 · Utilities | 15,298.83 |
| Total Expense | 869,459.58 |
| Net Ordinary Income | 9,866.60 |
| Other Income/Expense | |
| Other Income | |
| 7700 · PPP Loan | 83,681.00 |
| 7777 · Rental Income | 144,991.71 |
| 8000 · Expansion Campaign Income | 58,285.00 |
| 7001 · Interest Income | 2,834.37 |
| 7101 · Unrealized Gain/(Loss) | 13,872.17 |
| Total Other Income | 303,664.25 |

2:24 PM

02/16/23

Accrual Basis

Michelle's Place
Profit & Loss
January through December 2021

| | <u>Jan - Dec 21</u> |
|-------------------------------------|-------------------------|
| Other Expense | |
| 8210 · Building Interest Expense | 89,343.13 |
| 8300 · Rental Expenses | |
| 8301 · Janitorial | 95.00 |
| 8308 · Association Fees | 1,685.00 |
| 8316 · Pest Control | 250.00 |
| 8311 · Fire Equipment/Monitoring | 1,094.22 |
| 8309 · Property Taxes | 19,660.00 |
| 8304 · Bank Charges | 60.00 |
| 8312 · Repairs | 13,038.03 |
| 8307 · Trash Service | 2,334.03 |
| 8306 · Management Fees | 3,000.00 |
| 8315 · Utilities | 5,141.54 |
| 8310 · Telephone | 0.00 |
| 8305 · Landscaping | 3,120.00 |
| Total 8300 · Rental Expenses | <u>49,477.82</u> |
| 8200 · Expansion Campaign Expenses | 3,592.34 |
| 8201 · Building Expense | 105,720.05 |
| Total Other Expense | <u>248,133.34</u> |
| Net Other Income | <u>55,530.91</u> |
| Net Income | <u><u>65,397.51</u></u> |

Michelle's Place
Balance Sheet
 As of December 31, 2021

| | Dec 31, 21 |
|--|---------------------|
| ASSETS | |
| Current Assets | |
| Checking/Savings | |
| 1015 · Coldwell Bank - Rental | 36,227.92 |
| 1013 · SD Credit Union Small Bus Check | 5,821.97 |
| 1010 · SD Credit Union Money Market Ma | 29.95 |
| 1011 · SD Credit Union Primary Savings | 19.61 |
| 1014 · Banner Bank Checking | 182,993.43 |
| 1004 · Petty Cash | 193.90 |
| 1002 · Charles Schwab Inst - 7922 | 149,489.46 |
| 1001 · Charles Schwab Inst - 5202 | 28,658.73 |
| Total Checking/Savings | 403,434.97 |
| Total Current Assets | 403,434.97 |
| Fixed Assets | |
| 1500 · Building & Land | 3,152,358.96 |
| 1051 · Computer Equipment | 6,217.00 |
| 1052 · Furniture and Fixtures | 16,077.00 |
| 1053 · Leasehold Improvements | 86,819.00 |
| 1060 · Accum. Depreciation | (160,110.00) |
| Total Fixed Assets | 3,101,361.96 |
| Other Assets | |
| 1410 · Tenant Deposits | 1,715.00 |
| 1405 · Tenant Chargebacks | 1,402.08 |
| Total Other Assets | 3,117.08 |
| TOTAL ASSETS | 3,507,914.01 |
| LIABILITIES & EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Other Current Liabilities | |
| 2605 · Simple IRA Payable | 11,244.66 |
| 2060 · Prepaid Rent | 400.00 |
| 2075 · Security Deposits - Rent | 9,994.36 |
| 2202 · Loan from J&J Geller | 18,245.36 |
| Total Other Current Liabilities | 39,884.38 |
| Total Current Liabilities | 39,884.38 |
| Long Term Liabilities | |
| 2750 · EIDL Loan | 149,900.00 |
| 2700 · TD Payable - Banner Bank | 2,089,404.43 |
| Total Long Term Liabilities | 2,239,304.43 |
| Total Liabilities | 2,279,188.81 |
| Equity | |
| 3000 · Fund Balance-Perm. Restricted | 92,623.50 |
| 3001 · Fund Balance-Restricted | 81,199.28 |
| 3002 · Fund Balance-Unrestricted | 989,504.91 |
| Net Income | 65,397.51 |
| Total Equity | 1,228,725.20 |
| TOTAL LIABILITIES & EQUITY | 3,507,914.01 |

2021 Exempt Org. Return
prepared for:

**MICHELLE'S PLACE
CANCER RESOURCE CENTER
41669 WINCHESTER RD. STE 101
TEMECULA, CA 92590**

COPY

**LESLIE A DOHERTY & COMPANY, PC
41880 KALMIA ST STE 170
MURRIETA, CA 92562**

**LESLIE A DOHERTY & COMPANY, PC
41880 KALMIA ST STE 170
MURRIETA, CA 92562
(951) 698-2260**

July 28, 2022

MICHELLE'S PLACE
CANCER RESOURCE CENTER
41669 WINCHESTER RD. STE 101
TEMECULA, CA 92590

Dear Board of Directors:

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2021 Federal Exempt Organization Business Income Tax Return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. There is a balance due of \$5,143 payable by as soon as possible.

The tax payment due must be electronically deposited through the Electronic Federal Tax Payment System (EFTPS).

Your 2021 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your 2021 California Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. There is a balance due of \$2,176 payable as soon as possible. Mail the California return as soon as possible and make the check payable to:

**FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0501**

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$100 payable by November 15, 2022. Make the check or money order payable to "Department of Justice" and mail your California report on or before November 15, 2022 to:

**REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470**

Your estimated tax schedule for 2022 is listed below:

| Due Date | 990-T | California |
|----------|----------|------------|
| 4/18/22 | \$ 0 | \$ 0 |
| 6/15/22 | 0 | 0 |
| 9/15/22 | 2,600 | 1,100 |
| 12/15/22 | 2,600 | 1,100 |
| | ----- | ----- |
| | \$ 5,200 | \$ 2,200 |

All federal estimated tax payments must be electronically deposited through the Electronic Federal Tax Payment System (EFTPS).

Please be sure to call us if you have any questions.

Sincerely,

LESLIE A. DOHERTY, CPA

COPY

MICHELLE'S PLACE
CANCER RESOURCE CENTER

33-0951216

| | 2021 | 2020 | DIFF |
|---|-----------|-----------|---------|
| REVENUE | | | |
| CONTRIBUTIONS AND GRANTS..... | 523,564 | 576,224 | -52,660 |
| INVESTMENT INCOME..... | 2,834 | 2,655 | 179 |
| OTHER REVENUE..... | 403,452 | 383,255 | 20,197 |
| TOTAL REVENUE..... | 929,850 | 962,134 | -32,284 |
| EXPENSES | | | |
| SALARIES, OTHER COMPEN., EMP. BENEFITS... | 518,679 | 473,043 | 45,636 |
| OTHER EXPENSES..... | 253,924 | 258,957 | -5,033 |
| TOTAL EXPENSES..... | 772,603 | 732,000 | 40,603 |
| NET ASSETS OR FUND BALANCES | | | |
| REVENUE LESS EXPENSES..... | 157,247 | 230,134 | -72,887 |
| TOTAL ASSETS AT END OF YEAR..... | 3,813,088 | 3,715,314 | 97,774 |
| TOTAL LIABILITIES AT END OF YEAR..... | 2,279,188 | 2,352,533 | -73,345 |
| NET ASSETS/FUND BALANCES AT END OF YEAR. | 1,533,900 | 1,362,781 | 171,119 |

COPY

MICHELLE'S PLACE
CANCER RESOURCE CENTER

33-0951216

| | 2021 | 2020 | DIFF |
|--|--------|------|--------|
| REVENUE | | | |
| NET UNRELATED DEBT-FIN INCOME (LOSS)..... | 25,024 | 0 | 25,024 |
| TOTAL REVENUE..... | 25,024 | 0 | 25,024 |
| DEDUCTIONS | | | |
| TOTAL DEDUCTIONS..... | 0 | 0 | 0 |
| UNRELATED BUSINESS TAXABLE INCOME BEFORE | 25,024 | 0 | 25,024 |
| UNRELATED BUSINESS TAXABLE INCOME..... | 25,024 | 0 | 25,024 |
| TOTAL UNRELATED BUSINESS TAXABLE INCOME | | | |
| TOTAL UNRELATED BUSINESS TAXABLE INCOME.. | 25,024 | 0 | 25,024 |
| UNRELATED BUSINESS TAXABLE INCOME BEFORE | 25,024 | 0 | 25,024 |
| UNRELATED BUSINESS TAXABLE INCOME BEFORE | 25,024 | 0 | 25,024 |
| SPECIFIC DEDUCTION..... | 1,000 | 0 | 1,000 |
| UNRELATED BUSINESS TAXABLE INCOME..... | 24,024 | 0 | 24,024 |
| TAX COMPUTATION | | | |
| INCOME TAX..... | 5,045 | 0 | 5,045 |
| TOTAL TAX BEFORE CREDITS AND PAYMENTS.... | 5,045 | 0 | 5,045 |
| TAX AND PAYMENTS | | | |
| TOTAL TAX..... | 5,045 | 0 | 5,045 |
| TOTAL PAYMENTS AND CREDITS..... | 0 | 0 | 0 |
| REFUND OR AMOUNT DUE | | | |
| UNDERPAYMENT PENALTY..... | 98 | 0 | 98 |
| TAX DUE..... | 5,143 | 0 | 5,143 |
| OVERPAYMENT..... | 0 | 0 | 0 |
| TAX RATES | | | |
| EFFECTIVE TAX RATE..... | 21.0% | 0.0% | 21.0% |

COPY

MICHELLE'S PLACE
CANCER RESOURCE CENTER

33-0951216

| | 2021 | 2020 | DIFF |
|---|-----------|-----------|---------|
| RECEIPTS AND REVENUES | | | |
| GROSS SALES OR RECEIPTS..... | 645,554 | 512,029 | 133,525 |
| GROSS CONTRIBUTIONS, GIFTS, & GRANTS..... | 523,564 | 576,224 | -52,660 |
| TOTAL GROSS RECEIPTS..... | 1,169,118 | 1,088,253 | 80,865 |
| TOTAL COSTS..... | 0 | 0 | 0 |
| TOTAL GROSS INCOME..... | 1,169,118 | 1,088,253 | 80,865 |
| EXPENSES | | | |
| TOTAL EXPENSES..... | 1,011,871 | 858,119 | 153,752 |
| EXCESS RECEIPTS OVER EXPENSES..... | 157,247 | 230,134 | -72,887 |
| FILING FEE | | | |
| FILING FEE..... | 0 | 0 | 0 |
| BALANCE DUE..... | 0 | 0 | 0 |

COPY

| | 2021 | 2020 | DIFF |
|---|--------|------|--------|
| UNRELATED BUSINESS TAXABLE INCOME | | | |
| UNRELATED BUSINESS TAXABLE INCOME..... | 24,024 | 0 | 24,024 |
| TAX COMPUTATION | | | |
| NET UNRELATED BUSINESS TAXABLE INCOME.... | 24,024 | 0 | 24,024 |
| TAX..... | 2,124 | 0 | 2,124 |
| LESS CREDITS..... | 0 | 0 | 0 |
| BALANCE..... | 2,124 | 0 | 2,124 |
| TOTAL TAX..... | 2,124 | 0 | 2,124 |
| PAYMENTS | | | |
| TOTAL PAYMENTS..... | 0 | 0 | 0 |
| REFUND OR AMOUNT DUE | | | |
| PENALTIES AND INTEREST..... | 52 | 0 | 52 |
| TOTAL AMOUNT DUE..... | 2,176 | 0 | 2,176 |

COPY

Installment 1 – File and Pay by the 15th day of the 4th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, if applicable, and '2022 Form 100-ES' on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

COPY

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM -----

Caution: The corporation may be required to pay electronically. See instructions.

----- DETACH HERE -----

Installment 1

TAXABLE YEAR

CALIFORNIA FORM

2022

Corporation Estimated Tax

100-ES

2267780 MICH 33-0951216 000000000000 22 FORM 2
 TYB 01-01-2022 TYE 12-31-2022
 MICHELLES PLACE CANCER RESOURCE CENTER
 KIM GERRISH
 41669 WINCHESTER RD STE 101
 TEMECULA CA 92590 951-699-5455

EST TAX AMT

QSUB TAX AMT

TOTAL PAYMENT AMT



Installment 2 – File and Pay by the 15th day of the 6th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, if applicable, and '2022 Form 100-ES' on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

COPY

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM -----

Caution: The corporation may be required to pay electronically. See instructions.

----- DETACH HERE -----

Installment 2

TAXABLE YEAR

CALIFORNIA FORM

2022

Corporation Estimated Tax

100-ES

2267780 MICH 33-0951216 000000000000 22 FORM 2
TYB 01-01-2022 TYE 12-31-2022
MICHELLES PLACE CANCER RESOURCE CENTER
KIM GERRISH
41669 WINCHESTER RD STE 101
TEMECULA CA 92590 951-699-5455

EST TAX AMT

QSUB TAX AMT

TOTAL PAYMENT AMT

Installment 3 – File and Pay by the 15th day of the 9th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, if applicable, and '2022 Form 100-ES' on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

COPY

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----
Caution: The corporation may be required to pay electronically. See instructions.

TAXABLE YEAR

Installment 3
CALIFORNIA FORM

2022

Corporation Estimated Tax

100-ES

| | | | | | | |
|--|------|------------|--------------|-------------------|------|-------|
| 2267780 | MICH | 33-0951216 | 000000000000 | 22 | FORM | 2 |
| TYB 01-01-2022 TYE 12-31-2022 | | | | | | |
| MICHELLES PLACE CANCER RESOURCE CENTER | | | | | | |
| KIM GERRISH | | | | | | |
| 41669 WINCHESTER RD STE 101 | | | | | | |
| TEMECULA | | | CA 92590 | 951-699-5455 | | |
| EST TAX AMT | | 1100. | | QSUB TAX AMT | | |
| | | | | TOTAL PAYMENT AMT | | 1100. |



Installment 4 – File and Pay by the 15th day of the 12th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, if applicable, and '2022 Form 100-ES' on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

COPY

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----

Caution: The corporation may be required to pay electronically. See instructions.

| | | |
|--------------|----------------------------------|---------------|
| TAXABLE YEAR | Corporation Estimated Tax | 100-ES |
|--------------|----------------------------------|---------------|

| | | | | | | |
|--|------|------------|--------------|-------------------|------|-------|
| 2267780 | MICH | 33-0951216 | 000000000000 | 22 | FORM | 2 |
| TYB 01-01-2022 TYE 12-31-2022 | | | | | | |
| MICHELLES PLACE CANCER RESOURCE CENTER | | | | | | |
| KIM GERRISH | | | | | | |
| 41669 WINCHESTER RD STE 101 | | | | | | |
| TEMECULA | | CA 92590 | | 951-699-5455 | | |
| EST TAX AMT | | 1100. | | QSUB TAX AMT | | |
| | | | | TOTAL PAYMENT AMT | | 1100. |

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20_____

2021

Department of the Treasury
Internal Revenue Service

► **Do not send to the IRS. Keep for your records.**
► **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer **MICHELLE'S PLACE
CANCER RESOURCE CENTER** EIN or SSN **33-0951216**

Name and title of officer or person subject to tax
KIMBERLY GERRISH EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | |
|---|---|------------|-----------------|
| 1a Form 990 check here <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>929,850.</u> |
| 2a Form 990-EZ check here <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | _____ |
| 3a Form 1120-POL check here <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | _____ |
| 4a Form 990-PF check here <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b | _____ |
| 5a Form 8868 check here <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b | _____ |
| 6a Form 990-T check here <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b | _____ |
| 7a Form 4720 check here <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b | _____ |
| 8a Form 5227 check here <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b | _____ |
| 9a Form 5330 check here <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b | _____ |
| 10a Form 8038-CP check here <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize LESLIE A DOHERTY & COMPANY, PC to enter my PIN 39362 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ► _____

Date ► _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

30532112345
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► LESLIE A. DOHERTY, CPA

Date ► _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20____

2021

Department of the Treasury
Internal Revenue Service

► **Do not send to the IRS. Keep for your records.**
► **Go to www.irs.gov/Form8879TE for the latest information.**

| | |
|--|---------------------------------|
| Name of filer MICHELLE'S PLACE CANCER RESOURCE CENTER | EIN or SSN 33-0951216 |
| Name and title of officer or person subject to tax KIMBERLY GERRISH EXECUTIVE DIRECTOR | |

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | |
|--|--|------------------|
| 1a Form 990 check here <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b _____ |
| 2a Form 990-EZ check here <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b _____ |
| 5a Form 8868 check here <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here <input checked="" type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b <u>5,045.</u> |
| 7a Form 4720 check here <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |
| 8a Form 5227 check here <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b _____ |
| 9a Form 5330 check here <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b _____ |
| 10a Form 8038-CP check here <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize LESLIE A DOHERTY & COMPANY, PC to enter my PIN 39362 as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ► _____ Date ► _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

30532112345
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► LESLIE A. DOHERTY, CPA Date ► _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--|---|---|
| Type or print | Name of exempt organization or other filer, see instructions. MICHELLE'S PLACE CANCER RESOURCE CENTER | Taxpayer identification number (TIN) 33-0951216 |
| | Number, street, and room or suite number. If a P.O. box, see instructions. 41669 WINCHESTER RD. STE 101 | |
| File by the due date for filing your return. See instructions. | City, town or post office, state, and ZIP code. For a foreign address, see instructions. TEMECULA, CA 92590 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |
| Form 990-T (corporation) | 07 | | |

• The books are in the care of ▶ KIM GERRISH

Telephone No. ▶ 951-304-1279 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. If it is for part of the group, check this box ... and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 21 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|--|------------|----|----|
| 3 a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3 a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3 b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3 c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning , **2021**, and ending , **20**

| | | | |
|--|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C MICHELLE'S PLACE CANCER RESOURCE CENTER 41669 WINCHESTER RD. STE 101 TEMECULA, CA 92590 | D Employer identification number 33-0951216 | E Telephone number 951-699-5455 |
| F Name and address of principal officer: MARILYN R. WATSON SAME AS C ABOVE | | G Gross receipts \$ 1,169,118. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? If "No," attach a list. See instructions. Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | J Website: ▶ WWW.MICHELLESPACE.ORG H(c) Group exemption number ▶ | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 2000 | M State of legal domicile: CA |

Part I Summary

| | | | | |
|------------------------------------|---|---|----------------------------------|---------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: <u>EMPOWERING INDIVIDUALS AND FAMILIES IMPACTED BY CANCER THROUGH EDUCATION AND SUPPORT SERVICES.</u> | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 12 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 8 |
| | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 12 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 165 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 25,024. |
| 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 24,024. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 576,224. | 523,564. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,655. | 2,834. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 383,255. | 403,452. |
| | 12 | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 962,134. | 929,850. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 473,043. | 518,679. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 83,720. | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 258,957. | 253,924. | |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 732,000. | 772,603. | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 230,134. | 157,247. | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 3,715,314. | 3,813,088. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 2,352,533. | 2,279,188. |
| | | | 1,362,781. | 1,533,900. |

Part II Signature Block

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

| | | | |
|---|---|------------------------|--------------------|
| Sign Here | Signature of officer | Date | |
| | ▶ <u>KIMBERLY GERRISH</u> Type or print name and title | | EXECUTIVE DIRECTOR |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | LESLIE A. DOHERTY, CPA | LESLIE A. DOHERTY, CPA | |
| | Firm's name ▶ | Firm's EIN ▶ | |
| | LESLIE A DOHERTY & COMPANY, PC | 20-2082661 | |
| Firm's address ▶ | Phone no. | | |
| 41880 KALMIA ST STE 170 MURRIETA, CA 92562 | (951) 698-2260 | | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

EMPOWERING INDIVIDUALS AND FAMILIES IMPACTED BY CANCER THROUGH EDUCATION AND SUPPORT SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

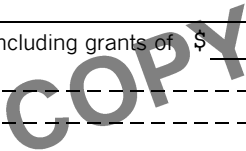
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 593,311. including grants of \$) (Revenue \$)

THE ORGANIZATION HAS CREATED A FOUNDATION OF SERVICES BASED ON 3 CORE NEEDS THAT WE HAVE FOUND WITHIN THE COMMUNITY: DETECTION, SUPPORT AND EDUCATION. FROM THIS FOUNDATION, WE PROVIDE THE FOLLOWING TO OUR CLIENTS: SERVICE PROGRAMS, SELF-HELP AND SUPPORT GROUPS, PERSONAL SUPPORT SERVICES, EDUCATIONAL OFFERINGS AND WELLNESS SESSIONS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)



4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 593,311.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i> | | X |
| 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? <i>If 'Yes,' complete Schedule D, Part I.</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> | | X |
| 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i> | X | |
| b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i> | | X |
| c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i> | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I.</i> See instructions | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> | | X |
| b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> | | X |

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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> | | X |
| 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? <i>If 'Yes,' complete Schedule J.</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> | | X |
| 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | | |
| 25a 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? <i>If 'Yes,' complete Schedule L, Part I.</i> | | X |
| 25b 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? <i>If 'Yes,' complete Schedule L, Part I.</i> | | 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? <i>If 'Yes,' complete Schedule L, Part II.</i> | | 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? <i>If 'Yes,' complete Schedule L, Part III.</i> | | 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): | | |
| 28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| 28b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| 28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 35b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> | | 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. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-----|----|
| 1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. | | |
| 1 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. | | |
| 1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | Yes | No |
|------------|---|------------|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | | |
| | 2a 12 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| | 2b | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | X | |
| 3b | If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | 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? | | X |
| 6b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| 7a | | | |
| b | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | |
| 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7c | | | |
| d | If 'Yes,' indicate the number of Forms 8282 filed during the year. | | |
| | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7e | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7f | | | |
| 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. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. | 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: | | |
| a | Gross income from members or shareholders. | 11a | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 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. | | |
| a | 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 | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see the instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O. | 16 | X |
| 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? If 'Yes,' complete Form 6069. | 17 | |

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

Section A. Governing Body and Management

| | | Yes | No |
|------------|---|-----|----|
| 1 a | Enter the number of voting members of the governing body at the end of the tax year. 1 a 12 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. | | |
| 1 b | Enter the number of voting members included on line 1a, above, who are independent. 1 b 8 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? SEE SCHEDULE O | 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? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7 a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| 7 b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8 a | a The governing body? | X | |
| 8 b | b Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O. | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|-------------|--|-----|----|
| 10 a | Did the organization have local chapters, branches, or affiliates? | | X |
| 10 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? | | |
| 11 a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 12 a | Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O | | |
| 12 a | Did the organization have a written conflict of interest policy? If 'No,' go to line 13. | X | |
| 12 b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12 c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done. SEE SCHEDULE O | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15 a | a The organization's CEO, Executive Director, or top management official. | X | |
| 15 b | b Other officers or key employees of the organization. SEE SCHEDULE O | X | |
| | If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 16 b | If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
KIM GERRISH 41669 WINCHESTER RD. STE 101 TEMECULA CA 92590 951-304-1279

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1 a 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) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) KIMBERLY GERRISH EXECUTIVE DIR. | 50 0 | | | X | | | | 95,256. | 0. | 0. |
| (2) MARILYN R. WATSON FOUNDER | 8 0 | X | | | | | | 0. | 0. | 0. |
| (3) WILLIAM WATSON FOUNDER | 8 0 | X | | | | | | 0. | 0. | 0. |
| (4) STEFANI LASZKO PAST-PRESIDENT | 5 0 | X | | X | | | | 0. | 0. | 0. |
| (5) LESLIE A. DOHERTY, CPA TREASURER | 5 0 | X | | X | | | | 0. | 0. | 0. |
| (6) DR. AMY BREMNER DIRECTOR | 4 0 | X | | | | | | 0. | 0. | 0. |
| (7) JAN GELLER SECRETARY | 5 0 | X | | X | | | | 0. | 0. | 0. |
| (8) CHAD BOYLESTON VICE PRESIDENT | 3 0 | X | | X | | | | 0. | 0. | 0. |
| (9) WAYNE WATSON DIRECTOR | 6 0 | X | | | | | | 0. | 0. | 0. |
| (10) RENEE FININIS PRESIDENT | 5 0 | X | | X | | | | 0. | 0. | 0. |
| (11) ANNIE LE DIRECTOR | 3 0 | X | | | | | | 0. | 0. | 0. |
| (12) CYNDI LIGHT DIRECTOR | 3 0 | X | | | | | | 0. | 0. | 0. |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | | |
| (15) ----- | | | | | | | | | |
| (16) ----- | | | | | | | | | |
| (17) ----- | | | | | | | | | |
| (18) ----- | | | | | | | | | |
| (19) ----- | | | | | | | | | |
| (20) ----- | | | | | | | | | |
| (21) ----- | | | | | | | | | |
| (22) ----- | | | | | | | | | |
| (23) ----- | | | | | | | | | |
| (24) ----- | | | | | | | | | |
| (25) ----- | | | | | | | | | |

COPY

| | | | |
|--|---------|----|----|
| 1 b Subtotal | 95,256. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | 95,256. | 0. | 0. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

| | | Yes | No |
|---|----------|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> | 3 | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i> | 4 | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> | 5 | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

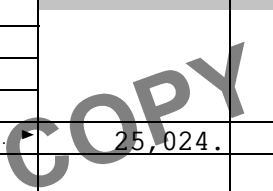
| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|--|--|--|----------------------|--|---|--|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1 a Federated campaigns | 1 a | | | | |
| | b Membership dues | 1 b | | | | |
| | c Fundraising events | 1 c | | | | |
| | d Related organizations | 1 d | | | | |
| | e Government grants (contributions) | 1 e | 27,741. | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1 f | 495,823. | | | |
| | g Noncash contributions included in lines 1a-1f | 1 g | | | | |
| | h Total. Add lines 1a-1f | | 523,564. | | | |
| Program Service Revenue | 2 a Business Code | | | | | |
| | b ----- | | | | | |
| | c ----- | | | | | |
| | d ----- | | | | | |
| | e ----- | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 2,834. | 2,834. | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross rents | (i) Real | 144,992. | | | |
| | | (ii) Personal | | | | |
| | | 6 b Less: rental expenses | 119,968. | | | |
| | c Rental income or (loss) | 25,024. | | | | |
| | d Net rental income or (loss) | | 25,024. | | 25,024. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | | | | |
| | c Gain or (loss) | | | | | |
| | d Net gain or (loss) | | | | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | 414,047. | | | | |
| | b Less: direct expenses | 119,300. | | | | |
| | c Net income or (loss) from fundraising events | | 294,747. | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | | | | | | |
| | b Less: direct expenses | | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | | | | | | |
| | b Less: cost of goods sold | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | 11 a Business Code | | | | | |
| | SBA PPP LOAN FORGIVENESS | | 83,681. | 83,681. | | |
| | b ----- | | | | | |
| | c ----- | | | | | |
| | d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | 83,681. | | | | |
| 12 Total revenue. See instructions | | 929,850. | 86,515. | 25,024. | 0. | |



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 or note to any line in this Part IX.

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 95,256. | 81,825. | 8,478. | 4,953. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages | 353,811. | 246,061. | 53,904. | 53,846. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 11,245. | 8,208. | 1,462. | 1,575. |
| 9 Other employee benefits | 22,154. | 16,172. | 2,880. | 3,102. |
| 10 Payroll taxes | 36,213. | 26,435. | 4,707. | 5,071. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 8,835. | | 8,835. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 1,609. | | 1,609. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 8,955. | 8,955. | | |
| 12 Advertising and promotion | 145. | | | 145. |
| 13 Office expenses | 10,583. | 9,524. | 529. | 530. |
| 14 Information technology | 8,691. | 8,691. | | |
| 15 Royalties | | | | |
| 16 Occupancy | 19,409. | 17,464. | 970. | 975. |
| 17 Travel | 666. | 666. | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 44,671. | 32,610. | 5,807. | 6,254. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 19,384. | 14,150. | 2,520. | 2,714. |
| 23 Insurance | 8,369. | 6,817. | 812. | 740. |
| 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 O.) | | | | |
| a <u>PATIENT CARE/SERVICES</u> | 65,363. | 65,363. | | |
| b <u>PRINTING AND PUBLICATIONS</u> | 11,965. | 10,170. | 598. | 1,197. |
| c <u>DUES & SUBSCRIPTIONS</u> | 7,372. | 7,372. | | |
| d <u>TRANSPORTATION</u> | 6,827. | 6,827. | | |
| e All other expenses | 31,080. | 26,001. | 2,461. | 2,618. |
| 25 Total functional expenses. Add lines 1 through 24e | 772,603. | 593,311. | 95,572. | 83,720. |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part 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 | |
|------------------------------------|--|---|----------------|--------------------|------------|
| Assets | 1 | Cash – non-interest-bearing | 220,973. | 1 | 225,287. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 3,261,472. | | |
| | b | Less: accumulated depreciation | 10b 160,110. | 10c | 3,101,362. |
| | 11 | Investments – publicly traded securities | 154,503. | 11 | 178,148. |
| | 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 | 199,708. | 15 | 308,291. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 3,715,314. | 16 | 3,813,088. | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 41,623. | 22 | 18,245. |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 2,143,390. | 23 | 2,089,404. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 149,900. | 24 | 149,900. |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 17,620. | 25 | 21,639. |
| | 26 | Total liabilities. Add lines 17 through 25 | 2,352,533. | 26 | 2,279,188. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| | 27 | Net assets without donor restrictions | 1,208,278. | 27 | 1,355,752. |
| | 28 | Net assets with donor restrictions | 154,503. | 28 | 178,148. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 | Total net assets or fund balances. | 1,362,781. | 32 | 1,533,900. |
| 33 | Total liabilities and net assets/fund balances. | 3,715,314. | 33 | 3,813,088. | |

Part 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 | 929,850. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 772,603. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 157,247. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,362,781. |
| 5 | Net unrealized gains (losses) on investments | 5 | 13,872. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 1,533,900. |

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ | | |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2b | Were the organization's financial statements audited by an independent accountant? | | X |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2c | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 3b | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

| | |
|--|---|
| Name of the organization MICHELLE'S PLACE CANCER RESOURCE CENTER | Employer identification number 33-0951216 |
|--|---|

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 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 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (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'.) | 620,968. | 772,218. | 1,404,671. | 930,696. | 937,611. | 4,666,164. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 Total. Add lines 1 through 3. | 620,968. | 772,218. | 1,404,671. | 930,696. | 937,611. | 4,666,164. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 0. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 4,666,164. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|------------|----------|----------|------------|
| 7 Amounts from line 4. | 620,968. | 772,218. | 1,404,671. | 930,696. | 937,611. | 4,666,164. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | 3,245. | 5,661. | 4,206. | 2,655. | 3,592. | 19,359. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | | 0. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0. |
| 11 Total support. Add lines 7 through 10. | | | | | | 4,685,523. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 0. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)). | 14 | 99.59 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14. | 15 | 99.52 % |

16a **33-1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b **33-1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶

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.)

Section A. Public Support

| Calendar 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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ▶

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15. | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)). | 17 | % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17. | 18 | % |

19a 33-1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

b 33-1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

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

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer lines 3b and 3c below.</i> | | |
| 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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| 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? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| 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? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| 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? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| 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)? <i>If 'Yes,' answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|------------|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a 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 | |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.</i> | 11c | |

Section 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? <i>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.</i> | 1 | |
| 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? <i>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.</i> | 2 | |

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)? <i>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).</i> | 1 | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | 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? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i> | 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 year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> 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? <i>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.</i> | 2a | | |
| 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? <i>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.</i> | 2b | | |
| 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? <i>If 'Yes' or 'No,' provide details in Part VI.</i> | 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i> | 3b | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| 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 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C – Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D – Distributions | | Current Year |
|----------------------------------|--|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required – provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (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 |

| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|--|---|---|--|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a 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: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

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BAA

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization MICHELLE'S PLACE CANCER RESOURCE CENTER

Employer identification number 33-0951216

Organization type (check one):

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.

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Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. > \$

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).

| | |
|--|--|
| Name of organization MICHELLE'S PLACE | Employer identification number 33-0951216 |
|--|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | RITA & ALFRED DANN FOUNDATION 30306 CARMENET CIRCLE MURRIETA, CA 92563 | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | RIVERSIDE COUNTY TREASURER 4080 LEMON STREET RIVERSIDE, CA 92501 | \$ 23,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | STATER BROS CHARITIES 301 S. TIPPECANOE AVE. SAN BERNARDINO, CA 92408 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | KAISER PERMANENTE 11080 MAGNOLIA AVE. RIVERSIDE, CA 92505 | \$ 24,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | FALLBROOK HEALTHCARE DISTRICT 138 N. BRANDON ROAD FALLBROOK, CA 92028 | \$ 41,129. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | ALAN HAUCK C/O 41669 WINCHESTER RD. TEMECULA, CA 92590 | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization MICHELLE'S PLACE | Employer identification number 33-0951216 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 7 | ALBERTSONS C/O 41669 WINCHESTER RD. TEMECULA, CA 92590 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | MICHAEL SHIRLEY C/O 41669 WINCHESTER RD. TEMECULA, CA 92590 | \$ 20,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| | |
|---|---|
| Name of organization MICHELLE'S PLACE | Employer identification number 33-0951216 |
|---|---|

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| ----- | N/A ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |

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Name of organization: MICHELLE'S PLACE
 Employer identification number: 33-0951216

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ N/A
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | N/A | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |

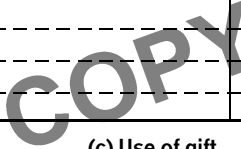
| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization

MICHELLE'S PLACE CANCER RESOURCE CENTER

Employer identification number

33-0951216

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2a Preservation of land for public use
2b Protection of natural habitat
2c Preservation of open space
2d Preservation of a historically important land area
2e Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for conservation easement statistics.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land | | 1,809,704. | | 1,809,704. |
| b Buildings | | 1,342,655. | 87,528. | 1,255,127. |
| c Leasehold improvements | | 86,819. | 53,290. | 33,529. |
| d Equipment | | 6,217. | 5,087. | 1,130. |
| e Other | | 16,077. | 14,205. | 1,872. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 3,101,362. |

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Schedule D (Form 990) 2021

Part VII Investments – Other Securities. N/A
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 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) ----- | | |
| (I) ----- | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) | | |

Part VIII Investments – Program Related. N/A
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) | | |

Part IX Other Assets.
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) CONSTRUCTION IN PROGRESS | 305,174. |
| (2) PREPAID EXPENSES | 3,117. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) | 308,291. |

Part X Other Liabilities.
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) PREPAID RENT | 400. |
| (3) RETIREMENT PLAN PAYABLE | 11,245. |
| (4) TENANT SECURITY DEPOSITS | 9,994. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | 21,639. |

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.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|------------|------------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | a Net unrealized gains (losses) on investments | 2 a | | |
| | b Donated services and use of facilities | 2 b | | |
| | c Recoveries of prior year grants | 2 c | | |
| | d Other (Describe in Part XIII.) | 2 d | | |
| | e Add lines 2 a through 2 d | | 2 e | |
| 3 | Subtract line 2 e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | | |
| | b Other (Describe in Part XIII.) | 4 b | | |
| | c Add lines 4 a and 4 b | | 4 c | |
| 5 | Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.) | | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|------------|------------|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | a Donated services and use of facilities | 2 a | | |
| | b Prior year adjustments | 2 b | | |
| | c Other losses | 2 c | | |
| | d Other (Describe in Part XIII.) | 2 d | | |
| | e Add lines 2 a through 2 d | | 2 e | |
| 3 | Subtract line 2 e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | | |
| | b Other (Describe in Part XIII.) | 4 b | | |
| | c Add lines 4 a and 4 b | | 4 c | |
| 5 | Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.) | | 5 | |

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

PART V, LINE 4:

ENDOWMENT FUNDS HAVE BEEN PROVIDED BY DONORS AND SET ASIDE BY THE BOARD OF DIRECTORS TO ALLOW FOR THE LONG-TERM FINANCIAL VIABILITY OF THE ORGANIZATION.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ 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

Name of the organization **MICHELLE'S PLACE
CANCER RESOURCE CENTER**

Employer identification number
33-0951216

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
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a 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? Yes No

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 address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | 0. |

COPY

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|-----------------|----|--|--------------------------------|---------------------|--|----------|
| | | SPRING FUNDRAI (event type) | GOLF TOURNAMEN (event type) | 4 (total number) | (add column (a) through column (c)) | |
| Revenue | 1 | Gross receipts | 145,615. | 102,601. | 164,195. | 412,411. |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 145,615. | 102,601. | 164,195. | 412,411. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 50,834. | 39,381. | 29,085. | 119,300. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 119,300. |
| | 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 293,111. |

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add column (a) through column (c)) |
|-----------------|--|-----------------------|---|---|---|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

- 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 formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|------|---|
| a The organization's facility | 13 a | % |
| b An outside facility | 13 b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

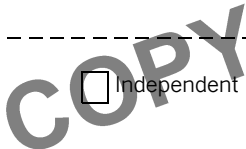
Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer

Employee

Independent contractor



17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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 ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

MICHELLE'S PLACE
CANCER RESOURCE CENTER

Employer identification number

33-0951216

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

THREE BOARD MEMBERS EACH WITH VOTING RIGHTS HAVE A MOTHER/FATHER/SON RELATIONSHIP.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS PRESENTED TO THE EXECUTIVE DIRECTOR TO BE SUBMITTED TO THE FINANCE COMMITTEE AND EXECUTIVE BOARD FOR REVIEW AND APPROVAL BEFORE THE RETURN IS FILED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ORGANIZATION REGULARLY REVIEWS AND MONITORS COMPLIANCE WITH WRITTEN POLICIES THROUGH BOARD ACTION AND DIRECTION.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE AND EXECUTIVE BOARD ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

UPON WRITTEN REQUEST THE ORGANIZATION WILL MAKE AVAILABLE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS.

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|---|---|---|
| Type or print <small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization or other filer, see instructions. MICHELLE'S PLACE CANCER RESOURCE CENTER | Taxpayer identification number (TIN) 33-0951216 |
| | Number, street, and room or suite number. If a P.O. box, see instructions. 41669 WINCHESTER RD. STE 101 | |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. TEMECULA, CA 92590 | | |

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |
| Form 990-T (corporation) | 07 | | |

• The books are in the care of ▶ KIM GERRISH

Telephone No. ▶ 951-304-1279 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. If it is for part of the group, check this box ... and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2021 or
- ▶ tax year beginning _____, 20____, and ending _____, 20_____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|--|-----------|----|--------|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a | \$ | 5,045. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3c | \$ | 5,045. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2021

For calendar year 2021 or other tax year beginning _____, 2021, and ending _____,

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

| | | | |
|--|-----------------------------|---|---|
| <p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(C)(3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p> | <p>Print or Type</p> | <p><input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>MICHELLE'S PLACE CANCER RESOURCE CENTER 41669 WINCHESTER RD. STE 101 TEMECULA, CA 92590</p> | <p>D Employer identification number</p> <p>33-0951216</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p> |
| | | <p>C Book value of all assets at end of year. ▶ 3,813,088.</p> | |
| <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> | | | |
| <p>H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p> | | | |
| <p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation. ▶ <input type="checkbox"/></p> | | | |
| <p>J Enter the number of attached Schedules A (Form 990-T). ▶ 1</p> | | | |
| <p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsi- dary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶</p> | | | |
| <p>L The books are in care of ▶ KIM GERRISH 41669 WINCHESTER RD. STE 101 TEMECULA CA Telephone number ▶ 951-304-1279</p> | | | |

| Part I Total Unrelated Business Taxable Income | | |
|---|----|---------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). | 1 | 25,024. |
| 2 Reserved. | 2 | |
| 3 Add lines 1 and 2. | 3 | 25,024. |
| 4 Charitable contributions (see instructions for limitation rules). | 4 | |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3. | 5 | 25,024. |
| 6 Deduction for net operating loss. See instructions. | 6 | |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5. | 7 | 25,024. |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions). | 8 | 1,000. |
| 9 Trusts. Section 199A deduction. See instructions. | 9 | |
| 10 Total deductions. Add lines 8 and 9. | 10 | 1,000. |
| 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. | 11 | 24,024. |

| Part II Tax Computation | | |
|--|---|--------|
| 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21). ▶ | 1 | 5,045. |
| 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶ | 2 | |
| 3 Proxy tax. See instructions. ▶ | 3 | |
| 4 Other tax amounts. See instructions. | 4 | |
| 5 Alternative minimum tax (trusts only). | 5 | |
| 6 Tax on noncompliant facility income. See instructions. | 6 | |
| 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies. | 7 | 5,045. |

BAA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

| | | | |
|---|-----------|-------------------------------------|--------|
| 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ... | 1a | | |
| b Other credits (see instructions) | 1b | | |
| c General business credit. Attach Form 3800 (see instructions) | 1c | | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 1d | | |
| e Total credits. Add lines 1a through 1d | 1e | | 0. |
| 2 Subtract line 1e from Part II, line 7 | 2 | | 5,045. |
| 3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) | 3 | | |
| 4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | 4 | | 5,045. |
| 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | | |
| 6a Payments: A 2020 overpayment credited to 2021 | 6a | | |
| b 2021 estimated tax payments. Check if section 643(g) election applies ... <input type="checkbox"/> | 6b | | |
| c Tax deposited with Form 8868 | 6c | | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | | |
| e Backup withholding (see instructions) | 6e | | |
| f Credit for small employer health insurance premiums (attach Form 8941) | 6f | | |
| g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total ... | 6g | | |
| 7 Total payments. Add lines 6a through 6g | 7 | | 0. |
| 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached | 8 | <input checked="" type="checkbox"/> | 98. |
| 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | | 5,143. |
| 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | | |
| 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 11 | | |

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

| | | |
|---|-----------------------------------|----|
| 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here | Yes | No |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year. ... \$ 0. | | |
| 4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | |
| 5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | |
| Business Activity Code | Available post-2017 NOL carryover | |
| ----- | \$ ----- | |
| ----- | \$ ----- | |
| ----- | \$ ----- | |
| ----- | \$ ----- | |
| 6a Did the organization change its method of accounting? (see instructions) | | X |
| b If 6a is 'Yes', has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If 'No', explain in Part V | | |

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

| | | | |
|---|--|------------------------|-----------------------------|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | |
| | Signature of officer | Date | EXECUTIVE DIRECTOR Title |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | LESLIE A. DOHERTY, CPA | LESLIE A. DOHERTY, CPA | |
| | Firm's name | Firm's EIN | PTIN |
| | LESLIE A DOHERTY & COMPANY, PC | 20-2082661 | P00449291 |
| Firm's address | Phone no. | | |
| 41880 KALMIA ST STE 170 MURRIETA, CA 92562 | (951) 698-2260 | | |

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2021

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

| | |
|---|---|
| A Name of the organization MICHELLE'S PLACE CANCER RESOURCE CENTER | B Employer identification number 33-0951216 |
| C Unrelated business activity code (see instructions) ▶ 531120 | D Sequence: 1 of 1 |

E Describe the unrelated trade or business ▶ **COMMERCIAL SUITE RENTALS**

| Part I | Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---------------|--|-------------------|---------------------|----------------|
| 1a | Gross receipts or sales | | | |
| b | Less returns and allowances | | | |
| | c Balance ▶ | 1c | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4a | Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions | 4a | | |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b | | |
| c | Capital loss deduction for trusts | 4c | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | 5 | | |
| 6 | Rent income (Part IV) | 6 | | |
| 7 | Unrelated debt-financed income (Part V) | 7 | 144,992. | 119,968. |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | 25,024. |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | | |
| 11 | Advertising income (Part IX) | 11 | | |
| 12 | Other income (see instructions; attach statement) | 12 | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 144,992. | 119,968. |
| | | | | 25,024. |

| Part II | Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income | | | |
|----------------|--|-----------|--|-----------|
| 1 | Compensation of officers, directors, and trustees (Part X) | 1 | | |
| 2 | Salaries and wages | 2 | | |
| 3 | Repairs and maintenance | 3 | | |
| 4 | Bad debts | 4 | | |
| 5 | Interest (attach statement). See instructions | 5 | | |
| 6 | Taxes and licenses | 6 | | |
| 7 | Depreciation (attach Form 4562). See instructions | 7 | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 8a | | 8b |
| 9 | Depletion | 9 | | |
| 10 | Contributions to deferred compensation plans | 10 | | |
| 11 | Employee benefit programs | 11 | | |
| 12 | Excess exempt expenses (Part VIII) | 12 | | |
| 13 | Excess readership costs (Part IX) | 13 | | |
| 14 | Other deductions (attach statement) | 14 | | |
| 15 | Total deductions. Add lines 1 through 14 | 15 | | |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | | 25,024. |
| 17 | Deduction for net operating loss. See instructions | 17 | | |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | 18 | | 25,024. |

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form **990-T**) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

| | | | |
|---|--|---|--|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

| | A | B | C | D |
|---|---------|---|---|---|
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A). | ▶ _____ | | | |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B). | ▶ _____ | | | |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A 41669 WINCHESTER RD., TEMECULA, CA 92590

B _____

C _____

D _____

| | A | B | C | D |
|---|------------|---|---|---|
| 2 Gross income from or allocable to debt-financed property | 144,992. | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement). STM 2. | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | 119,968. | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | 100.0000 % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | 144,992. | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | ▶ 144,992. | | | |
| 9 Allocable deductions. Multiply line 3c by line 6 | 119,968. | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | ▶ 119,968. | | | |
| 11 Total dividends-received deductions included in line 10 | ▶ _____ | | | |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| 1 Name of controlled organization | 2 Employer identification number | Exempt Controlled Organizations | | | |
|-----------------------------------|----------------------------------|--|------------------------------------|--|---|
| | | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

| Nonexempt Controlled Organizations | | | | |
|------------------------------------|--|------------------------------------|---|--|
| 7 Taxable income | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10 |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach statement) | 4 Set-asides (attach statement) | 5 Total deductions and set-asides (add columns 3 and 4) |
|-------------------------|--------------------|---|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | |
|--|---|
| 1 Description of exploited activity: _____ | |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A) | 2 |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |
| 5 Gross income from activity that is not unrelated business income | 5 |
| 6 Expenses attributable to income entered on line 5 | 6 |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

BAA

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

| | | |
|----------|--------------------------|-------|
| A | <input type="checkbox"/> | _____ |
| B | <input type="checkbox"/> | _____ |
| C | <input type="checkbox"/> | _____ |
| D | <input type="checkbox"/> | _____ |

Enter amounts for each periodical listed above in the corresponding column.

| | A | B | C | D |
|--|---------|---|---|---|
| 2 Gross advertising income..... | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (A)..... | ▶ _____ | | | |
| 3 Direct advertising costs by periodical..... | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B)..... | ▶ _____ | | | |
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8..... | | | | |
| 5 Readership costs..... | | | | |
| 6 Circulation income..... | | | | |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero..... | | | | |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7..... | | | | |
| a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13..... | ▶ _____ | | | |

Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1 Name | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--------|---------|---------------------------------------|---|
| | | % | |
| | | % | |
| | | % | |
| | | % | |

Total. Enter here and on Part II, line 1..... ▶ _____

Part XI Supplemental Information (see instructions)

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return.

2021

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

| | |
|--|---|
| Name MICHELLE'S PLACE CANCER RESOURCE CENTER | Employer identification number 33-0951216 |
|--|---|

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

| | | | |
|--|-----------|-----------|--------|
| 1 Total tax (see instructions) | | 1 | 5,045. |
| 2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 | 2a | | |
| b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method | 2b | | |
| c Credit for federal tax paid on fuels (see instructions) | 2c | | |
| d Total. Add lines 2a through 2c | | 2d | |
| 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty. | | 3 | 5,045. |
| 4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5. | | 4 | |
| 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 | | 5 | 5,045. |

Part II Reasons for Filing – Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

| | (a) | (b) | (c) | (d) | |
|--|-----|---------|---------|---------|----------|
| 9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. | 9 | 4/15/21 | 6/15/21 | 9/15/21 | 12/15/21 |
| 10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column | 10 | 1,261. | 1,261. | 1,261. | 1,262. |
| 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions. | 11 | | | | |
| Complete lines 12 through 18 of one column before going to the next column. | | | | | |
| 12 Enter amount, if any, from line 18 of the preceding column | 12 | | | | |
| 13 Add lines 11 and 12 | 13 | | | | |
| 14 Add amounts on lines 16 and 17 of the preceding column | 14 | | 1,261. | 2,522. | 3,783. |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 0. | 0. | 0. | 0. |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | 16 | | 1,261. | 2,522. | |
| 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 | 17 | 1,261. | 1,261. | 1,261. | 1,262. |
| 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column. | 18 | | | | |

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17 – no penalty is owed.

Part IV Figuring the Penalty

| | (a) | (b) | (c) | (d) |
|---|-------------------|---------|---------|---------|
| 19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions..... | 19 5/15/22 | 5/15/22 | 5/15/22 | 5/15/22 |
| 20 Number of days from due date of installment on line 9 to the date shown on line 19..... | 20 365 | 334 | 242 | 151 |
| 21 Number of days on line 20 after 4/15/2021 and before 7/1/2021..... | 21 76 | 15 | | |
| 22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 3% (0.03) | 22 7.88 | 1.55 | | |
| 23 Number of days on line 20 after 6/30/2021 and before 10/1/2021..... | 23 92 | 92 | 15 | |
| 24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 3% (0.03) | 24 9.54 | 9.54 | 1.55 | |
| 25 Number of days on line 20 after 9/30/2021 and before 1/1/2022..... | 25 92 | 92 | 92 | 16 |
| 26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 3% (0.03) | 26 9.54 | 9.54 | 9.54 | 1.66 |
| 27 Number of days on line 20 after 12/31/2021 and before 4/1/2022..... | 27 90 | 90 | 90 | 90 |
| 28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 3% (0.03) | 28 9.33 | 9.33 | 9.33 | 9.34 |
| 29 Number of days on line 20 after 3/31/2022 and before 7/1/2022..... | 29 15 | 45 | 45 | 45 |
| 30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x 0% ... | 30 | | | |
| 31 Number of days on line 20 after 6/30/2022 and before 10/1/2022..... | 31 | | | |
| 32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x % ... | 32 | | | |
| 33 Number of days on line 20 after 9/30/2022 and before 1/1/2023..... | 33 | | | |
| 34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x % ... | 34 | | | |
| 35 Number of days on line 20 after 12/31/2022 and before 3/16/2023..... | 35 | | | |
| 36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x % ... | 36 | | | |
| 37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36..... | 37 36.29 | 29.96 | 20.42 | 11.00 |
| 38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns..... | 38 | | | 98. |

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

STATEMENT 2
SCHEDULE A, PART V, LINE 3B
OTHER DEDUCTIONS ALLOCABLE TO DEBT-FINANCED PROPERTY

COMMERCIAL SUITES

| | | |
|--------------------------------|-------|--------------------|
| ASSOCIATION DUES..... | \$ | 1,685. |
| CLEANING AND MAINTENANCE..... | | 95. |
| GARDENING..... | | 3,120. |
| INSURANCE..... | | 6,434. |
| MANAGEMENT FEES..... | | 3,000. |
| INTEREST..... | | 44,672. |
| PEST CONTROL..... | | 250. |
| REPAIRS..... | | 13,038. |
| TAXES..... | | 19,660. |
| UTILITIES..... | | 5,142. |
| BANK CHARGES..... | | 60. |
| TRASH SERVICE..... | | 2,334. |
| FIRE EQUIPMENT/MONITORING..... | | 1,094. |
| DEPRECIATION..... | | 19,384. |
| | TOTAL | <u>\$ 119,968.</u> |

COPY

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)
Corporation/Organization name MICHELLE'S PLACE CANCER RESOURCE CENTER
California corporation number 2267780
FEIN 33-0951216
Street address (suite or room) 41669 WINCHESTER RD. STE 101
City TEMECULA State CA Zip code 92590

A First return
B Amended return
C IRC Section 4947(a)(1) trust
D Final information return
E Check accounting method
F Federal return filed
G Is this a group filing?
H Is this organization in a group exemption

I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L Is the organization a limited liability company?
M Did the organization file Form 100 or Form 109 to report taxable income?
N Is the organization under audit by the IRS or has the IRS audited in a prior year?
O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 2 columns: Description and Amount. Rows include Receipts and Revenues (Total gross receipts: 1,169,118), Expenses (Total expenses: 1,011,871), and Filing Fee (Balance due: 0).

Sign Here: Under penalties of perjury, I declare that I have examined this return...
Signature of officer: EXECUTIVE DIRECTOR
Paid Preparer's Use Only: LESLIE A. DOHERTY, CPA, LESLIE A DOHERTY & COMPANY, PC, 41880 KALMIA ST STE 170, MURRIETA, CA 92562

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

| | | | | | |
|------------------------------------|----|---|---|----|------------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions. | ● | 1 | |
| | 2 | Interest | ● | 2 | 2,834. |
| | 3 | Dividends | ● | 3 | |
| | 4 | Gross rents | ● | 4 | 144,992. |
| | 5 | Gross royalties | ● | 5 | |
| | 6 | Gross amount received from sale of assets (See instructions) | ● | 6 | |
| | 7 | Other income. Attach schedule. SEE STATEMENT 1 | ● | 7 | 497,728. |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1. | ● | 8 | 645,554. |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule. | ● | 9 | |
| | 10 | Disbursements to or for members | ● | 10 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2 | ● | 11 | 95,256. |
| | 12 | Other salaries and wages | ● | 12 | 353,811. |
| | 13 | Interest | ● | 13 | 44,671. |
| | 14 | Taxes | ● | 14 | 36,213. |
| | 15 | Rents | ● | 15 | 19,409. |
| | 16 | Depreciation and depletion (See instructions) | ● | 16 | 19,384. |
| | 17 | Other expenses and disbursements. Attach schedule. SEE STATEMENT 3 | ● | 17 | 443,127. |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9. | ● | 18 | 1,011,871. |

| Schedule L Balance Sheet | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|----------------------------------|------------|----------------------------|------------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 220,973. | | 225,287. |
| 2 | Net accounts receivable | | | | |
| 3 | Net notes receivable | | | | |
| 4 | Inventories | | | | |
| 5 | Federal and state government obligations | | | | |
| 6 | Investments in other bonds | | | | |
| 7 | Investments in stock STMT 4 | | 154,503. | | 178,148. |
| 8 | Mortgage loans | | | | |
| 9 | Other investments. Attach schedule | | | | |
| 10 a | Depreciable assets | 1,457,268. | | 1,451,768. | |
| b | Less accumulated depreciation | 126,842. | 1,330,426. | 160,110. | 1,291,658. |
| 11 | Land | | 1,809,704. | | 1,809,704. |
| 12 | Other assets. Attach schedule. STM 5 | | 199,708. | | 308,291. |
| 13 | Total assets | | 3,715,314. | | 3,813,088. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | | | |
| 15 | Contributions, gifts, or grants payable | | | | |
| 16 | Bonds and notes payable ST 6 | | 2,334,913. | | 2,257,549. |
| 17 | Mortgages payable | | | | |
| 18 | Other liabilities. Attach schedule. STM 7 | | 17,620. | | 21,639. |
| 19 | Capital stock or principal fund | | 1,362,781. | | 1,533,900. |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 | Retained earnings or income fund | | | | |
| 22 | Total liabilities and net worth | | 3,715,314. | | 3,813,088. |

| Schedule M-1 Reconciliation of income per books with income per return | | | | | |
|--|---|----------|----|--|----------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. | | | | | |
| 1 | Net income per books | 157,247. | 7 | Income recorded on books this year not included in this return. Attach schedule | |
| 2 | Federal income tax | | 8 | Deductions in this return not charged against book income this year. Attach schedule | |
| 3 | Excess of capital losses over capital gains | | 9 | Total. Add line 7 and line 8 | |
| 4 | Income not recorded on books this year. Attach schedule | | 10 | Net income per return. Subtract line 9 from line 6 | 157,247. |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | | | | |
| 6 | Total. Add line 1 through line 5 | 157,247. | | | |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

CALIFORNIA COPY Schedule of Contributors

OMB No. 1545-0047

2021

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

Name of the organization MICHELLE'S PLACE CANCER RESOURCE CENTER Employer identification number 33-0951216

Organization type (check one):

- 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

- [X] 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.

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Special Rules

- [] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III. [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. > \$

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).

| | |
|--|--|
| Name of organization MICHELLE'S PLACE | Employer identification number 33-0951216 |
|--|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | RITA & ALFRED DANN FOUNDATION 30306 CARMENET CIRCLE MURRIETA, CA 92563 | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | CITY OF TEMECULA 41000 MAIN STREET TEMECULA, CA 92590 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | INLAND EMPIRE HEALTH PLAN 10801 SIXTH STREET, STE 120 RANCHO CUCAMONGA, CA 91730 | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | RIVERSIDE COUNTY TREASURER 4080 LEMON STREET RIVERSIDE, CA 92501 | \$ 23,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | STATER BROS CHARITIES 301 S. TIPPECANOE AVE. SAN BERNARDINO, CA 92408 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | KAISER PERMANENTE 11080 MAGNOLIA AVE. RIVERSIDE, CA 92505 | \$ 24,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization MICHELLE'S PLACE | Employer identification number 33-0951216 |
|--|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 7 | FALLBROOK HEALTHCARE DISTRICT 138 N. BRANDON ROAD FALLBROOK, CA 92028 | \$ 41,129. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | THE COMMUNITY FOUNDATION 3700 6TH STREET, STE 200 RIVERSIDE, CA 92501 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | JOHN & LINDA VATAHA C/O 27645 JEFFERSON AVE. TEMECULA, CA 92590 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | ALAN HAUCK C/O 41669 WINCHESTER RD. TEMECULA, CA 92590 | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | ALBERTSONS C/O 41669 WINCHESTER RD. TEMECULA, CA 92590 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | GEORGE OSOLSOBE C/O 41669 WINCHESTER RD. TEMECULA, CA 92590 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

MICHELLE'S PLACE

Employer identification number

33-0951216

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 13 | THE MEDLINE FOUNDATION C/O 41669 WINCHESTER RD. TEMECULA, CA 92590 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | MICHAEL SHIRLEY C/O 41669 WINCHESTER RD. TEMECULA, CA 92590 | \$ 20,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | DEANNE STOTT C/O 41669 WINCHESTER RD. TEMECULA, CA 92590 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | CATHY & COLE ZAPPIA C/O 41669 WINCHESTER RD. TEMECULA, CA 92590 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | MARK ANSELMO C/O 41669 WINCHESTER RD. TEMECULA, CA 92590 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | PERRIS VALLEY AUTO CENTER C/O 41669 WINCHESTER RD. TEMECULA, CA 92590 | \$ 8,600. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization MICHELLE'S PLACE | Employer identification number 33-0951216 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 19 | ALEXANDRA GALVAN ----- C/O 41669 WINCHESTER RD. ----- TEMECULA, CA 92590 ----- | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | AVEN CALLAHAN ----- C/O 41669 WINCHESTER RD. ----- TEMECULA, CA 92590 ----- | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | KAREN PEZZUTO ----- C/O 41669 WINCHESTER RD. ----- TEMECULA, CA 92590 ----- | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| --- | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| --- | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| --- | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

COPY

| | |
|---|---|
| Name of organization MICHELLE'S PLACE | Employer identification number 33-0951216 |
|---|---|

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| ----- | N/A ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |

COPY

Name of organization: MICHELLE'S PLACE
 Employer identification number: 33-0951216

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ N/A
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | N/A | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |

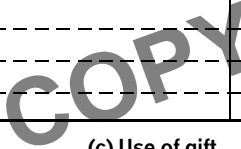
| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |



2021 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

| | |
|--|---|
| Corporation name MICHELLE'S PLACE CANCER RESOURCE CENTER | California corporation number 2267780 |
|--|---|

Part I Election To Expense Certain Property Under IRC Section 179

| | | |
|---|-----------|------------------|
| 1 Maximum deduction under IRC Section 179 for California..... | 1 | \$25,000 |
| 2 Total cost of IRC Section 179 property placed in service..... | 2 | |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation..... | 3 | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... | 4 | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-..... | 5 | |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost | | |
| | | |
| | | |
| | | |
| 7 Listed property (elected IRC Section 179 cost)..... | 7 | |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7..... | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8..... | 9 | |
| 10 Carryover of disallowed deduction from prior taxable years..... | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | 11 | |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11..... | 12 | |
| 13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12..... | 13 | |

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

| 14 (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| MURRIETA OFFICE | 5/03/2006 | 1,636. | 788. | S/L | 5 | | |
| ORGANIZERS PLUS | 1/12/2007 | 1,250. | 852. | S/L | 5 | | |
| DESK/BOOK SHELV | 4/21/2008 | 3,880. | 3,421. | S/L | 5 | | |
| FURNITURE OPENI | 1/01/2006 | 5,211. | 5,044. | S/L | 5 | | |
| RECEPTION DESK | 5/04/2011 | 4,100. | 4,100. | 200DB | 7 | | |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... | | | | | | 15 | 19,384. |

Part III Summary

| | | |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)..... | 16 | |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22..... | 17 | |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | 18 | |

Part IV Amortization

| 19 (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year | |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 20 Total. Add the amounts in column (g)..... | | | | | | 20 | |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44..... | | | | | | 21 | |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... | | | | | | 22 | |

2021 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

| | |
|--|---|
| Corporation name MICHELLE'S PLACE CANCER RESOURCE CENTER | California corporation number 2267780 |
|--|---|

Part I Election To Expense Certain Property Under IRC Section 179

| | | |
|---|-----------|------------------|
| 1 Maximum deduction under IRC Section 179 for California..... | 1 | \$25,000 |
| 2 Total cost of IRC Section 179 property placed in service..... | 2 | |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation..... | 3 | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... | 4 | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-..... | 5 | |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost | | |
| | | |
| | | |
| | | |
| 7 Listed property (elected IRC Section 179 cost)..... | 7 | |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7..... | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8..... | 9 | |
| 10 Carryover of disallowed deduction from prior taxable years..... | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | 11 | |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11..... | 12 | |
| 13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12..... | 13 | |

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

| 14 (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| COMPUTER | 3/31/2006 | 1,159. | 559. | S/L | 5 | | |
| DELL COMPUTER | 9/26/2007 | 1,432. | 975. | S/L | 5 | | |
| EPSON PORTABLE | 2/01/2008 | 323. | 250. | S/L | 5 | | |
| COMPUTER JE | 6/30/2009 | 3,303. | 3,303. | S/L | 5 | | |
| 2009 HYUNDAI EL | 7/01/2013 | 5,500. | 5,500. | S/L | 5 | | |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... | | | | | | 15 | |

Part III Summary

| | | |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)..... | 16 | |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22..... | 17 | |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | 18 | |

Part IV Amortization

| 19 (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 20 Total. Add the amounts in column (g)..... | 20 | | | | | |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44..... | 21 | | | | | |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... | 22 | | | | | |

2021 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

| | |
|--|---|
| Corporation name MICHELLE'S PLACE CANCER RESOURCE CENTER | California corporation number 2267780 |
|--|---|

Part I Election To Expense Certain Property Under IRC Section 179

| | | |
|---|-----------|------------------|
| 1 Maximum deduction under IRC Section 179 for California..... | 1 | \$25,000 |
| 2 Total cost of IRC Section 179 property placed in service..... | 2 | |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation..... | 3 | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... | 4 | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-..... | 5 | |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost | | |
| | | |
| | | |
| | | |
| 7 Listed property (elected IRC Section 179 cost)..... | 7 | |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7..... | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8..... | 9 | |
| 10 Carryover of disallowed deduction from prior taxable years..... | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | 11 | |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11..... | 12 | |
| 13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12..... | 13 | |

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

| 14 (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| NEW BUILDING EX | 1/31/2006 | 3,630. | 2,662. | S/L | 20 | 182. | |
| SHELBY CONSTRUC | 3/16/2006 | 31,000. | 22,684. | S/L | 20 | 1,550. | |
| SHELBY CONSTRUC | 5/11/2006 | 31,160. | 22,801. | S/L | 20 | 1,558. | |
| BUILDING | 6/26/2019 | 1,342,655. | 53,102. | S/L | 39 | 34,426. | |
| LAND | 6/26/2019 | 1,809,704. | | | 0 | | |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... | | | | | 15 | | |

Part III Summary

| | | |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)..... | 16 | |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22..... | 17 | |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | 18 | |

Part IV Amortization

| 19 (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 20 Total. Add the amounts in column (g)..... | | | | | | 20 |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44..... | | | | | | 21 |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... | | | | | | 22 |

2021 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

| | |
|--|---|
| Corporation name MICHELLE'S PLACE CANCER RESOURCE CENTER | California corporation number 2267780 |
|--|---|

Part I Election To Expense Certain Property Under IRC Section 179

| | | |
|---|-----------|------------------|
| 1 Maximum deduction under IRC Section 179 for California..... | 1 | \$25,000 |
| 2 Total cost of IRC Section 179 property placed in service..... | 2 | |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation..... | 3 | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... | 4 | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-..... | 5 | |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost | | |
| | | |
| | | |
| | | |
| 7 Listed property (elected IRC Section 179 cost)..... | 7 | |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7..... | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8..... | 9 | |
| 10 Carryover of disallowed deduction from prior taxable years..... | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | 11 | |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11..... | 12 | |
| 13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12..... | 13 | |

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

| 14 (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| TENANT IMPROVEM | 9/30/2019 | 3,473. | 239. | S/L | 20 | 174. | |
| TENANT IMPROVEM | 10/31/2019 | 3,937. | 222. | S/L | 20 | 197. | |
| TENANT IMPROVEM | 7/01/2020 | 13,619. | 340. | S/L | 20 | 681. | |
| | | | | | | | |
| | | | | | | | |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... | | | | | | 15 | |

Part III Summary

| | | |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)..... | 16 | |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22..... | 17 | |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | 18 | |

Part IV Amortization

| 19 (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 20 Total. Add the amounts in column (g)..... | | | | | | 20 |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44..... | | | | | | 21 |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... | | | | | | 22 |

MICHELLE'S PLACE
CANCER RESOURCE CENTER

33-0951216

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

| | | |
|---------------------------------|----|-----------------|
| INCOME FROM SPECIAL EVENTS..... | \$ | 414,047. |
| SBA PPP LOAN FORGIVENESS..... | | 83,681. |
| TOTAL | \$ | <u>497,728.</u> |

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | TOTAL COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--|--|----------------------------|----------------------------------|------------------------------|
| MARILYN R. WATSON 41669 WINCHESTER RD. STE 101 , | FOUNDER 8.00 | \$ 0. | \$ 0. | \$ 0. |
| WILLIAM WATSON 41669 WINCHESTER RD. STE 101 , | FOUNDER 8.00 | 0. | 0. | 0. |
| STEFANI LASZKO 41669 WINCHESTER RD. STE 101 , | PAST-PRESIDENT 5.00 | 0. | 0. | 0. |
| LESLIE A. DOHERTY, CPA 41880 KALMIA ST. STE 115 MURRIETA, CA 92562 | TREASURER 5.00 | 0. | 0. | 0. |
| DR. AMY BREMNER 41669 WINCHESTER RD. STE 101 , | DIRECTOR 4.00 | 0. | 0. | 0. |
| JAN GELLER 41669 WINCHESTER RD. STE 101 , | SECRETARY 5.00 | 0. | 0. | 0. |
| CHAD BOYLESTON 41669 WINCHESTER RD. STE 101 , | VICE PRESIDENT 3.00 | 0. | 0. | 0. |
| WAYNE WATSON 41669 WINCHESTER RD. STE 101 , | DIRECTOR 6.00 | 0. | 0. | 0. |
| KIMBERLY GERRISH 41669 WINCHESTER RD. STE 101 , | EXECUTIVE DIR. 50.00 | 95,256. | 0. | 0. |

MICHELLE'S PLACE
CANCER RESOURCE CENTER

33-0951216

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | TOTAL COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--|--|----------------------------|----------------------------------|------------------------------|
| RENEE FININIS 41669 WINCHESTER RD. STE 101 , | PRESIDENT 5.00 | \$ 0. | \$ 0. | \$ 0. |
| ANNIE LE 41669 WINCHESTER RD. STE 101 , | DIRECTOR 3.00 | 0. | 0. | 0. |
| CYNDI LIGHT 41669 WINCHESTER RD. STE 101 , | DIRECTOR 3.00 | 0. | 0. | 0. |
| | | TOTAL \$ 95,256. | \$ 0. | \$ 0. |

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

COPY

| | |
|----------------------------------|-------------|
| ACCOUNTING FEES..... | \$ 8,835. |
| ADVERTISING AND PROMOTION..... | 145. |
| ART EXPRESSION..... | 154. |
| AWARDS & SCHOLARSHIPS..... | 3,014. |
| BANK CHARGES..... | 2,386. |
| DUES & SUBSCRIPTIONS..... | 7,372. |
| EDUCATIONAL SEMINARS..... | 2,644. |
| INFORMATION TECHNOLOGY..... | 8,691. |
| INSURANCE..... | 8,369. |
| INVESTMENT MANAGEMENT FEES..... | 1,609. |
| LICENSES & FEES..... | 75. |
| MEALS & ENTERTAINMENT..... | 303. |
| MERCHANT FEES..... | 2,315. |
| OFFICE EXPENSES..... | 10,583. |
| OTHER EMPLOYEE BENEFIT..... | 22,154. |
| OTHER EXPENSES..... | 2,365. |
| OTHER FEES..... | 8,955. |
| PATIENT CARE/SERVICES..... | 65,363. |
| PATIENT/COMMUNITY EDUCATION..... | 5,092. |
| PENSION PLAN CONTRIBUTIONS..... | 11,245. |
| POSTAGE AND SHIPPING..... | 1,309. |
| PRINTING AND PUBLICATIONS..... | 11,965. |
| RENTAL EXPENSES..... | 119,968. |
| REPAIRS & MAINTENANCE..... | 5,280. |
| SPECIAL EVENT EXPENSES..... | 119,300. |
| STAFF DEVELOPMENT..... | 4,783. |
| TRANSPORTATION..... | 6,827. |
| TRAVEL..... | 666. |
| VOLUNTEER EXPENSE..... | 1,360. |
| TOTAL | \$ 443,127. |

MICHELLE'S PLACE
CANCER RESOURCE CENTER

STATEMENT 4
FORM 199, SCHEDULE L, LINE 7
INVESTMENTS IN STOCKS

| | |
|---|--------------------|
| CHARLES SCHWAB INVESTMENT ACCOUNTS..... | \$ 178,148. |
| TOTAL | <u>\$ 178,148.</u> |

STATEMENT 5
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

| | |
|-------------------------------|--------------------|
| CONSTRUCTION IN PROGRESS..... | 305,174. |
| PREPAID EXPENSES..... | 3,117. |
| TOTAL | <u>\$ 308,291.</u> |

STATEMENT 6
FORM 199, SCHEDULE L, LINE 16
BONDS AND NOTES PAYABLE

LOANS FROM OFFICERS, DIRECTORS AND TRUSTEES BALANCE DUE

| | | |
|------------------|-----------------|---------|
| LENDER'S NAME: | JAN GELLER | |
| LENDER'S TITLE: | SECRETARY | |
| DATE OF NOTE: | 6/25/2019 | |
| PURPOSE OF LOAN: | WORKING CAPITAL | |
| ORIGINAL AMOUNT: | 75,000. | |
| BALANCE DUE: | | 18,245. |

TOTAL LOANS FROM OFFICERS, DIRECTORS, TRUSTEES \$ 18,245.

OTHER NOTES PAYABLE BALANCE DUE

| | | |
|------------------|-------------|------------|
| LENDER'S NAME: | BANNER BANK | |
| DATE OF NOTE: | 6/26/2019 | |
| MATURITY DATE: | 6/26/2049 | |
| ORIGINAL AMOUNT: | 2,200,000. | |
| BALANCE DUE: | | 2,089,404. |

| | | |
|----------------|---------------|----------|
| LENDER'S NAME: | SBA EIDL LOAN | |
| BALANCE DUE: | | 149,900. |

TOTAL OTHER NOTES PAYABLE \$ 2,239,304.

TOTAL NOTES AND BONDS PAYABLE \$ 2,257,549.

STATEMENT 7
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

| | |
|-------------------------------|----------------|
| PREPAID RENT..... | 400. |
| RETIREMENT PLAN PAYABLE..... | 11,245. |
| TENANT SECURITY DEPOSITS..... | 9,994. |
| TOTAL \$ | <u>21,639.</u> |

COPY

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name **MICHELLE'S PLACE
CANCER RESOURCE CENTER** California corporation number **2267780**

Additional information. See instructions. FEIN **33-0951216**

Street address (suite/room no.) **41669 WINCHESTER RD. STE 101** PMB no.

City (If the corporation has a foreign address, see instructions.) **TEMECULA** State **CA** ZIP code **92590**

Foreign country name Foreign province/state/county Foreign postal code

- A** First return filed? Yes No
- B** Is this an education IRA within the meaning of R&TC Section 23712? Yes No
- C** Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- D** Final return? Dissolved Surrendered (Withdrawn) Merged/Reorganized
Enter date (mm/dd/yyyy) _____
- E** Amended return? Yes No
- F** Accounting method used: (1) Cash (2) Accrual (3) Other
- G** Nature of trade or business **COMMERCIAL SUITE RENT**
- H** Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No
- I** Is this organization claiming any former; Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? Yes No
- J** Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? Yes No
- K** Unrelated Business Activity (UBA) code **531120**
- L** Is this a hospital? Yes No
If "Yes," attach federal Schedule H (Form 990)

| | | | |
|--------------------------------------|--|--|----------------|
| Taxable Corporation | 1 Unrelated business taxable income from Side 2, Part II, line 30. ● | 1 | 24,024. |
| | 2 Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions. ● | 2 | |
| | 3 Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1. ● | 3 | 24,024. |
| Taxable Trust | 4 Unrelated business taxable income from Side 2, Part II, line 30. ● | 4 | |
| Tax Computation | 5 Unrelated business taxable income from line 3 or line 4. ● | 5 | 24,024. |
| | 6 EZ, LAMBRA, or TTA NOL carryover deduction. ● | 6 | |
| | 7 Net Operating Loss deduction. See General Information N. ● | 7 | |
| | 8 Add line 6 and line 7. ● | 8 | |
| | 9 Net unrelated business taxable income. Subtract line 8 from line 5. ● | 9 | 24,024. |
| | 10 Tax 8.84 % x line 9. See General Information J. ● | 10 | 2,124. |
| | 11 Tax credits from Schedule B. See instructions. ● | 11 | |
| | Total Tax | 12 Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-. ● | 12 |
| | 13 Alternative minimum tax. See General Information O. ● | 13 | |
| | 14 Total tax. Add line 12 and line 13. ● | 14 | 2,124. |
| Payments | 15 Overpayment from a prior year allowed as a credit. ● | 15 | |
| | 16 2021 estimated tax payments. See instructions. ● | 16 | |
| | 17 Withholding (Form 592-B and/or 593). See instructions. ● | 17 | |
| | 18 Amount paid with extension (form FTB 3539). ● | 18 | |
| | 19 Total payments and credits. Add line 15 through line 18. ● | 19 | |
| Use Tax/ Tax Due/ Overpayment | 20 Use tax. See instructions. ● | 20 | |
| | 21 Payments balance. If line 19 is more than line 20, subtract line 20 from line 19. ● | 21 | |
| | 22 Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20. ● | 22 | |
| | 23 Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions. ● | 23 | 2,124. |
| | 24 Overpayment. Subtract line 14 from line 21. See instructions. ● | 24 | |
| | 25 Enter amount of line 24 to be applied to 2022 estimated tax. ● | 25 | |

| | | | |
|--|---|--------|-----|
| Refund or Amount Due | 26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24 | 26 | |
| | a Fill in the account information to have the refund directly deposited. Routing number | 26a | |
| | b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number | 26c | |
| | 27 Penalties and interest. See General Information M. | 27 | 52. |
| | 28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806. | | |
| 29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24 | 29 | 2,176. | |

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

| | | | | |
|---|-------------------------------|-----------|----|---------|
| 1 a Gross receipts or gross sales | b Less returns and allowances | c Balance | 1c | |
| 2 Cost of goods sold and/or operations (Schedule A, line 7) | | | 2 | |
| 3 Gross profit. Subtract line 2 from line 1c | | | 3 | |
| 4a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541) | | | 4a | |
| b Net gain (loss) from Part II, Schedule D-1 | | | 4b | |
| c Capital loss deduction for trusts | | | 4c | |
| 5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule | | | 5 | |
| 6 Rental income (Schedule C) | | | 6 | |
| 7 Unrelated debt-financed income (Schedule D) | | | 7 | 25,024. |
| 8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E) | | | 8 | |
| 9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F) | | | 9 | |
| 10 Exploited exempt activity income (Schedule G) | | | 10 | |
| 11 Advertising income (Schedule H, Part III, Column A) | | | 11 | |
| 12 Other income. Attach schedule | | | 12 | |
| 13 Total unrelated trade or business income. Add line 3 through line 12 | | | 13 | 25,024. |

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | |
|---|------|---------|
| 14 Compensation of officers, directors, and trustees from Schedule I | 14 | |
| 15 Salaries and wages | 15 | |
| 16 Repairs | 16 | |
| 17 Bad debts | 17 | |
| 18 Interest. Attach schedule | 18 | |
| 19 Taxes. Attach schedule | 19 | |
| 20 Contributions. See instructions and attach schedule | 20 | |
| 21 a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F) | 21 a | |
| b Less: depreciation claimed on Schedule A. See instructions | 21 b | |
| 22 Depletion. Attach schedule | 22 | |
| 23 a Contributions to deferred compensation plans | 23 a | |
| b Employee benefit programs. See instructions | 23 b | |
| 24 Other deductions. Attach schedule | 24 | |
| 25 Total deductions. Add line 14 through line 24 | 25 | |
| 26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13 | 26 | 25,024. |
| 27 Excess advertising costs (Schedule H, Part III, Column B) | 27 | |
| 28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26 | 28 | 25,024. |
| 29 Specific deduction. See instructions | 29 | 1,000. |
| 30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28 | 30 | 24,024. |

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Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | | |
|--------------------------|--|---|------|--|
| Sign Here | Signature of officer | Title EXECUTIVE DIRECT | Date | Telephone 951-699-5455 |
| | Preparer's signature LESLIE A. DOHERTY, CPA | Firm's name (or yours, if self-employed) and address LESLIE A DOHERTY & COMPANY, PC 41880 KALMIA ST STE 170 MURRIETA, CA 92562 | Date | Check if self-employed <input type="checkbox"/> |
| Paid Preparer's Use Only | | | | PTIN P00449291 |
| | | | | Firm's FEIN 20-2082661 Telephone (951) 698-2260 |

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

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) _____

Table with 7 rows for Schedule A: Inventory at beginning of year, Purchases, Cost of labor, Additional IRC Section 263A costs, Total, Inventory at end of year, Cost of goods sold and/or operations. Includes a checkbox for 'Do the rules of IRC Section 263A... apply to this organization?' with 'Yes' and 'No' options.

Schedule B Tax Credits.

Table with 4 rows for Schedule B: Enter credit name, code, Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4.

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

Table with 5 rows for Schedule K: Interest computation under the look-back method, Interest on tax attributable to installment, IRC Section 197(f)(9)(B)(ii) election, Credit recapture, Total. Combine the amounts on line 1 through line 4.

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

Table for Part A: Standard Method. Columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Row 1: Total sales. Row 2: Apportionment percentage.

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

Table for Part B: Three Factor Formula. Columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Rows: 1 Property factor, 2 Payroll factor, 3 Sales factor, 4 Total percentage, 5 Average apportionment percentage.

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

Table for Schedule C: Rental Income. Columns: 1 Description of property, 2 Rent received or accrued, 3 Percentage of rent attributable to personal property, 4 Complete if any item in column 3 is more than 50%, 5 Complete if any item in column 3 is more than 10%, but not more than 50%. Sub-rows for (a) Deductions directly connected, (b) Income includible, (a) Gross income reportable, (b) Deductions directly connected with personal property, (c) Net income includible.

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6.

Schedule D Unrelated Debt-Financed Income

Table with 9 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property, 4 Amount of average acquisition indebtedness, 5 Average adjusted basis, 6 Debt basis percentage, 7 Gross income reportable, 8 Allocable deductions, 9 Net income (or loss) includible. Includes entry for COMMERCIAL SUITES with values 144,992 and 119,968, resulting in a net income of 25,024.

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, 5 Set-asides, 6 Balance of investment income, column 2 less column 5.

Total. Enter here and on Side 2, Part I, line 8. Enter gross income from members (dues, fees, charges, or similar amounts).

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Table with 6 columns: 1 Name of controlled organizations, 2 Employer identification number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column (5). Includes sub-sections for Exempt and Nonexempt Controlled Organizations.

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity, 2 Gross unrelated business income from trade or business, 3 Expenses directly connected with production of unrelated business income, 4 Net income from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, 8 Net income includible, column 4 less column 7 but not less than zero.

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 Calculation instructions.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns, same structure as Part I, for separate basis reporting.

Part III Column A - Net Advertising Income

Table with 2 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, columns 4 or 7.

Part III Column B - Excess Advertising Costs

Table with 2 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4.

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired, 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

Underpayment of Estimated Tax by Corporations

For calendar year 2021 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

| | |
|--|---|
| Corporation name MICHELLE'S PLACE CANCER RESOURCE CENTER | California corporation number 2267780 |
|--|---|

Part I Figure the Underpayment

| | | | |
|---|------------|----------------------|----------------|
| 1 Current year's tax. See instructions. | 1 | | 2,124. |
| | | (a) | (b) |
| 2 Installment due dates. See instructions. | 2 | 4/15/21 | 6/15/21 |
| 3 Percentage required. See instructions. | 3 | 30% | 70% less 1st |
| | | (not less than min.) | 70% less prior |
| 4 Amount due. See instructions. | 4 | 637. | 850. |
| 5 a Amount paid or credited for each installment | 5 a | | |
| b Overpayment from previous installment. See instructions. | 5 b | | |
| 6 Add line 5a and line 5b. | 6 | | |
| 7 Underpayment (subtract line 6 from line 4). See instructions. Overpayment (subtract line 4 from line 6). If line 7 shows an underpayment for any installment, go to Part IV, Exceptions Worksheets . | 7 | 637. | 850. |
| | | | 637. |

Part II Exceptions to the Penalty. See instructions. If Exception A, line 8a is met for all four installments, **do not** attach this form to the return. If Exception B or C is met, for any installment, attach form FTB 5806 to the back of Form 100, Form 100W, Form 100S or Form 109.

| | | | | | | | | | |
|---|------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| (check the applicable boxes) | | Yes | No | Yes | No | Yes | No | Yes | No |
| 8 a Exception A — Regular Corporations, line 26 met? .. | 8 a | | | | | | | | |
| b Exception A — Large Corporations, line 30, met? .. | 8 b | | | | | | | | |
| 9 Exception B (line 42) met? .. | 9 | | | | | | | | |
| 10 Exception C (line 64) met? .. | 10 | | | | | | | | |

Part III Figure the Penalty. If line 7 shows an underpayment for any installment and none of the three exceptions is met, figure the penalty for that installment by completing line 11 through line 22.

| | | | | |
|---|-------------|---------|---------|---------|
| 11 Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year. Form 109 filers, see instructions. | 11 | 5/16/22 | 5/16/22 | 5/16/22 |
| 12 Number of days from date shown on line 2 to date shown on line 11 | 12 | 396 | 335 | 152 |
| 13 Number of days on line 12 before 7/01/21, or the payment date, whichever is earlier | 13 | 76 | 15 | |
| 14 Number of days on line 12 after 6/30/21 and before 1/01/22, or the payment date, whichever is earlier | 14 | 184 | 184 | 16 |
| 15 Number of days on line 12 after 12/31/21 and before 7/01/22, or the payment date, whichever is earlier. Calendar year corporations , see instructions | 15 | 136 | 136 | 136 |
| 16 For fiscal year corporations only. Number of days on line 12 after 6/30/22 and before 1/01/23. See instructions | 16 | | | |
| 17 For fiscal year corporations only. Number of days on line 12 after 12/31/22 and before 2/15/23. See instructions | 17 | | | |
| 18 Number of days on line 13 Number of days in taxable year x 3% x line 7. | 18 | 3.98 | 1.05 | |
| 19 Number of days on line 14 Number of days in taxable year x 3% x line 7. | 19 | 9.63 | 12.85 | 0.84 |
| 20 Number of days on line 15 Number of days in taxable year x 3% x line 7. | 20 | 7.12 | 9.50 | 7.12 |
| 21 Number of days on line 16 Number of days in taxable year x % (see instrs) x ln 7. | 21 | | | |
| 22 Number of days on line 17 Number of days in taxable year x % (see instrs) x ln 7. | 22 | | | |
| 22 a Add amounts for each column from line 18 through line 22 | 22 a | 20.73 | 23.40 | 7.96 |
| 22 b Total estimated penalty due. Add line 22a, column (a) through column (d). Enter here and on Form 100, line 43a; Form 100W, line 40a; Form 100S, line 44a; or Form 109, line 27. | 22 b | | | 52. |

Part IV Exceptions Worksheets. Even if line 7 shows an underpayment for any installment, the Franchise Tax Board will **not** assess a penalty if timely payments were made and they equal or exceed the amount determined under any of the three exceptions for the same installment period.

Exception A – Prior Year's Tax – Regular Corporations

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------------|--|-----|--|-----|--|------|--|----|--|-----|--|------|--|-----|--|------|--|-----|--|------|--|
| 23 Prior year's tax (the return must have been for a full 12 months)..... | | | | | | | | | | 23 | | | | | | | | | | | | | |
| | | (a) | | (b) | | (c) | | (d) | | | | | | | | | | | | | | | |
| | | 30% | | 70% | | 70% | | 100% | | | | | | | | | | | | | | | |
| | | (not less than min.) | | | | | | | | | | | | | | | | | | | | | |
| 24 Enter line 23 x the percentage shown ... | | | | | | | | | | 24 | | | | | | | | | | | | | |
| 25 Amount paid by the installment due date (cumulative)..... | | | | | | | | | | 25 | | | | | | | | | | | | | |
| 26 If line 25 is greater than line 24, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 8a. If line 24 is greater than line 25, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 8a..... | | | | | | | | | | 26 | | Yes | | X No | | Yes | | X No | | Yes | | X No | |

Exception A – Prior Year's Tax – Large Corporations

Use this exception only if prior year tax is less than current year tax.

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|-----------------|--|-----------------|--|-----|--|-----|--|----|--|-----|--|----|--|
| 27 Current year's tax. See instructions..... | | | | | | | | | | 27 | | | | | | | | | |
| | | | | | | 1st Installment | | 2nd Installment | | | | | | | | | | | |
| 28 a Installment due. Enter line 23 x 30% | | | | | | | | | | 28a | | | | | | | | | |
| b Installment due. Enter line 27 x 70% | | | | | | | | | | 28b | | | | | | | | | |
| 29 Amount paid by the installment due date (cumulative)..... | | | | | | | | | | 29 | | | | | | | | | |
| 30 If line 29 is greater than line 28 for both installments, the exception is met. Check "Yes" here for each installment and check the applicable "Yes" box in Part II, line 8b. The exception to the penalty applies only if line 29 is greater than line 28 for both installments. If line 28 is greater than line 29 for either installment, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 8b..... | | | | | | | | | | 30 | | Yes | | No | | Yes | | No | |

See instructions regarding amounts to use for installment 3 and installment 4.

Exception B – Tax on Annualized Current Year Income

Enter number of months for each period. See instructions. ▶

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|-----|--|----------------------|--|-----|--|-----|--|------|--|-----|--|----|--|
| | | | | | | | | | | (a) | | (b) | | (c) | | (d) | | | | | | | |
| 31 Enter taxable income for each annualization period..... | | | | | | | | | | 31 | | | | | | | | | | | | | |
| 32 Annualization amounts. See instructions..... | | | | | | | | | | 32 | | | | | | | | | | | | | |
| 33 a Annualized taxable income. Multiply line 31 by line 32..... | | | | | | | | | | 33a | | | | | | | | | | | | | |
| b R&TC Section 23802(e) deduction (S corps only)..... | | | | | | | | | | 33b | | | | | | | | | | | | | |
| c Net income. Subtract line 33b from line 33a..... | | | | | | | | | | 33c | | | | | | | | | | | | | |
| 34 Tax. Multiply line 33c by the current tax rate..... | | | | | | | | | | 34 | | | | | | | | | | | | | |
| 35 Tax credits for each payment period..... | | | | | | | | | | 35 | | | | | | | | | | | | | |
| 36 Subtract line 35 from line 34..... | | | | | | | | | | 36 | | | | | | | | | | | | | |
| 37 Other taxes*..... | | | | | | | | | | 37 | | | | | | | | | | | | | |
| 38 Total tax. Add line 36 and line 37..... | | | | | | | | | | 38 | | | | | | | | | | | | | |
| 39 Applicable percentage. For short period returns (taxable year of less than 12 months), see the instructions for Part I, line 3..... | | | | | | | | | | 39 | | 30% | | 70% | | 70% | | 100% | | | | | |
| | | | | | | | | | | | | (not less than min.) | | | | | | | | | | | |
| 40 Installment due. Multiply line 38 by line 39..... | | | | | | | | | | 40 | | | | | | | | | | | | | |
| 41 Amount paid by the installment due date (cumulative)..... | | | | | | | | | | 41 | | | | | | | | | | | | | |
| 42 If line 41 is greater than line 40, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 9. If line 40 is greater than line 41, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 9..... | | | | | | | | | | 42 | | Yes | | No | | Yes | | No | | Yes | | No | |

*Include alternative minimum tax, S corporation taxes from Schedule D (100S) and from the excess net passive income, the QSub annual tax, installment amount credit recapture, and the minimum franchise tax.

Part IV Exceptions Worksheets (Continued)

| Exception C – Tax on Annualized Seasonal Income | | (a) | (b) | (c) | (d) | | | | |
|--|-----|----------------------|--------------|--------------|---------------|-----|----|-----|----|
| | | 1st 3 months | 1st 5 months | 1st 8 months | 1st 11 months | | | | |
| 43 Enter taxable income for the following periods: a Taxable year beginning in 2018. b Taxable year beginning in 2019. c Taxable year beginning in 2020. | 43a | | | | | | | | |
| | 43b | | | | | | | | |
| | 43c | | | | | | | | |
| 44 Enter taxable income for each period for the taxable year beginning in 2021. | 44 | | | | | | | | |
| 45 Enter taxable income for the following periods: a Taxable year beginning in 2018. b Taxable year beginning in 2019. c Taxable year beginning in 2020. | 45a | 1st 4 months | 1st 6 months | 1st 9 months | Entire year | | | | |
| | 45b | | | | | | | | |
| | 45c | | | | | | | | |
| 46 Divide the amount in each column on line 43a by the amount in column (d) on line 45a. | 46 | | | | | | | | |
| 47 Divide the amount in each column on line 43b by the amount in column (d) on line 45b. | 47 | | | | | | | | |
| 48 Divide the amount in each column on line 43c by the amount in column (d) on line 45c. | 48 | | | | | | | | |
| 49 Add line 46 through line 48. | 49 | | | | | | | | |
| 50 Divide line 49 by 3. | 50 | | | | | | | | |
| 51 a Divide line 44 by line 50. b R&TC Section 23802(e) deduction. (S corps only). c Net income. Subtract line 51b from line 51a. | 51a | 1st 4 months | 1st 6 months | 1st 9 months | Entire year | | | | |
| | 51b | | | | | | | | |
| | 51c | | | | | | | | |
| 52 Tax. Multiply line 51c by the current tax rate. | 52 | | | | | | | | |
| 53 Divide the amounts in column (a) through column (c) on line 45a by the amount in column (d) on line 45a. | 53 | | | | | | | | |
| 54 Divide the amounts in column (a) through column (c) on line 45b by the amount in column (d) on line 45b. | 54 | | | | | | | | |
| 55 Divide the amounts in column (a) through column (c) on line 45c by the amount in column (d) on line 45c. | 55 | | | | | | | | |
| 56 Add line 53 through line 55. | 56 | | | | | | | | |
| 57 Divide line 56 by 3. | 57 | | | | | | | | |
| 58 Multiply the amounts in column (a) through column (c) of line 52 by the amounts in the corresponding column of line 57. In column (d), enter the amount from line 52, column (d). | 58 | | | | | | | | |
| 59 Tax credits for each payment period. | 59 | | | | | | | | |
| 60 Subtract line 59 from line 58. | 60 | | | | | | | | |
| 61 Other taxes* | 61 | | | | | | | | |
| 62 Total tax. Add line 60 and line 61. | 62 | (not less than min.) | | | | | | | |
| 63 Amount paid by the installment due date (cumulative). | 63 | | | | | | | | |
| 64 If line 63 is greater than line 62, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 10. If line 62 is greater than line 63, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 10. | 64 | Yes | No | Yes | No | Yes | No | Yes | No |

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*Include alternative minimum tax, S corporation taxes from Schedule D (100S) and from the excess net passive income, QSub annual tax, installment amount credit recapture, and the minimum franchise tax.

STATEMENT 1
FORM 109, SCHEDULE D, LINE 3B
OTHER DEDUCTIONS

COMMERCIAL SUITES

| | | |
|--------------------------------|-------|--------------------|
| ASSOCIATION DUES..... | \$ | 1,685. |
| CLEANING AND MAINTENANCE..... | | 95. |
| GARDENING..... | | 3,120. |
| INSURANCE..... | | 6,434. |
| MANAGEMENT FEES..... | | 3,000. |
| INTEREST..... | | 44,672. |
| PEST CONTROL..... | | 250. |
| REPAIRS..... | | 13,038. |
| TAXES..... | | 19,660. |
| UTILITIES..... | | 5,142. |
| BANK CHARGES..... | | 60. |
| TRASH SERVICE..... | | 2,334. |
| FIRE EQUIPMENT/MONITORING..... | | 1,094. |
| DEPRECIATION..... | | 19,384. |
| | TOTAL | <u>\$ 119,968.</u> |

COPY

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities



(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

| | |
|---|---|
| <p>MICHELLE'S PLACE CANCER RESOURCE CENTER Name of Organization</p> <p>List all DBAs and names the organization uses or has used 41669 WINCHESTER RD. STE 101 Address (Number and Street)</p> <p>TEMECULA, CA 92590 City or Town, State, and ZIP Code</p> <p>951-699-5455 KIM@MICHELLESPLACE.ORG Telephone Number E-mail Address</p> | <p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>133891</u></p> <p>Corporation or Organization No. <u>2267780</u></p> <p>Federal Employer ID No. <u>33-0951216</u></p> |
|---|---|

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

| Total Revenue | Fee | Total Revenue | Fee | Total Revenue | Fee |
|---------------------------------|------|--------------------------------------|-------|---|---------|
| Less than \$50,000 | \$25 | Between \$250,001 and \$1 million | \$100 | Between \$20,000,001 and \$100 million | \$800 |
| Between \$50,000 and \$100,000 | \$50 | Between \$1,000,001 and \$5 million | \$200 | Between \$100,000,001 and \$500 million | \$1,000 |
| Between \$100,001 and \$250,000 | \$75 | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million | \$1,200 |

PART A – ACTIVITIES

For your most recent full accounting period (beginning 1/01/21 ending 12/31/21) list:

Total Revenue \$ (including noncash contributions) 929,850. **Noncash Contributions \$** 0. **Total Assets \$** 3,813,088.

Program Expenses \$ 0. **Total Expenses \$** 1,011,871.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6 During this reporting period, did the organization hold a raffle for charitable purposes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Does the organization conduct a vehicle donation program? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

| | | | |
|-------------------------------|-------------------------|---------------------------|------|
| | KIMBERLY GERRISH | EXECUTIVE DIRECTOR | |
| Signature of Authorized Agent | Printed Name | Title | Date |

**STATEMENT 1
FORM RRF-1, PART B, LINE 1
FINANCIAL TRANSACTIONS**

ON 6/25/19, AN EXECUTIVE BOARD MEMBER, JAN GELLER (SECRETARY), EXTENDED A LOAN TO THE ORGANIZATION IN THE AMOUNT OF \$75,000 FOR WORKING CAPITAL PURPOSES. THE LOAN BEARS NO INTEREST AND HAS NO SET REPAYMENT SCHEDULE. THE PRINCIPLE BALANCE AT 12/31/21 IS \$18,245.

**STATEMENT 2
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

RIVERSIDE COUNTY TREASURER
4080 LEMON STREET
RIVERSIDE, CA 92501

CITY OF TEMECULA
41000 MAIN STREET
TEMECULA, CA 92590

CITY OF MURRIETA
1 TOWN SQUARE
MURRIETA, CA 92562

COPY

FRHD CHC GRANT BUDGET FORM

| | | | |
|--------------|--|---------------|--|
| Agency Name: | Michelle's Place Cancer Resource Center | PROGRAM NAME: | Health Education & Outreach |
|--------------|--|---------------|--|

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

| 1) A | INDIRECT EXPENSES: | PROGRAM COST | APPLYING ORGANIZATION | OTHER FUNDERS | REQUESTED FROM FRHD |
|------------------------|--|------------------|-----------------------|------------------|---------------------|
| A1 | Administrative Support | 8,100.00 | 6,885.00 | | 1,215.00 |
| A2 | General Insurance (not program specific) | | | | |
| A3 | Accounting & audit expenses | | | | |
| A4 | Contractor | | | | |
| A5 | Physical Assets (Rent, Facility Costs) | | | | |
| A6 | Utilities | | | | |
| A7 | IT & Internet | | | | |
| A8 | Marketing & Communications | 25,000.00 | 11,800.00 | 12,000.00 | 1,200.00 |
| A9 | Office Supplies | 6,500.00 | 6,000.00 | | 500.00 |
| A10 | Training & Education | | | | |
| A11 | Other: specify | | | | |
| TOTAL INDIRECT EXPENSE | | 39,600.00 | 24,685.00 | 12,000.00 | 2,915.00 |

| B | PERSONNEL EXPENSES - PROGRAM SPECIFIC | PROGRAM COST | APPLYING ORGANIZATION | OTHER FUNDERS | REQUESTED FROM FRHD |
|-------------------------|---------------------------------------|------------------|-----------------------|------------------|---------------------|
| B1 | Patient Navigator - Fallbrook | 29,484.00 | | 22,464.00 | 7,020.00 |
| B2 | Program Manager | 12,896.00 | 6,107.00 | 5,500.00 | 1,290.00 |
| B3 | Volunteers | 2,470.00 | | 2,470.00 | |
| B4 | Volunteer Coordinator | 22,568.00 | 11,440.00 | 10,000.00 | 1,128.00 |
| B5 | Payroll Expenses (WC, taxes) | 4,221.00 | 4,221.00 | | |
| B6 | Benefits | | | | |
| B7 | Other: specify | | | | |
| TOTAL PERSONNEL EXPENSE | | 71,639.00 | 21,768.00 | 40,434.00 | 9,438.00 |

| C | DIRECT PROGRAM EXPENSES | PROGRAM COST | APPLYING ORGANIZATION | OTHER FUNDERS | REQUESTED FROM FRHD |
|----------------------|-------------------------------|------------------|-----------------------|------------------|---------------------|
| C1 | Equipment | | | | |
| C2 | Program/Project Supplies | 36,000.00 | 9,025.00 | 21,000.00 | 5,975.00 |
| C3 | Printing/Duplicating | 10,000.00 | 3,900.00 | 4,200.00 | 1,900.00 |
| C4 | Community / Patient Education | 10,000.00 | 2,300.00 | 6,500.00 | 1,200.00 |
| C5 | Program Specific Insurance | | | | |
| C6 | | | | | |
| C7 | | | | | |
| C8 | | | | | |
| C9 | | | | | |
| C10 | | | | | |
| C11 | | | | | |
| C12 | | | | | |
| C13 | | | | | |
| C14 | | | | | |
| C15 | | | | | |
| TOTAL OTHER EXPENSES | | 56,000.00 | 15,225.00 | 31,700.00 | 9,075.00 |

| D | TOTAL ALL EXPENSES | PROGRAM COST | % REQUESTED FROM FRHD |
|---|--------------------|----------------------|-----------------------|
| | | \$ 167,239.00 | 13% |

2) FUNDING SOURCES

| E | FUNDS FOR PROGRAM | | |
|-----------------------|-----------------------|----------|----------------------|
| E1 | APPLYING ORGANIZATION | X | 61,678.00 |
| E2 | OTHER FUNDERS | Y | 84,134.00 |
| E3 | REQUESTED FROM FRHD | Z | 21,428.00 |
| TOTAL FUNDING SOURCES | | | \$ 167,240.00 |

NOTE: THIS AMOUNT SHOULD BE EQUAL TO YOUR PROJECT COST.

3) % OF AGENCY BUDGET

| F | CALCULATE % of Total Agency budget that this Program represents. | \$ 1,156,000.00 | \$ 167,239.00 | 14% |
|---|--|-----------------|---------------|--------------------|
| | | AGENCY BUDGET** | PROGRAM COST | % of AGENCY BUDGET |

** Agency budget is your agency's entire budget for the year. Fill in the amount.

Agency Name: Michelle's Place Cancer Resource Center
Program Name: Health Education & Outreach

Total Organization Budget (Current Fiscal Year) \$ 1,156,000.00
Total Project Budget (Current Fiscal Year) \$ 167,239.00

Leave cells blank if they are not applicable to your organization - do not mark with NA.

Organization Sources of Revenue
(Total Organization Budget)

Sources of Funding
(This Project Request)

| Source of funds | \$ Amount | Percent of Total | One-time funding? (Yes/No) | \$ Amount | Percent of Total | One-time funding? (Yes/No) |
|--------------------------------|-----------------------|------------------|----------------------------|---------------------|------------------|----------------------------|
| Federal | | | | | | |
| State | | | | | | |
| City/County* | 156,500 | 14 | yes | | | |
| Other Govt. | | | | | | |
| Proposed FRHD Fees for Service | | | | 21428 | 13 | yes |
| Grants (non-gov't) | 236,000 | 21 | yes | 80,000 | 48 | yes |
| General Donations | 345000 | 31 | no | 13341 | 8 | no |
| Organizational Fundraising | 354,000 | 32 | no | 50,000 | 29 | no |
| Other (list): Scholarships | 4000 | | no | | | |
| In-kind | | | | 2470 | 1 | no |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | \$1,095,500.00 | 9800% | | \$167,239.00 | 9900% | |

* City/County

If the organization currently receives funding from any Cities or Counties, please list the jurisdiction and contract amount below.

City of Temecula Reinvestment Grant - \$50,000

