Form 990

Check if applicable:

X Address change Name change

В

EXTENDED TO NOVEMBER 15, 2021 **Return of Organization Exempt From Income Tax**

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

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

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



Department of the Treasury Internal Revenue Service A For the 2020 ca

20 calendar year, or tax year beginning and	ending
C Name of organization	D Employer identification number
CANCER SUPPORT COMMUNITY REDONDO BEACH	I
Doing business as	95-4076131
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite E Telephone number

	Initial returr Final		Room/suite	E Telephone number 310-376-2						
	⊥returr termi ated			G Gross receipts \$	4,561,462.					
	Amer	DEDONDO DEACH CA 90277		H(a) Is this a group re						
	Appli dtion		ER		?					
	pend	ING SAME AS C ABOVE		H(b) Are all subordinates in						
IT	ax-e>	xempt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) 0	or 527		list. See instructions					
	I Website: ► CSCRB.ORG H(c) Group exemption number ►									
ΚF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨	L Year		State of legal domicile: CA					
	nrt I				<u> </u>					
	1	Briefly describe the organization's mission or most significant activities: TO EI	NSURE	THAT NO ONE	FACES					
Governance		CANCER ALONE								
rna	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass						
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	19					
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)			19					
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			28					
Activities &	6	Total number of volunteers (estimate if necessary)			19					
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
				Prior Year	Current Year					
ē	8	Contributions and grants (Part VIII, line 1h)		966,132.	3,480,817.					
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.					
Šev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		144,981.	95,948.					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,111,113.	3,576,765.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·····	0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		781,052.	818,005.					
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ц Ц		Total fundraising expenses (Part IX, column (D), line 25) 145,69		210 600	248,413.					
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		319,680. 1,100,732.	1,066,418.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,381.	2,510,347.					
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		-						
ts or inces		Tatal accests (Dart V, line 10)		ginning of Current Year 5 , 426 , 747 •	End of Year 8,546,166.					
Asset	20	Total assets (Part X, line 16)		18,589.	243,042.					
let ⊿ ind		Total liabilities (Part X, line 26)		5,408,158.	8,303,124.					
		Net assets or fund balances. Subtract line 21 from line 20		J,400,1JO.	0,303,124.					

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	Signature of officer	Date		
Here	▶ PRESTON GEGENFURTNER,	VP FINANCE		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid				self-employed
Preparer	Firm's name		Firm	's EIN 🕨
Use Only	Firm's address 🕨			
	ne no.			
May the I	RS discuss this return with the preparer shown ab	ove? See instructions		Yes No
				- 000 (*****

	990 (2020) CANCER SUPPORT COMMUNITY REDONDO BEACH 95-4076131 Page 2 t III Statement of Program Service Accomplishments
1 41	
1	Check if Schedule O contains a response or note to any line in this Part III
•	TO ENSURE THAT ALL PEOPLE IMPACTED BY CANCER ARE EMPOWERED BY
	KNOWLEDGE, STRENGTHENED BY ACTION, AND SUSTAINED BY COMMUNITY SO NO
	ONE FACES CANCER ALONE.
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 X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$748,785. including grants of \$) (Revenue \$)
	CANCER SUPPORT COMMUNITY REDONDO BEACH (THE "COMMUNITY", FORMERLY KNOWN AS THE WELLNESS COMMUNITY SOUTH BAY CITIES) OFFERS A FREE PROGRAM FOR
	CANCER PATIENTS, AND THEIR FAMILIES AND LOVED ONES. THE COMMUNITY'S
	GOAL IS TO HELP AS MANY CANCER PATIENTS AS POSSIBLE RECOVER FROM THE
	PHYSICAL AND EMOTIONAL EFFECTS OF CANCER TO THE GREATEST EXTENT
	POSSIBLE. THE PSYCHOLOGICAL SUPPORT AND EDUCATIONAL PROGRAMS ARE DESIGNED TO ADDRESS THE LOSS OF CONTROL, HOPELESSNESS, AND SOCIAL
	ISOLOTION THAT CANCER PATIENTS AND THEIR FAMILIES OFTEN EXPERIENCE.
	SUCH PROGRAMS INCLUDE GROUP SESSSIONS, COUNSELING LED BY LICENSED
	THERAPISTS, EDUCATION, AND SOCIAL SERVICES FOR PATIENTS AND THEIR LOVED
	ONES. DURING 2020 THE COMMUNITY RECEIVED 15,500 VISITS FROM OVER 1,200 PARTICIPANTS.
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 ► 748,785.
032002	Form 390 (2020)

19371107 251666 CAN-8000

3 2020.05000 CANCER SUPPORT COMMUNITY CAN-8001

Form 990 (2				COMMUNITY	REDONDO	BEACH
Part IV	Checklist of R	equired Sc	hedules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			77
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
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?	9		х
10	If "Yes," complete Schedule D, Part IV	9		<u></u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			- 21
••	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI	110		
^D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
)32003	12-23-20	Form	330	(2020)

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2020.05000 CANCER SUPPORT COMMUNITY CAN-8001

	990 (2020) CANCER SUPPORT COMMUNITY REDONDO BEACH 95-4076	131	Р	age 5			
Pa	t 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 28						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
d	If "Yes," enter the name of the foreign country						
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		x			
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50					
6a		60		x			
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a					
U		6b					
7	Organizations that may receive deductible contributions under section 170(c).	0.0					
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
Ū	to file Form 8282?	7c		x			
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?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 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.						
а	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:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
-	organization is licensed to issue qualified health plans 13b						
	Enter the amount of reserves on hand 13c	14-		X			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x			
	excess parachute payment(s) during the year?	15					
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x			
10	If "Yes," complete Form 4720, Schedule O.	10					
				-			

Form **990** (2020)

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Form 990	(2020)
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CANCER SUPPORT COMMUNITY REDONDO BEACH

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.

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue Code)				
		<u>, ondo obdo.)</u>			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		1	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	201010 milg and				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $ f = \gamma$			12.0		
U	in Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?		1	14	X	
15	Did the process for determining compensation of the following persons include a review and approval					
15		by independent	۰ ۱			
~	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization		1	15a	- 23	X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			150		
16-		ant with a				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem			40-		x
Ŀ	taxable entity during the year?			<u>16a</u>		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi			401		
200	exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA		= = + () (=)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	id 990-T (Section	n 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
		on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of interest	policy, and	finano	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records	▶			
	PRESTON GEGENFURTNER - 310-376-3550					
	121 W. TORRANCE BLVD., SUITE 201, REDONDO BEACH, CA	90277				
				Form		

<u>Form 990 (2020)</u>	CANCER	SUPPORT	COMMUNITY	REDONDO	BEACH	95-40/6131	Page /
Part VII Compensa	tion of Officer	s, Directors,	Trustees, Key	Employees,	Highest Co	mpensated	
Employees	, and Indepen	dent Contra	ctors				
Check if Sche	dule O contains a r	esponse or note	e to any line in this P	art VII			
Section A. Officers, Dir	ectors, Trustees, I	Key Employees	, and Highest Com	pensated Emplo	oyees		
1a Complete this table fo	all persons require	d to be listed. F	Report compensation	n for the calenda	ar vear ending v	vith or within the organization's	s tax vear.

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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

(A)	(B)	l		(0	C)		oure	(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss pei	rson i	s both	ı an	compensation	compensation	amount of
	week					1711 US		from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	ruste	al trus		yee	mpen				and related
	below	idual t	Institutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indivi	In stit	Officer	Key e	Highe	Former			0
(1) JOEY SHANAHAN	40.00									
CEO		1		Х				131,886.	0.	0.
(2) GUIDO RIETDYK	5.00									
PRESIDENT		X		Х				0.	0.	0.
(3) DEBORAH PATRICK	5.00									
PRESIDENT ELECT		Х		Х				0.	0.	0.
(4) SACHA OHARA	5.00									
VP SECRETARY		Х		Х				0.	0.	0.
(5) PRESTON GEGENFURTNER, CPA	5.00									
VP FINANCE		Х		Х				0.	0.	0.
(6) KERRY BRENTLINGER	2.00									
DIRECTOR		Х						0.	0.	0.
(7) JOSH COHEN, MFT	2.00									
DIRECTOR		Х						0.	0.	0.
(8) MICHAEL FIORE	2.00									
DIRECTOR		Х						0.	0.	0.
(9) RENE GILBERTSON, ESQ	2.00									
DIRECTOR		Х						0.	0.	0.
(10) STEVEN GRISWOLD	2.00									
DIRECTOR		Х						0.	0.	0.
(11) MAUREEN HAZARD	2.00									
DIRECTOR		Х						0.	0.	0.
(12) TOM HIATT	2.00									
DIRECTOR		Х						0.	0.	0.
(13) DANIEL HOVENSTINE, MD	2.00									
DIRECTOR		Х						0.	0.	0.
(14) JIM HUNTER	2.00									
DIRECTOR		Х						0.	0.	0.
(15) KYLE KAZAN	2.00									
DIRECTOR		х						0.	0.	0.
(16) DAVE MILAM	2.00							_		_
DIRECTOR		Х						0.	0.	0.
(17) WADE NISHIMOTO, MD	2.00							_		-
DIRECTOR		Х						0.	0.	0.
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Form 990 (2020)

19371107 251666 CAN-8000

2020.05000 CANCER SUPPORT COMMUNITY CAN-8001

	SUPPORT C	COM	IMU	NI	ΤY	R	ED	ONDO BEACH	95-40	761	131	Pa	age 8
Part VII Section A. Officers, Directors, Tru	ustees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employed	s (continued)				
(A) Name and title	Name and title Average hours per week					than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatior from related		an	(F) stimate nount other	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org an	pensa om the anizati d relate anizatio	e ion ed
(18) PATRICIA SACKS, MD DIRECTOR	2.00	x						0.		0.			0.
(19) LAYTON STOGSDILL	2.00									<u>.</u>			••
DIRECTOR		х						0.		0.			Ο.
(20) KELLI VIEWEG	2.00												
DIRECTOR		Х						0.		0.			0.
										\neg			
										-+			
1b Subtotal	•							131,886.		0.			0.
c Total from continuation sheets to Part								0.		0.			0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but 	not limited to th						► o re		000 of reportable				0.
compensation from the organization						,							1
										r		Yes	No
3 Did the organization list any former office			-	•	•		Ŭ				•		v
line 1a? If "Yes," complete Schedule J forFor any individual listed on line 1a, is the											3		<u> </u>
and related organizations greater than \$1											4		Х
5 Did any person listed on line 1a receive o	,												
rendered to the organization? If "Yes," co	mplete Schedule	e J f	or su	ich p	bers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest of the organization. Report compensation for	•	•							•	ensat		חוכ	
(A)	-			_				(B)			(0		
Name and busines		NC	ONE	5				Description of s	services		ompe	nsatio	1
2 Total number of independent contractors		ot lir	nitec	l to t			ted	above) who received m	ore than				
\$100,000 of compensation from the orga	nization 🕨				0	,					Form	990 (2	2020)

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			2020) CANCER SUPPO	RT COMMUN	ITY REDONDO) BEACH	95-4076	131 Page 9
Pa	rt V	/111						
			Check if Schedule O contains a respons	e or note to any lin	ie in this Part VIII (A)	(B)	(C)	<u> </u>
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
s o	1	2	Federated campaigns 1a					
ant unt:	•		Membership dues 1b		1			
ي ق			Fundraising events 1 c	219,636.	1			
iffts ar A			Related organizations 1d	•				
s, G mila			Government grants (contributions) 1e]			
rion		f	All other contributions, gifts, grants, and					
ibut				3,261,181.	-			
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lines 1a-1f		2 400 01 1			
<u>ਹ ਸ</u>		h	Total. Add lines 1a-1f		3,480,817.			
	_			Business Code				
Program Service Revenue	2	a h						
Serv		b c						
E S La S		d						
ogra Re		e		_				
Pro			All other program service revenue	_				
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts)		169,787.			169,787.
	4		Income from investment of tax-exempt bonc	-				
	5		Royalties					
	-		(i) Real	(ii) Personal	4			
	6		Gross rents 6a		-			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities					
	•	-	assets other than inventory 7a 885 , 720					
		b	Less: cost or other basis					
е			and sales expenses	•				
venue		с	Gain or (loss)	•				
Be		d	Net gain or (loss)	🕨	-73,839.			-73,839.
Other Re	8	а	Gross income from fundraising events (not					
δ			including \$ 219,636. of					
			contributions reported on line 1c). See	25 120				
		L		Ba 25,138. Bb 25,138.	-			
			Net income or (loss) from fundraising events		0.			
	9		Gross income from gaming activities. See					
	-			Ða				
		b		9b				
	10	а	Gross sales of inventory, less returns					
				0a	-			
			U L	0b				
		с	Net income or (loss) from sales of inventory	Business Code				
sn	44	~		Busiliess Code				
neo	11	a b						<u> </u>
ellai		c		-				
Miscellaneous Revenue			All other revenue	_				
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		3,576,765.	0.	0.	
03200	9 12-	-23-	20					Form 990 (2020)

CANCER SUPPORT COMMUNITY REDONDO BEACH 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 **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 76,842. 131,886. 27,522. 27,522. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 593,193. 425,551. 85,272. 82,370. Other salaries and wages 7 8 Pension plan accruals and contributions (include 16,615. 11,513. 2,584. 2,518. section 401(k) and 403(b) employer contributions) <u>12,5</u>75. 18,149. 2,824. 2,750. Other employee benefits 9 58,162. 40,299. 9,048. 8,815. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 27,120. 27,120. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 18,101. 8,410. 2,611. 7,080. column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 9,690. 6,249. 2,916. 525. Office expenses 13 1,737. 17,368. 13,026. 2,605. Information technology 14 15 Royalties 104,006. 97,459. 1,928. 4,619. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 3,703. 3,703. Conferences, conventions, and meetings 19 20 Interest 13,172. Payments to affiliates 13,172. 21 11,324. 7,847. 1,761. 1,716. Depreciation, depletion, and amortization 22 8,607. 6,455. 2,152. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 7,910. 3,955. 1,978. 1,977. BANK AND PAYROLL COSTS а TELEPHONE 6,254. 5,004. 625. 625. h 5,841. 409. 818. 4,614. PRINTING С 4,864. 4,558. 90. 216. d EQUIPMENT 10,453. 7.553. 496. 2,404. e All other expenses 1,066,418. 748,785. 171,941. 145,692. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

11

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Form 990 (2020)

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CANCER SUPPORT COMMUNITY REDONDO BEACH Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

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(B) End of year

(A) Beginning of year

					Login in g or you		
	1	Cash - non-interest-bearing			246,445.	1	478,245.
	2	Savings and temporary cash investments			611,883.	2	2,126,746.
	3	Pledges and grants receivable, net				3	8,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or				-	
		trustee, key employee, creator or founder, subst	, ,				
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualit			Ŭ		
		under section 4958(f)(1)), and persons described				6	
	-					7	
ets	7	Notes and loans receivable, net					
Assets	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		100 265			
		basis. Complete Part VI of Schedule D	10a	<u>109,365</u> . 54,639.	E7 600		E4 706
		Less: accumulated depreciation			57,690.	10c	54,726.
	11	Investments - publicly traded securities			4,506,660.		5,874,755.
	12	Investments - other securities. See Part IV, line 1			1,132.	12	1,132.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		······	2,937.	15	2,562.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33	3)	5,426,747.	16	8,546,166.
	17	Accounts payable and accrued expenses			18,589.	17	96,042.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV of	f Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er office	r, director,			
litie		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e persor	ns		22	
1	23	Secured mortgages and notes payable to unrela	ted third	I parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	147,000.
	25	Other liabilities (including federal income tax, pa	yables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			18,589.	26	243,042.
		Organizations that follow FASB ASC 958, che	ck here				
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			5,408,158.	27	8,303,124.
Bal	28					28	
pu		Organizations that do not follow FASB ASC 9					
μ		and complete lines 29 through 33.					
Net Assets or Fund Balanc	29	Capital stock or trust principal, or current funds		29			
iets	30	Paid-in or capital surplus, or land, building, or ec			30		
Ass	31	Retained earnings, endowment, accumulated in	Γ		31		
let,	32	Total net assets or fund balances		5,408,158.	32	8,303,124.	
2	33	Total liabilities and net assets/fund balances			5,426,747.	33	8,546,166.
					-, -, -, -, -, -, -, -, -, -, -, -, -, -		- 000 (****

Form 990 (2020)

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) 2 1, 066, 418. 3 2, 510, 347. 4 3, 408, 158. 2 1, 066, 418. 3 2, 510, 347. 4 45, 408, 158. 5 Net urrealized gains (losses) on investments 6 5 7 8 8 7 8 7 8 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 8, 303, 124. Part XIII Financial Statements and Reporting 10 8, 303, 124. Part KIII Financial Statements and Reporting 10 8, 303, 124. Part He organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1	Form	990 (2020) CANCER SUPPORT COMMUNITY REDONDO BEACH	95-4	076131	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 3, 576, 765. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 066, 418. 3 2, 510, 347. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5, 408, 158. 5 Net unrealized gains (losses) on investments 6 7 6 7 7 8 7 00nated services and use of facilities 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)) 8, 303, 124. Part XII Financial Statements and Reporting 1 0 8, 303, 124. Part XII Financial Statements compiled or reviewed by an independent accountant? 1 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule O. <td>Pa</td> <td>rt XI Reconciliation of Net Assets</td> <td></td> <td></td> <td></td> <td></td>	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,066,418. 3 Revenue less expenses. Subtract line 2 from line 1 3 2,510,347. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5,408,158. 5 384,619. 6 - 7 8 - - 8 9 0. - 9 Other changes in net assets or fund balances (explain on Schedule 0) 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 8,303,124. Yees No Other changes in net assets or fund balances (explain on Schedule 0) 9 0. 10 8,303,124. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yees No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,066,418. 3 Revenue less expenses. Subtract line 2 from line 1 3 2,510,347. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5,408,158. 5 384,619. 6 - 7 8 - - 8 9 0. - 9 Other changes in net assets or fund balances (explain on Schedule 0) 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 8,303,124. Yees No Other changes in net assets or fund balances (explain on Schedule 0) 9 0. 10 8,303,124. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yees No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other						
3 Revenue less expenses. Subtract line 2 from line 1 3 2,510,347. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5,408,158. 5 Net unrealized gains (losses) on investments 5 384,619. 6 0 7 8 7 8 7 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)) 8, 303, 124. Part XII Financial Statements and Reporting 9 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 16 Separate basis, consolidated basis, or both: 9 2a X 17 Yes No 1 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 17 Yes No 1 Accounting financial statements and selection of an independent accountant? 2b X 17 Yes No 1 Accounting method used to prepare the Form 990:	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5, 408, 158. 5 Net unrealized gains (losses) on investments 5 384, 619. 6 0 384, 619. 7 8 6 8 7 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 8, 303, 124. Part XII Financial Statements and Reporting 10 8, 303, 124. Check if Schedule O contains a response or note to any line in this Part XII 10 8, 303, 124. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Do the consolidated basis. or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis. 2b X If "Yes," toheck a box below to indicate	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 384,619. 6 0nated services and use of facilities 7 7 Investment expenses 7 8 Prior period adjustments 9 0. 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 8, 303, 124. Part XII Financial Statements and Reporting 10 8, 303, 124. Part XII Financial Statements and Reporting 10 8, 303, 124. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization s financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes	3	Revenue less expenses. Subtract line 2 from line 1	3	2,510),34	47.
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 8 , 303 , 124 . Part XII Financial Statements and Reporting 0 . 10 8 , 303 , 124 . 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: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. . </th <td>4</td> <td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td> <td>4</td> <td>5,408</td> <td>3,1!</td> <td>58.</td>	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,408	3,1!	58.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 2a X Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. b Were the organization's financial statements audited basis Both consolidated and separate basis b Were the organization is financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," the ck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," there a basis Consolidated basis	5	Net unrealized gains (losses) on investments	5	384	.,61	<u>19.</u>
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 2a X Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. b Were the organization's financial statements audited basis Both consolidated and separate basis b Were the organization is financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," the ck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," there a basis Consolidated basis	6		6			
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, " explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. b Were the organization's financial statements and the portion of its financial statements and the port of the sudit, review, or compilation of its financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. b Were the organization's financial statements and the port of the sudit, review, or compilation of its financial statements and selection of an independent accountant? If "Yes," check a box below to indicate basis Both consolidated and separate basis c 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 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? 	7		7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 8,303,124. Part XII Financial Statements and Reporting	8		8			
column (B) 10 8,303,124. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Statements of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b 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: 2b 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: 2b X 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		column (B))	10	8,303	3,12	24.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b 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: 2b 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: 2b 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: 2b X 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? 2c X 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	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construction of the prepare the form 990: Cash X Accrual Other Image: Construction of the prepare the form 990: Cash X Accrual Other Image: Construction of the prepare the form 990: Cash X Accrual Other Image: Construction of the prepare the form 990: Cash X Accrual Other Image: Construction of the prepare the form 990: Cash X Accrual Other Image: Construction of the prepare the form 990: Cash X Accrual Other Image: Construction of the form 990: Cash X Accrual Other Image: Construction of the form 990: Cash X Accrual Other Image: Construction of the form 990: Construction of the form 990: Construction of the form 990: Cash X Image: Construction of the form 990:		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c 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 O					Yes	No
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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: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
separate basis, consolidated basis, or both: Separate basis Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c 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? 		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
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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: Image: Consolidated basis Image:		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		2b	X	L
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
cIf "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?2cXIf the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.3aSa 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?3aX						
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? 3a X		X Separate basis Consolidated basis Both consolidated and separate basis				
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? 3a X	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
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? 3a		review, or compilation of its financial statements and selection of an independent accountant?		2c	X	L
Act and OMB Circular A-133?		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
	3a		gle Audit			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				<u>3a</u>		<u> </u>
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2020)

SCH	EDU	LE A
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(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2020
Open to Public Inspection

		of the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			oformation		Open to Public Inspection
Nan	ne of t	the organizati		Go to www.ii3.go					Employer	identification numbe
. tan		and digunizati		ER SIIPPORT	COMMUNITY R			אי		5-4076131
Pa	rt I	Reason			(All organizations must c					5 4070151
					For lines 1 through 12, cl					
1					on of churches described			1)(A)(i)		
2	\square				Attach Schedule E (Form			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3	\square				anization described in se			ii)		
4	\square				njunction with a hospital				(iiii) Enter	the hospital's name
-		city, and stat	0		njunotion with a noopital	accombca	in Sectio			the hoopital o hame,
5		-		or the benefit of a co	llege or university owned	or operat	ed by a do	vernmental u	nit describe	ed in
Ű		-	-	Complete Part II.)		or opoide	ou oy u ge			
6					nental unit described in	section 17	70(h)(1)(A)	(v)		
	X		-	-	ntial part of its support fr				ne deneral i	oublic described in
•				omplete Part II.)		onna gove	innontai		le general j	
8	\square				(1)(A)(vi). (Complete Par	· II)				
9	\square	•			in section 170(b)(1)(A)(-	ed in coniu	unction with a	land-grant	college
-					ulture (see instructions).					
		university:	or a normana g	frank conogo or agino			lamo, ony	, and state of	the conege	
10			on that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	nip fees, and	d aross receipts from
		-		•	t to certain exceptions; a					
					(less section 511 tax) fro					-
				mplete Part III.)	(····; ···;	··········	,
11					ively to test for public sat	ety. See	section 50	09(a)(4).		
12					ively for the benefit of, to				rry out the	purposes of one or
					ed in section 509(a)(1) o					
					f supporting organizatior					
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or r	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		its support	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.		
Ċ		Type III no	n-functionally	integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not f	functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	d an attentiv	/eness
		requiremen	it (see instructi	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	V.		
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, or	Type III non-function	nally integrated supportin	ng organiz	ation.			
f	Ente	er the number	of supported c	organizations						
<u>g</u>				about the supporte		(iv) is the ora:	anization listed			
	((i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ng document?	(v) Amount o		(vi) Amount of other support (see instructions
		organization	I		above (see instructions))	Yes	No	support (see ii	istructions	support (see instructions
Tota										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

CAN-8001 2020.05000 CANCER SUPPORT COMMUNITY

Schedule A (Form 990 or 990-EZ) 2020 CANCER SUPPORT COMMUNITY REDONDO BEACH 95-4076131 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	912,513.	1002995.	978,327.	966,132.	689,927.	4549894.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	010 510	1002005	070 227	066 122	690 027	1 = 1 0 0 0 1
	Total. Add lines 1 through 3	912,513.	1002995.	918,321.	966,132.	689,927.	4549894.
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)						2 6 2 1
~							<u>2,621.</u> 4547273.
	Public support. Subtract line 5 from line 4.						4347273.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	912,513.	1002995.	978,327.	966,132.	689,927.	4549894.
	Gross income from interest,	512,515.	1002555.	576,527.	500,152.	000,027.	13190911
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	29,307.	117,241.	166,166.	160,576.	95,748.	569,038.
9			/				,
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5118932.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	
	First 5 years. If the Form 990 is for th		,			01(c)(3)	
	organization, check this box and stop	phere					
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	88.83 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	<u>90.75 %</u>
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo>	and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□]
b	b 10% -facts-and-circumstances test - 2019. 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	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu		•		••••		▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 CANCER SUPPORT COMMUNITY REDONDO BEACH 95-4076131 Page 3 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			-	1		
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 in 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.)	L					
14 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organiza	ition,
check this box and stop here		-				
Section C. Computation of Publi	c Support Per	rcentage			· · ·	
15 Public support percentage for 2020 (I	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves					<u> </u>	
17 Investment income percentage for 2018 Investment income percentage from 2			line 13, column (f))		17 18	<u>%</u>
19a 33 1/3% support tests - 2020. If the	organization did r				33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar	id stop here. The	organization qua	lifies as a publicly	supported organiza	ation	
b 33 1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
line 18 is not more than 33 1/3%, che	ck this box and st	top here. The org	anization qualifies	as a publicly supp	orted organizatio	n ►
20 Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	9a, or 19b, check t			
032023 01-25-21			_	Sch	nedule A (Form 9	90 or 990-EZ) 2020
		16	5			

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Schedule A (Form 990 or 990-EZ) 2020 CANCER SUPPORT COMMUNITY REDONDO BEACH 95-4076131 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990 or 990-EZ) 2020 CANCER SUPPORT COMMUNITY REDONDO BEACH 95-4076131 Page 5 Part IV Supporting Organizations (continued)

				<u> </u>		oonunuo	u)										
																Yes	No
11	Has t	he organiza	ation acc	cepted a g	ift or cor	tribution f	from any	y of the f	follow	ving perso	ns?						
а	A per	son who di	rectly o	r indirectly	controls	, either ald	one or to	ogether v	with p	persons de	escribed	l in lines	11b and				
	11c b	elow, the g	jovernin	g body of	a suppor	ted organ	ization?	>							11a		
b	A fam	ily membe	r of a pe	erson desc	ribed in I	ine 11a at	oove?								11b		
с	A 35%	6 controlled	dentity	of a persor	n describ	ed in line	11a or 1	11b abov	ove? //	If "Yes" to	line 11a	, 11b, o	r 11c, pro	ovide			
	detail	in Part VI.											-		11c		
Sec	tion E	3. Type I	Supp	orting O	rganiz	ations											
																Vas	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</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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.	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? 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 supersting argonization	2	

supervised	i. Or controlled the supporting orga	anizalion.
Section C. Ty	ype II Supporting Organiz	ations

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

Section D	. All Typ	e III Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>			1000 1100 000

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

с		The organization	supported a	a governmental	entity.	Describe in	Part VI	how y	/ou supported a	governmental en	tity	(see instruction <u>s</u>).
---	--	------------------	-------------	----------------	---------	-------------	---------	-------	-----------------	-----------------	------	---------------------------	----

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

19371107 251666 CAN-8000

2020.05000 CANCER SUPPORT COMMUNITY CAN-8001

_	dule A (Form 990 or 990-EZ) 2020 CANCER SUPPORT COMMUNIT	Y REI	OONDO BEACH	95-4076131 Page 6						
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin									
1	Check here if the organization satisfied the Integral Part Test as a qualifyin		,	n in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.									
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)						
1	Net short-term capital gain	1								
2	Recoveries of prior-year distributions	2								
3	Other gross income (see instructions)	3								
_4	Add lines 1 through 3.	4								
5	Depreciation and depletion	5								
6	Portion of operating expenses paid or incurred for production or									
	collection of gross income or for management, conservation, or									
	maintenance of property held for production of income (see instructions)	6								
7	Other expenses (see instructions)	7								
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8								
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
1	Aggregate fair market value of all non-exempt-use assets (see									
	instructions for short tax year or assets held for part of year):									
а	Average monthly value of securities	1a								
b	Average monthly cash balances	1b								
C	Fair market value of other non-exempt-use assets	1c								
d	Total (add lines 1a, 1b, and 1c)	1d								
е	Discount claimed for blockage or other factors									
	(explain in detail in Part VI):									
2	Acquisition indebtedness applicable to non-exempt-use assets	2								
3	Subtract line 2 from line 1d.	3								
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,									
	see instructions).	4								
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
6	Multiply line 5 by 0.035.	6								
7	Recoveries of prior-year distributions	7								
8	Minimum Asset Amount (add line 7 to line 6)	8								
Sect	ion C - Distributable Amount			Current Year						
1	Adjusted net income for prior year (from Section A, line 8, column A)	1								
2	Enter 0.85 of line 1.	2								
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3								
4	Enter greater of line 2 or line 3.	4								
5	Income tax imposed in prior year	5								
6	Distributable Amount. Subtract line 5 from line 4, unless subject to									
	emergency temporary reduction (see instructions).	6								
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting o	organization (see						

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 CANCER SUPPORT COMMUNITY REDONDO BEACH 95-4076131 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	led)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	·	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ıs	Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Name of the organization

CANCER SUPPORT COMMUNITY REDONDO BEACH

Employer identification number 95-4076131

Par			or Accou	Ints. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(h) F.	indo and other accounts
		(a) Donor advised funds	(D) FL	Inds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		al Carala	
5	Did the organization inform all donors and donor advisors in w	-		
~	are the organization's property, subject to the organization's e			Yes No
6	Did the organization inform all grantees, donors, and donor ac		-	
	for charitable purposes and not for the benefit of the donor or		•	Yes No
Par	Impermissible private benefit? t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organizatio			
•	Preservation of land for public use (for example, recreat		a historical	y important land area
	Protection of natural habitat			nistoric structure
	Preservation of open space		a continica i	
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	of a conserv	ation easement on the last
-	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired at			
	listed in the National Register	,		
3	Number of conservation easements modified, transferred, rele			
-	year ►			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	►			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservat	ion easeme	nts during the year
	▶\$			C
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes 📃 No
9	In Part XIII, describe how the organization reports conservatio			nd
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial stateme	nts that dea	scribes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of		her Simil	ar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	, I		
	of art, historical treasures, or other similar assets held for publ			f public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of p	ublic service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			\$
•				.\$
2	If the organization received or held works of art, historical trea		gain, provid	be
	the following amounts required to be reported under FASB AS	-	⊾	۴
	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X		····· 🕨	\$ Sebedule D (Form 990) 2020
	For Paperwork Reduction Act Notice, see the Instructions	101 FULLE 390.		Schedule D (Form 990) 2020
032051	12-01-20	28		

2020.05000 CANCER SUPPORT COMMUNITY CAN-8001

		SUPPORT CO						95-40			_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tre	easures, o	r Othe	r Similar	Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check an	y of the t	following that	t make s	ignificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	c	d 🔄 Loa	n or exc	hange progra	am					
b	Scholarly research	e	e 🔄 Oth	er							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they f	urther th	ne organizatio	on's exer	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o								_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the org	ganizatio	on answered '	"Yes" on	Form 990,	Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for cont	tribution	s or other ass	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	e:							
									Amoun	t	
с	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
	Ending balance										
	Did the organization include an amount on Fo						ity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.								<u></u>		
Fai	t V Endowment Funds. Complete i					1					
		(a) Current year	(b) Prior	year	(c) Two yea	rs back	(d) Three ye	ears back	(e) Fou	r years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
	End of year balance			- l							
2	Provide the estimated percentage of the curr	•		biumn (a)) neid as:						
	Board designated or quasi-endowment		%								
	Permanent endowment	% %									
С		· -									
2-	The percentages on lines 2a, 2b, and 2c sho		ation that ar		ad administar	ad for th		tion			
Ja	Are there endowment funds not in the posse	ssion of the organiza	alion that an	e neiu ai	nu auminister		ie organiza	LION		Yes	No
	by: (i) Unrelated organizations								20(1)	Tes	NO
									3a(i) 3a(ii)		
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the								00		
<u> </u>	t VI Land, Buildings, and Equipm			3.							
	Complete if the organization answere) Part IV lin	e 11a S	See Form 990	Part X	line 10				
	Description of property	(a) Cost or c	· · · · ·		t or other		ccumulate	d	(d) Boo	k valu	e
		basis (investr		. ,	(other)		preciation	~	(4) 200	it vala	0
1a	Land										
	Buildings										
	Leasehold improvements			3	6,535.		16,03	9.	2	0,4	96.
	Equipment				2,830.		38,60			4,2	
	Other				-						
	. Add lines 1a through 1e. (Column (d) must e		X. column (l	3). line 1	0c.)				5	4,7	26.
-			<u>, </u>	,,	- · · ·						

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020 CANCER SUPP Part VII Investments - Other Securities.	ORT COMMUNITY	REDONDO BEACH	95-4076131 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b) Book value		st or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	•		
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 1	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		►
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)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	25)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide		the organization's financial state	ments that reports the
organization's liability for uncertain tax positions under			

CANCER SUPPORT COMMUNITY REDONDO BEACH

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Schedule D (Form 990) 2020

	edule D (Form 990) 2020 CANCER SUPPORT COMMUNITY R				4076131 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	levenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	3,963,364.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	384,619.		
b	Donated services and use of facilities	2b	29,100.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	413,719.
3	Subtract line 2e from line 1			3	3,549,645.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	27,120.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	27,120.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,576,765.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R	letur	n.
Pa	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R	letur	
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R	leturi	n. <u>1,068,398.</u>
_	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R		
1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per R		
1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per R		
1 2	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With 2a 2b	Expenses per R		
1 2 a b c	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With 2a 2b 2c	Expenses per R		1,068,398.
1 2 b c d	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Expenses per R		1,068,398.
1 2 b c d	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per R	1	1,068,398.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per R	1 2e	1,068,398.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ents With 2a 2b 2b 2c 2d	Expenses per R	1 2e	1,068,398.
1 2 3 4	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents With 2a 2b 2c 2c 2d 4a	Expenses per R	1 2e	1,068,398.
1 2 3 4 3	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	Expenses per R 29,100. 27,120.	1 2e	<u>1,068,398.</u> <u>29,100.</u> <u>1,039,298.</u> 27,120.
1 2 d e 3 4 b c 5	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	29,100. 27,120.	1 2e 3	1,068,398. 29,100. 1,039,298.

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

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL
STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT OF BEING SUSTAINED ON
AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. TO DATE, THE
ORGANIZATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS. THE
ORGANIZATION RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES RELATED
TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR, THE
ORGANIZATION DID NOT RECOGNIZE ANY AMOUNT IN POTENTIAL INTEREST AND
PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.

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Schedule D (Form 990) 2020 Part XIII Supplemental Inform	CANCER	SUPPORT	COMMUNITY	REDONDO	BEACH	95-4076131	Page 5
Part XIII Supplemental Infor	mation _{(cont}	tinued)					
						Schedule D (Form 9	90) 2020

SCHEDULE G	IEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						OMB No. 1545-0047	
(Form 990 or 990-EZ)	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.						2020	
Department of the Treasury	Attach to Form 990 or Form 990-EZ.						Open to Public	
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection	
Name of the organization		SUPPORT COMMUNITY I	REDO	ONDO) BEACH		Employer id $95-407$	lentification number 6131
Part I Fundrais		Complete if the organization answe				ine 1		
	complete this part							
	-	ed funds through any of the following	-					
a Mail solicitat	email solicitations			•	overnment grants nment grants			
c Phone solici		g Special						
d 🗌 In-person so	licitations	5 1		0				
		or oral agreement with any individual				tees,	or	
• • •		art VII) or entity in connection with pr			-			
b If "Yes," list the 10 compensated at le	0	viduals or entities (fundraisers) pursua organization	ant to a	agreer	ments under which th	ne fur	idraiser is to t	De
							• • • •	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained byj fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit c	ontrib		or has been notified	it is e	exempt from r	registration
or licensing.	on the organizatio						skempt norm	
								<u> </u>
								<u> </u>
			00			.	h.h. 0 /5	
	eduction Act Noti	ce, see the Instructions for Form 9	an or	990-E	2.	sche	ulle G (Form	990 or 990-EZ) 2020

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95-4076131 Page 2 Schedule G (Form 990 or 990-EZ) 2020 CANCER SUPPORT COMMUNITY REDONDO BEACH 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.

(d) Total events	() ()	(I.) Example 1/0	() Example 114		
	(c) Other events	(b) Event #2	(a) Event #1		
3 (add col. (a) throu	2	משדת שת מוזמח	SUNSET AT THE BEACH		
COL (C))		TOUR DE PIER (event type)	(event type)		
	(total humber)				
19,655. 244,75	19,655.	30,000.	195,119.	Gross receipts	1
19,584. 219,63	19,584.	30,000.	170,052.	Less: Contributions	2
71. 25,13	71.		25,067.	Gross income (line 1 minus line 2)	3
				Out the interview	
				Cash prizes	4
				Noncash prizes	5
				Rent/facility costs	6
				Food and beverages	7
				Entortainmont	0
71. 25,13	71.			Entertainment Other direct expenses	
		· · · · · · · · · · · · · · · · · · ·		Direct expense summary. Add lines 4 throug	
	······ 5		.,	Net income summary. Subtract line 10 from	
ther gaming (d) Total gaming (col. (a) through co	(c) Other gaming	(b) Pull tabs/instant bingo/progressive bingo	(a) Bingo		
				Gross revenue	1
				Cash prizes	2
				Noncash prizes	3
				Rent/facility costs	4
				Other direct expenses	5
	└── Yes %	└── Yes % └── No	│	Volunteer labor	6
				Volunteer labor	0
	▶		n 5 in column (d)	Direct expense summary. Add lines 2 throug	7
				Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line	
······ •	►		í from line 1, column (d)	Net gaming income summary. Subtract line	8
······ ►	>		from line 1, column (d)	Net gaming income summary. Subtract line the state(s) in which the organization cond	<mark>8</mark> Ent
······ ►	>	states?	from line 1, column (d) ucts gaming activities: ctivities in each of these s	Net gaming income summary. Subtract line er the state(s) in which the organization cond he organization licensed to conduct gaming a	8 Enti
······ ►	>	states?	from line 1, column (d) ucts gaming activities: ctivities in each of these s	Net gaming income summary. Subtract line the state(s) in which the organization cond	8 Enti
		states?	from line 1, column (d) ucts gaming activities: ctivities in each of these s	Net gaming income summary. Subtract line ter the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain:	8 Ent Is th
	▶	states?	from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	Net gaming income summary. Subtract line er the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain:	8 Ent Is th If "N
	▶	states?	from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	Net gaming income summary. Subtract line ter the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain:	8 Ent Is th If "N
	▶	states?	from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	Net gaming income summary. Subtract line er the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain:	8 Ent Is th If "N

Sch	edule G (Form 990 or 990-EZ) 2020 CANCER SUPPORT COMMUNITY REDONDO BEACH 95-4076131 Page 3
11	Does the organization conduct gaming activities with nonmembers?
	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?
13	Indicate the percentage of gaming activity conducted in:
	The organization's facility 13a 9
	An outside facility 13b 9
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount
	of gaming revenue retained by the third party \blacktriangleright \$
С	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:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
De	organization's own exempt activities during the tax year s
Pa	rt 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.
03208	33 11-25-20 Schedule G (Form 990 or 990-EZ) 2020
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Schedule G	G (Form 990 or 990-EZ)	CANCER	SUPPORT	COMMUNITY	REDONDO	BEACH	95-4076131	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation _{(cont}	tinued)					
						So	chedule G (Form 990 o	r 990-EZ)

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SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

CANCER SUPPORT COMMUNITY REDONDO BEACH

Employer identification number 95-4076131

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

COPIES OF THE 990 ARE REVIEWED BY THE FINANCE COMMITTEE AND DISTRIBUTED TO

THE BOARD OF DIRECTORS PRIOR TO FILING

FORM 990, PART VI, SECTION B, LINE 12C:

CSCRB HAS AN ANNUAL REQUIREMENT THAT OFFICERS, DIRECTORS, AND

KEY EMPLOYEES FILL OUT A CONFLICT OF INTEREST QUESTIONNAIRE. MANAGEMENT

MONITORS THE COMPLIANCE OF THE CONFLICT OF INTEREST POLICY BY REVIEWING THE

ANNUAL QUESTIONNAIRES.

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

PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR IS MADE BY THE EXECUTIVE

COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE THEN APPROVES

ANY INCREASE IN SALARY AND BENEFITS BASED ON PERFORMANCE AND THE FINANCIAL

THE INCREASE IS REFLECTED IN THE ANNUAL SITUATION OF THE ORGANIZATION.

BUDGET, OR BUDGET AMENDMENT, WHICH IS AUTHORIZED BY THE BOARD OF DIRECTORS.

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

THE ORGANIZATION MAKES ALL DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

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