

Organization Information

Legal Name

Michelle's Place Cancer Resource Center

Year Founded - use date of incorporation

2001

Program Name/Title

Cancer Support Program

Brief Program Description

The Cancer Support Program provides free resources to cancer patients, education on prevention and early detection, patient navigation services, temporary financial assistance, transportation, and support to families dealing with cancer.

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

Established Program

Program Information - Type

Ongoing

Requested Amount

47406

How much funding was received for this program in the previous 2021.2022 CHC Grant cycle?

41908

Organization's Mission Statement

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

Organization's Vision Statement

No one should face cancer alone.

Agency Capability

For the last 18 years, Michelle's Place has been providing quality resource and support to women and their families dealing with breast cancer. Michelle's Place was created in 2001 as a dying wish of Michelle Watson, a 26-year old victim of breast cancer. As a Temecula resident, Michelle was frustrated with the lack of resources available to her while facing the challenges of cancer treatment. She wanted to create a place where other women and families facing breast cancer could go to find comfort, resources, and information. 18 years later, Michelle's Place has provided over 175,000 free resources to women and their families dealing with breast cancer.

In 2018, Michelle's Place Executive Board made the decision to expand services to include all cancers. The overwhelming need for services in the community encouraged the change and the expansion. Michelle's Place purchased a 10,000sq. ft. building to provide free resources to cancer patients and their families. In November 2021, Michelle's Place completed construction of the Center and celebrated their 20th anniversary. Currently, the Center hosts 23 different programs happening 51 times

a month. Other resources include financial assistance, transportation, and one on one support. Additionally, they were able to open the Fallbrook satellite office located in the Community Health & Wellness Center (CHWC). This location will host monthly educational seminars, one on one support and a variety of comfort items such as wigs, prosthesis, hats, and scarves.

Agency Collaborations

Michelle's Place is proud to collaborate with a variety of local agencies and non-profit organizations to provide cancer resources to the Fallbrook/Bonsall community. With the help of the Fallbrook Health District, Michelle's Place has had a physical location in Fallbrook one day a week. Having the office location has provided our Patient Navigators the opportunity to meet with cancer patients in their own community. This access is especially important to those who do not have reliable transportation. Recently, the team moved into their own office at the Fallbrook CHWC. We look forward to serving families twice a week at this location. We have worked with the Fallbrook Family Health Center to provide the community with mobile mammography screening events, educational opportunities, and support resources. Our Patient Navigators continue to work with the team at FFHC to find ways to support the community. Additionally, the educational seminars are facilitated by local Fallbrook business owners. Michelle's Place is a Fallbrook Chamber of Commerce member. We work with the staff at the Chamber to ensure that the community is aware of the free resources we provide. They distribute information on the type of support we provide, events we host, and seminars they have access to. We also have relationships with the Fallbrook Rotary Club, Women's Club, and the food pantry. We look forward to making more connections and collaborations in the community to best serve cancer patients and their families.

Target Population - Age

	Percent of program participants
Children (infants to 12)	
Young Adults (13-17)	68
Adults (18-60)	32
Seniors (60+)	
We do not collect this data (indicate with 100%)*	

Target Population not collected - Age

N/A

Gender

	Percent of program participants
Female	98
Male	2
Non-binary	
Unknown*	

*Target Population - Gender

N/A

Income Level

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	15
Very Low (50%) Income Limits, ceiling of \$53,500	25
Low (80%) Income Limits, ceiling of \$85,600	50
Higher Than Listed Limits	10
We do not collect this data (indicate with 100%)*	

*Target Population - Income Level

N/A

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

125

Social Determinants of Health (SDOH)

Program/Services Description - Social Determinants of Health

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

Program/Services Description - FRHD Community Needs Assessment

Mental Health (Screenings, Prevention)

Health (Mobility)

Health (Age Related Deficits)

Health (Healthy Food/Nutrition)

Statement of Need/Problem

According to the 2018 Fallbrook Community Review, 21.1% of Fallbrook residents did not access any kind of medical tests within a 12-month time period. This means they did not get their annual screenings.

Educating the community on how to access certain screening tests and how to be their own best advocate for their health is potentially lifesaving. Through the cancer assistance program, Michelle's Place facilitates free and low-cost mammograms, ultrasounds, and other diagnostic breast health services. Additionally, Michelle's Place Patient Navigators connect clients with available screening opportunities and educates them on what screening they potentially need. The Patient Navigators at Michelle's Place provide insight into a new cancer diagnosis, answer questions and offer resources to meet the needs of families facing cancer. These resources include information on their treatment, physicians, medication, pathology, financial assistance, legal assistance, transportation, etc. Additionally, Michelle's Place has two Spanish speaking navigators to assist with our Spanish only speaking clients. Fallbrook has a significant Hispanic population (15,151) that faces specific cultural barriers to access to healthcare. Our Spanish navigators can help them access screenings, financial assistance, transportation and provide a safe place for them to talk and get support through their cancer journey. Due to lack of transportation and access, a mobile mammography screening event would help this population access their annual screening mammogram free of charge. For many cancer patients access to resources and support is difficult. Having a Patient Navigator accessible

two days a week at the Fallbrook Wellness Center provides cancer patients within the district the ability to meet with the Navigator in person. This personal connection helps get cancer patients in the district the resources they need. On average, Michelle's Place serves approximately 125 Fallbrook, Bonsall and surrounding areas clients.

Statement of Need/Problem - Others

There are currently no other organizations providing similar programs/services for cancer patients.

Program/Services Description - Program Entry

Most Michelle's Place clients are referred by friends or their physicians once they are diagnosed with cancer. Once they call or visit the Center their needs are assessed by a volunteer. Depending on their needs, clients will be provided the necessary resources by our front desk volunteers. These resources include a wig, prosthesis, a library book, or just a tour of the Center, then the client is introduced to a Patient Navigator. Through this program the client facing cancer will receive one-on-one navigation services that include answering their questions regarding their disease, finding them financial assistance, scheduling free transportation to their medical appointments, providing them with information on physicians in their area, provide them with wigs, prosthesis, access to support groups and other information pertinent to their diagnosis. Once a client has been to the Center, attended a group or reached out via phone, that client will be entered into the database. After each visit or service, a follow-up date is entered into the system so we can continually provide support calls. Through these calls, they can provide solutions to some of the problems clients are having. For instance, if a call is made to someone who just started treatment, we can offer transportation or suggest a support group. Clients are called and supported until they tell us they do not need us anymore. With the addition of the Fallbrook location, clients can access a patient navigator at the location via appointment and receive one on one support.

Program/Services Description - Program Activities

The free resources available at Michelle's Place include wigs, prosthesis, bras, hats, and support groups. Michelle's Place has five patient navigators that provide support and navigation through the treatment process to families newly diagnosed. The patient navigators facilitate women who have symptom of breast cancer through the medical process of breast screenings, diagnostic imaging and/or biopsies. we also have a lending library and a survivor support system that provides newly diagnosed people and their families with a source of answers to their questions, comfort and insight into their new diagnosis. Other services include monthly educational seminars, open to the public offering information on nutrition, cancer prevention, stress relief and methods to help in the healing process. The Center provides monthly support groups including metastatic cancer support group, ovarian cancer support group, a Spanish speaking support group a survivorship support group, young women's group and a "Husbands Hangout", a group for men who are supporting a woman with cancer or a man facing cancer. Michelle's Place also provides weekly Reiki and yoga, bi-weekly art therapy classes, MP Stitchers, journaling spirituality class, haircuts and lymphedema fittings. Additionally, Michelle's Place offers temporary financial assistance to people going through treatment and transportation to medical appointments. At the Fallbrook Family Health Center, we hope to co-host mobile mammography screening events. This program will potentially save the life of a woman by providing early detection of breast cancer. Additionally, educational seminars to various community groups on early detection, cancer resources and cancer screening opportunities will be hosted throughout the year. Two times a week a Patient Navigator will offer one on one support at the Community Health & Wellness Center (CHWC) so District residents with cancer who are unable to visit Michelle's Place can access support and resources. The Patient Navigator will facilitate a cancer support group during the month. Once a client has been to the Center, attended a group or reached out via phone that client will be entered into the client database. After each visit or service, a follow-up date is entered into the system so we can continually provide support calls. These calls are administered by the Patient Navigators and/or our volunteer 'encouragement' callers. These callers are cancer survivors. They offer a different kind of support as they have been through cancer themselves. They can offer resources available at Michelle's Place. For instance, if a call is made to someone who just started treatment, we can offer transportation or suggest a support group. Clients are called and

supported until they tell us they do not need us. The direct services provided such as wigs, prosthesis, financial assistance, transportation, and mammograms are key to making their cancer journey easier. The navigation and support provided through this program are key to their mental health while going through treatment. Our clients average 5 services per person. This means they access our program multiple times throughout their journey.

Program Goal #1

The cancer support program will provide cancer patients and their families free resources at the Community Health and Wellness Center (CHWC) that will support them through their cancer journey, provide education to empower them to be their own best advocate for their health and facilitate cancer screenings to ensure early detection of cancer.

Program Objectives - Goal #1

Within one year, Michelle's Place will provide 375 resources to cancer patients within the FRHD. These resources will include wigs, prosthesis, hats, scarves, support groups, financial assistance, transportation, one on one support, etc.

Within one year, Michelle's Place will host 12 support groups/programs at the CHWC.

Within one year, Michelle's Place will facilitate 20 free breast exams and breast screenings to women who qualify.

Program Outcomes/Measurables - Goal & Objectives #1

Success is ideally measured by ensuring that cancer patients get the resources they need, and they don't feel alone during their journey. Constant monitoring, communication with clients and survey of programs and services will be instrumental in measuring success. Michelle's Place will track each of the above objectives through our client database. The database will provide reports on how many clients served and what resources they received. After each intervention, participants will be surveyed. They will be asked what type of programs would benefit them on their cancer journey, how impactful the currently program is and what we can do to ensure their needs are being met. Results from these surveys will shape further programs implemented at the CHWC location. Continued outreach and collaboration will be sought. New to the Michelle's Place team is Priscilla Gutierrez, Community Health Worker (CHW). Through her work she will find opportunities to collaborate with the community and ensure local medical providers know about the resources available to their patients.

Anticipated Acknowledgment

Anticipated Acknowledgment

Social Media Postings

Signage at Service Sites

Print Materials to Service Recipients

Website Display

Anticipated Acknowledgment

The Fallbrook Health District will be acknowledged through our social media channels including our Facebook and Instagram accounts. We will give mention in press releases, signage at community events and on printed materials.

FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formatted pages. Those sections for auto calculations and set formats are shaded in grey and should not be altered. Please keep a copy of this document as it will be used as part of the grant reporting process

There are five tabs to this file:

- 1 Instructions
- 2 Program Budget Form
- 3 Revenue Sources
- 4 Budget Narrative
- 5 Budget Reporting Form

1 Instructions:

- > All Yellow sections are to be filled out by the applicant. Grey sections will auto calculate and should not be edited by the applicant. All pages are formatted to print portrait, on 1

2 Program Budget Form:

- > PROGRAM COST: This section should reflect the true and total costs of the program.

APPLYING ORGANIZATION: This is the applicant agency's investment in their program.

- > This is the value of the resources the agency will contribute to the program's cost. These may include funds from fundraising events, private donors, in-kind goods and services, and volunteer efforts.

- > OTHER FUNDERS: These are funds or resources provided from contracts, grants and partnerships that are used to support the program's operations.

- > REQUESTED FROM FRHD: This is the funding request you are putting forward to the District.

- > The line item names may not fully align with your budget. Please edit those items to align with your budget. Explain those items on your Budget Narrative Form as necessary.

A INDIRECT EXPENSES:

This section is for expenses that are part of indirect operations of the program, necessary which may not be part of the direct service provision expenses (Administration, facility expenses, general liability ins., etc.). Please refer back to the training materials for clarification of these expenses. The District will not consider funding more than 25% of these expenses

B PERSONNEL EXPENSES - PROGRAM SPECIFIC:

As stated, this section is for staffing expenses that are directly related to the provision of the services/program. Please list each position title separately, unless there are multiple of the same title then use (x3) as an indicator. For example, if funding salaries for four separate Drivers, you would indicate as, Driver (x4) and the expense amount would be the cost of all four Drivers. Please include a single line items for general staffing expenses such as personnel expenses (Payroll taxes, WC, etc). Benefits (health, retirement, etc) should be listed on a separate line.

C DIRECT PROGRAM EXPENSES:

This section is for supplies, items and or specific expenses related to the provision of the services/program. This may include phone, rent, prining, program related insurance (e.g., vehicle), trainings and cetifications.

3 Revenue Sources

Please list all sources of revenue the agency recieves by category. This Form has two > sections, one for Agency Funding and one for Project Funding. Please fill out both sides of the table. Amounts do not need to be exact; however, we ask for best estimates.

4 Budget Narrative

There are headers that align with the Budget Form. These items should be explained (narrative) if they are unusual or have a specific project impact. Explanations regarding > utliity expenses are generally understood, but expenses relating to trianing or for a specilayty insurance could be expressed here.

5 Budget Reporting Form

This form will be used for those grantees who are awarded contracts. This form would be > submitted with the quarterly Impact Report and should demonstrate that funds were allocated according to the submitted proposal budget.

FRHD CHC GRANT BUDGET FORM

Agency Name: **Michelle's Place Cancer Resource Center** PROGRAM NAME: **Cancer Support Services**

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

1) A	INDIRECT EXPENSES:	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
A1	Administrative Support	8,100.00	7,128.00		972.00
A2	General Insurance (not program specific)				
A3	Accounting & audit expenses				
A4	Consultant/Contractor Fees				
A5	Physical Assets (Rent, Facility Costs)				
A6	Utilities				
A7	IT & Internet				
A8	Marketing & Communications	4,500.00	2,275.00		2,225.00
A9	Office Supplies	2,200.00	1,000.00		1,200.00
A10	Training & Education				
A11	Other: specify				
TOTAL INDIRECT EXPENSE		14,800.00	10,403.00	-	4,397.00

B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
B1	5 Patient Navigators	173,838.00	75,508.00	69,386.00	28,944.00
B2	Program Manager	58,000.00	47,757.00	2,703.00	7,540.00
B3	Salary (list position)				
B4	Salary (list position)				
B5	Payroll Expenses (WC, taxes)	13,910.00	13,910.00		
B6	Benefits				
B7	Other: specify				
TOTAL PERSONNEL EXPENSE		245,748.00	137,175.00	72,089.00	36,484.00

C	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
C1	Equipment				
C2	Program/Project Supplies	6,000.00	325.00	1,925.00	3,250.00
C3	Printing/Duplicating	4,400.00	3,075.00	750.00	575.00
C4	Travel/Mileage (CHW & Medical Transport)	9,500.00	500.00	8,500.00	500.00
C5	Program Specific Insurance				
C6	Temporary Financial Assistance	78,500.00	31,500.00	45,000.00	2,000.00
C7	Postage	1,700.00	1,500.00		200.00
C8					
C9					
C10					
C11					
C12					
C13					
C14					
C15					
TOTAL OTHER EXPENSES		100,100.00	36,900.00	56,175.00	6,525.00

D	TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD
		\$ 360,648.00	13%

2) FUNDING SOURCES

E	FUNDS FOR PROGRAM		
E1	APPLYING ORGANIZATION	X	184,478.00
E2	OTHER FUNDERS	Y	128,264.00
E3	REQUESTED FROM FRHD	Z	47,406.00
TOTAL FUNDING SOURCES			\$ 360,148.00

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

3) % OF AGENCY BUDGET

F	CALCULATE % of Total Agency budget that this Program represents.	\$ 1,029,836.00	\$ 360,648.00	35%
		AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

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

Agency Name: **Michelle's Place Cancer Resource Center**

Program Name: **Cancer Support Services**

Total Organization Budget (Current Fiscal Year) **\$ 1,029,836.00**

Total Project Budget (Current Fiscal Year) **\$ 360,648.00**

Organization Sources of Revenue
(Total Organization Budget)

Sources of Funding
(This Project Request)

Source of funds	\$ Amount	Percent of Total	One-time funding? (Yes/No)	\$ Amount	Percent of Total	One-time funding? (Yes/No)
Federal						
State						
City/County*	26700	2.5	yes	26700	7.4	no
Other Govt.						
Proposed FRHD	47406	4.6	yes	47406	31	yes
Fees for Service						
Grants (non-gov't)	275,200	26.7	yes	98232	9.5	yes
General Donations	300000	29.1	no	150000	41.6	yes
Other Internal						
Organizational Fundraising	375636	36.5	yes	37662	10.4	yes
Other (list):						
Scholarships	4894	0.4	no			
Total	\$1,029,836.00	9980%		\$360,000.00	9990%	

* City/County

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

City of Temecula - \$5,000, City of Murrieta/Riverside CDBG - \$10,000, City Council Members - \$500. Riverside County Transportation Commission - \$31,496, 3rd District Supervisor, CID funds \$5,000.

FRHD CHC GRANT BUDGET REPORTING FORM

Agency Name: **Michelle's Place Cancer Resource Center** PROGRAM NAME: **Cancer Support Services**

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

1)	A	INDIRECT EXPENSES:	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
	A1	Administrative Support	\$ 8,100.00	\$ 972.00				
	A2	General Insurance (not program specific)	\$ -	\$ -				
	A3	Accounting & audit expenses	\$ -	\$ -				
	A4	Consultant/Contractor Fees	\$ -	\$ -				
	A5	Physical Assets (Rent, Facility Costs)	\$ -	\$ -				
	A6	Utilities	\$ -	\$ -				
	A7	IT & Internet	\$ -	\$ -				
	A8	Marketing & Communications	\$ 4,500.00	\$ 2,225.00				
	A9	Office Supplies	\$ 2,200.00	\$ 1,200.00				
	A10	Training & Education	\$ -	\$ -				
	A11	Other: specify	\$ -	\$ -				
TOTAL INDIRECT EXPENSE			\$14,800.00	\$4,397.00	\$0.00	\$0.00	\$0.00	\$0.00
	B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
	B1	5 Patient Navigators	\$ 173,838.00	\$ 28,944.00				
	B2	Program Manager	\$ 58,000.00	\$ 7,540.00				
	B3	Salary (list position)	\$ -	\$ -				
	B4	Salary (list position)	\$ -	\$ -				
	B5	Payroll Expenses (WC, taxes)	\$ 13,910.00	\$ -				
	B6	Benefits	\$ -	\$ -				
	B7	Other: specify	\$ -	\$ -				
TOTAL PERSONNEL EXPENSE			\$245,748.00	\$36,484.00	\$0.00	\$0.00	\$0.00	\$0.00
	C	DIRECT PROGRAM EXPENSES	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
	C1	Equipment	\$ -	\$ -				
	C2	Program/Project Supplies	\$ 6,000.00	\$ 3,250.00				
	C3	Printing/Duplicating	\$ 4,400.00	\$ 575.00				
	C4	Travel/Mileage (CHW & Medical Transport)	\$ 9,500.00	\$ 500.00				
	C5	Program Specific Insurance	\$ -	\$ -				
	C6	Temporary Financial Assistance	\$ 78,500.00	\$ 2,000.00				
	C7	Postage	\$ 1,700.00	\$ 200.00				
	C8	0	\$ -	\$ -				
	C9	0	\$ -	\$ -				
	C10	0	\$ -	\$ -				
	C11	0	\$ -	\$ -				
	C12	0	\$ -	\$ -				
	C13	0	\$ -	\$ -				
	C14	0	\$ -	\$ -				
	C15	0	\$ -	\$ -				
TOTAL OTHER EXPENSES			\$100,100.00	\$6,525.00	\$0.00	\$0.00	\$0.00	\$0.00
			W	Z				
D	TOTALS		PROGRAM COST	FRHD Funds Expended				
			\$360,648.00	\$0.00				

City of Temecula	5,000	Jan-22
Murrieta CDBG	10,000	Nov-21
Stater Bros Charities	30,000	Jun-21
Live Strong	10,000 denied	
Riverside County Transportation Commission	8,000	3 year grant (total was \$30k. Ends
Inland Empire Health Plan	70,000	Feb-22
Kaiser Permanente	24,500	21-Nov

7/2024)



Michelle's Place Cancer Resource Center

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



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P: (951)-699-5455
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info@michellesplace.org

2022 Board of Directors

Bostre-Le, Annie

Director
Civil Engineer – City of Temecula

Boylston, Charles

President
Attorney – Law Offices of Charles P. Boylston

Bremner, Amy

Director
Breast Surgeon – MemorialCare Saddleback Medical Center

Doherty, Leslie

Director
C.P.A – Leslie A. Doherty & Company

Fininis, Renee

Secretary
Chief Nurse Executive - Kaiser

Geller, Jan

Vice President
Retired

Gerrish, Kim

Executive Director - Michelle's Place

Laszko, Stefani

Director
Business owner – Mythos Technology

Light, Cyndi

Director, Survivor
Senior Vice President - Coldwell Banker SC

Watson, Marilyn

Founding Member
Retired Teacher

Watson, William

Founding Member
Retired Engineer

Watson, Wayne

Founding Member
Vice President – Cloud Operations for Saviynt, Inc.

Mission Statement:

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

Michelle's Place is a 501 C3 – Tax ID #33-0951216

2020 Exempt Org. Return
prepared for:

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

COPY

**LESLIE A DOHERTY CPA APC
41880 KALMIA ST STE 115
MURRIETA, CA 92562**

**LESLIE A DOHERTY CPA APC
41880 KALMIA ST STE 115
MURRIETA, CA 92562
(951) 698-2260**

November 9, 2021

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

Dear Board of Directors:

Your 2020 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2020 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$75 payable by May 17, 2021. Make the check or money order payable to "Department of Justice" and mail your California report on or before May 17, 2021 to:

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

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

Sincerely,

LESLIE A. DOHERTY, CPA

MICHELLE'S PLACE
CANCER RESOURCE CENTER

33-0951216

	2020	2019	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	576,224	439,013	137,211
INVESTMENT INCOME.....	2,655	4,206	-1,551
OTHER REVENUE.....	383,255	965,658	-582,403
TOTAL REVENUE.....	962,134	1,408,877	-446,743
EXPENSES			
SALARIES, OTHER COMPEN., EMP. BENEFITS...	473,043	439,689	33,354
OTHER EXPENSES.....	258,957	281,935	-22,978
TOTAL EXPENSES.....	732,000	721,624	10,376
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	230,134	687,253	-457,119
TOTAL ASSETS AT END OF YEAR.....	3,715,314	3,396,110	319,204
TOTAL LIABILITIES AT END OF YEAR.....	2,352,533	2,261,463	91,070
NET ASSETS/FUND BALANCES AT END OF YEAR.	1,362,781	1,134,647	228,134

COPY

MICHELLE'S PLACE
CANCER RESOURCE CENTER

33-0951216

	2020	2019	DIFF
RECEIPTS AND REVENUES			
GROSS SALES OR RECEIPTS.....	512,029	1,098,760	-586,731
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	576,224	439,013	137,211
TOTAL GROSS RECEIPTS.....	1,088,253	1,537,773	-449,520
TOTAL COSTS.....	0	0	0
TOTAL GROSS INCOME.....	1,088,253	1,537,773	-449,520
EXPENSES			
TOTAL EXPENSES.....	858,119	850,520	7,599
EXCESS RECEIPTS OVER EXPENSES.....	230,134	687,253	-457,119
FILING FEE			
FILING FEE.....	0	0	0
BALANCE DUE.....	0	0	0

COPY

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

2020

Department of the Treasury
Internal Revenue Service

► Do not send to the IRS. Keep for your records.
► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax
**MICHELLE'S PLACE
CANCER RESOURCE CENTER**
Name and title of officer or person subject to tax

Taxpayer identification number
33-0951216

KIMBERLY GERRISH EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1 a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	<u>962,134.</u>
2 a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b	_____
3 a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b	_____
4 a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	_____
5 a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5 b	_____
6 a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6 b	_____
7 a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7 b	_____

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

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize LESLIE A DOHERTY CPA APC to enter my PIN 39362 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency (ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 30532112345
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

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

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

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **2020**, and ending **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C MICHELLE'S PLACE CANCER RESOURCE CENTER 41669 WINCHESTER RD. STE 101 TEMECULA, CA 92590	D Employer identification number 33-0951216	E Telephone number 951-699-5455
F Name and address of principal officer: MARILYN R. WATSON SAME AS C ABOVE		G Gross receipts \$ 1,088,253.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
J Website: WWW.MICHELLESPLACE.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2001	M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>EMPOWERING INDIVIDUALS AND FAMILIES IMPACTED BY CANCER THROUGH EDUCATION AND SUPPORT SERVICES.</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		9
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5		11
	6 Total number of volunteers (estimate if necessary)	6		165
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	8	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		439,013.	576,224.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,206.	2,655.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		965,658.	383,255.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,408,877.	962,134.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		439,689.	473,043.
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 73,127.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		281,935.	258,957.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		721,624.	732,000.	
19 Revenue less expenses. Subtract line 18 from line 12		687,253.	230,134.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		3,396,110.	3,715,314.
	22 Net assets or fund balances. Subtract line 21 from line 20		2,261,463.	2,352,533.
			1,134,647.	1,362,781.

Part II Signature Block

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

Sign Here	Signature of officer _____ KIMBERLY GERRISH Type or print name and title	Date _____ EXECUTIVE DIRECTOR
	Print/Type preparer's name LESLIE A. DOHERTY, CPA	
Paid Preparer Use Only	Preparer's signature LESLIE A. DOHERTY, CPA	Date _____
	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN P00449291	Firm's name LESLIE A DOHERTY CPA APC
	Firm's EIN ▶ 20-2082661	Firm's address 41880 KALMIA ST STE 115 MURRIETA, CA 92562
	Phone no. (951) 698-2260	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

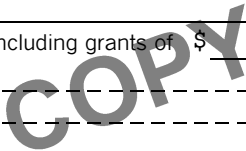
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 556,630. including grants of \$) (Revenue \$)

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

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



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

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

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

4e Total program service expenses ▶ 556,630.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
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		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.			

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

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (9), 2 (SEE SCHEDULE O), 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records KIM GERRISH 41669 WINCHESTER RD. STE 101 TEMECULA CA 92590 951-304-1279

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

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

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIMBERLY GERRISH EXECUTIVE DIR.	50 0			X				91,837.	0.	0.
(2) MARILYN R. WATSON FOUNDER	8 0	X						0.	0.	0.
(3) WILLIAM WATSON FOUNDER	8 0	X						0.	0.	0.
(4) STEFANI LASZKO PAST-PRESIDENT	5 0	X		X				0.	0.	0.
(5) LESLIE A. DOHERTY, CPA TREASURER	5 0	X		X				0.	0.	0.
(6) DR. AMY BREMNER DIRECTOR	4 0	X						0.	0.	0.
(7) BRENDA RUOCCO DIRECTOR	1 0	X						0.	0.	0.
(8) JAN GELLER SECRETARY	5 0	X		X				0.	0.	0.
(9) CHAD BOYLESTON VICE PRESIDENT	3 0	X		X				0.	0.	0.
(10) WAYNE WATSON DIRECTOR	6 0	X						0.	0.	0.
(11) RENEE FININIS PRESIDENT	5 0	X		X				0.	0.	0.
(12) ANNIE LE DIRECTOR	3 0	X						0.	0.	0.
(13) CYNDI LIGHT DIRECTOR	3 0	X						0.	0.	0.
(14)										

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

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

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1 b Subtotal	91,837.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	91,837.	0.	0.

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

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

Section B. Independent Contractors

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

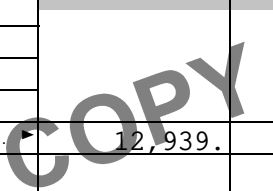
(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 11,413.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 564,811.				
	g Noncash contributions included in lines 1a-1f	1 g				
	h Total. Add lines 1a-1f		576,224.			
Program Service Revenue	2 a Business Code					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,655.	2,655.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	6 a 85,573.			
		(ii) Personal	b Less: rental expenses	6 b 72,634.		
		c Rental income or (loss)	6 c 12,939.			
	d Net rental income or (loss)		12,939.	12,939.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	7 a			
		(ii) Other	b Less: cost or other basis and sales expenses	7 b		
		c Gain or (loss)	7 c			
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8 a 354,471.			
		b Less: direct expenses	8 b 53,485.			
c Net income or (loss) from fundraising events			300,986.			
9 a Gross income from gaming activities. See Part IV, line 19		9 a				
	b Less: direct expenses	9 b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances		10 a				
	b Less: cost of goods sold	10 b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a Business Code					
	b SBA PPP LOAN		59,330.	59,330.		
	c SBA EIDL ADVANCE		10,000.	10,000.		
	d All other revenue					
	e Total. Add lines 11a-11d		69,330.			
12 Total revenue. See instructions		962,134.	84,924.	0.	0.	



Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	91,837.	78,980.	8,265.	4,592.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	330,612.	228,664.	51,838.	50,110.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	17,446.	12,736.	3,489.	1,221.
10 Payroll taxes	33,148.	24,198.	6,630.	2,320.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	9,400.		9,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,319.		1,319.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	591.			591.
13 Office expenses	10,631.	9,568.	531.	532.
14 Information technology	5,396.	5,006.	390.	
15 Royalties				
16 Occupancy	14,097.	12,687.	705.	705.
17 Travel	2,483.	2,483.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	45,671.	32,883.	9,134.	3,654.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,427.	28,052.	7,685.	2,690.
23 Insurance	15,814.	14,233.	791.	790.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PATIENT CARE/SERVICES</u>	57,180.	57,180.		
b <u>PRINTING AND PUBLICATIONS</u>	12,543.	10,662.	627.	1,254.
c <u>PATIENT/COMMUNITY EDUCATION</u>	9,350.	9,350.		
d <u>PROPERTY TAXES</u>	7,643.	6,879.	382.	382.
e All other expenses	28,412.	23,069.	1,057.	4,286.
25 Total functional expenses. Add lines 1 through 24e	732,000.	556,630.	102,243.	73,127.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1 Cash – non-interest-bearing	44,045.	1	220,973.		
	2 Savings and temporary cash investments		2			
	3 Pledges and grants receivable, net		3			
	4 Accounts receivable, net		4			
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges		9			
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,266,972.				
	b Less: accumulated depreciation	10b 126,842.	3,164,938.	10c	3,140,130.	
	11 Investments – publicly traded securities	131,859.	11	154,503.		
	12 Investments – other securities. See Part IV, line 11		12			
	13 Investments – program-related. See Part IV, line 11		13			
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11	55,268.	15	199,708.		
16 Total assets. Add lines 1 through 15 (must equal line 33).	3,396,110.	16	3,715,314.			
Liabilities	17 Accounts payable and accrued expenses		17			
	18 Grants payable		18			
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	65,000.	22	41,623.		
	23 Secured mortgages and notes payable to unrelated third parties	2,181,683.	23	2,143,390.		
	24 Unsecured notes and loans payable to unrelated third parties		24	149,900.		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	14,780.	25	17,620.		
	26 Total liabilities. Add lines 17 through 25.	2,261,463.	26	2,352,533.		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions	1,002,788.	27	1,208,278.		
	28 Net assets with donor restrictions	131,859.	28	154,503.		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29 Capital stock or trust principal, or current funds		29			
	30 Paid-in or capital surplus, or land, building, or equipment fund		30			
	31 Retained earnings, endowment, accumulated income, or other funds		31			
	32 Total net assets or fund balances	1,134,647.	32	1,362,781.		
33 Total liabilities and net assets/fund balances	3,396,110.	33	3,715,314.			

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	962,134.
2	Total expenses (must equal Part IX, column (A), line 25)	2	732,000.
3	Revenue less expenses. Subtract line 2 from line 1	3	230,134.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,134,647.
5	Net unrealized gains (losses) on investments	5	8,053.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-10,053.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,362,781.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization MICHELLE'S PLACE CANCER RESOURCE CENTER	Employer identification number 33-0951216
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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'.)	408,283.	620,968.	772,218.	1,404,671.	930,696.	4,136,836.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	408,283.	620,968.	772,218.	1,404,671.	930,696.	4,136,836.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4.						4,136,836.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	408,283.	620,968.	772,218.	1,404,671.	930,696.	4,136,836.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	4,039.	3,245.	5,661.	4,206.	2,655.	19,806.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						4,156,642.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).	14	99.52 %
15 Public support percentage from 2019 Schedule A, Part II, line 14.	15	99.48 %

16a **33-1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b **33-1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶

b **10%-facts-and-circumstances test—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 facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

b 33-1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described in line 11a above?	11b	
c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 supporting organization.	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? 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 that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a** The organization satisfied the Activities Test. Complete **line 2** below.
 - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described 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.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990 or 990-EZ) 2020

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable 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			
e 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c 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:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

COPY

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Table with 2 columns: Name of the organization (MICHELLE'S PLACE CANCER RESOURCE CENTER) and Employer identification number (33-0951216)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) (enter number) organization, [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [] 527 political organization
Form 990-PF: [] 501(c)(3) exempt private foundation, [] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization MICHELLE'S PLACE	Employer identification number 33-0951216
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RITA & ALFRED DANN FOUNDATION 30306 CARMENET CIRCLE MURRIETA, CA 92563	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	INLAND EMPIRE HEALTH PLAN 10801 SIXTH STREET, STE 120 RANCHO CUCAMONGA, CA 91730	\$ 49,535.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	STATER BROS CHARITIES 301 S. TIPPECANOE AVE. SAN BERNARDINO, CA 92408	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FALLBROOK HEALTHCARE DISTRICT 138 N. BRANDON ROAD FALLBROOK, CA 92028	\$ 51,724.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE COMMUNITY FOUNDATION 3700 6TH STREET, STE 200 RIVERSIDE, CA 92501	\$ 34,149.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BEAR CREEK WOMEN'S GOLF ASSOCIATION C/O 41669 WINCHESTER RD. TEMECULA, CA 92590	\$ 17,743.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MICHELLE'S PLACE	Employer identification number 33-0951216
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ALAN HAUCK C/O 41669 WINCHESTER RD. TEMECULA, CA 92590	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	PAUL GREEN C/O 41669 WINCHESTER RD. TEMECULA, CA 92590	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ALBERTSONS C/O 41669 WINCHESTER RD. TEMECULA, CA 92590	\$ 34,436.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	GEORGE OSOLSOBE C/O 41669 WINCHESTER RD. TEMECULA, CA 92590	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	FRED & SHIRLEY GRIMES C/O 41669 WINCHESTER RD. TEMECULA, CA 92590	\$ 14,852.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	GOVERNOR'S CUP FOUNDATION C/O 41669 WINCHESTER RD. TEMECULA, CA 92590	\$ 25,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MICHELLE'S PLACE	Employer identification number 33-0951216
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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

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Name of organization MICHELLE'S PLACE	Employer identification number 33-0951216
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

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

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

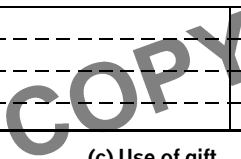
(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

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

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

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



**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

MICHELLE'S PLACE
CANCER RESOURCE CENTER

33-0951216

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		1,809,704.		1,809,704.
b Buildings		1,342,655.	53,102.	1,289,553.
c Leasehold improvements		86,819.	48,948.	37,871.
d Equipment		11,717.	10,587.	1,130.
e Other		16,077.	14,205.	1,872.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,140,130.

BAA

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	199,455.
(2) PREPAID EXPENSES	253.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	199,708.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL TAXES PAYABLE	625.
(3) PREPAID RENT	7,000.
(4) ROUNDING	1.
(5) TENANT SECURITY DEPOSITS	9,994.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	17,620.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

PART V, LINE 4:

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

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Employer identification number
33-0951216

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

COPY

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		EXPANSION CAMP (event type)	GO PINK (event type)	6 (total number)	(add column (a) through column (c))		
Revenue	1	Gross receipts	102,514.	75,688.	176,254.	354,456.	
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	102,514.	75,688.	176,254.	354,456.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	1,913.	231.	51,341.	53,485.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					53,485.
	11	Net income summary. Subtract line 10 from line 3, column (d)					300,971.

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

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

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

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

b If 'No,' explain: _____

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

b If 'Yes,' explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ -----

Address ▶ -----

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

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

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

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

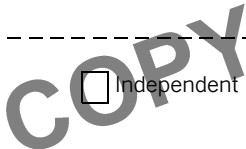
Gaming manager compensation ▶ \$ _____

Description of services provided ▶ -----

Director/officer

Employee

Independent contractor



17 Mandatory distributions:

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

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE O
(Form 990 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

2020

**Open to Public
Inspection**

MICHELLE'S PLACE
CANCER RESOURCE CENTER

Employer identification number

33-0951216

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

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

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

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

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

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

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

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

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

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

COPY

California Exempt Organization Annual Information Return

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)
Corporation/Organization name MICHELLE'S PLACE CANCER RESOURCE CENTER
California corporation number 2267780
FEIN 33-0951216
Street address (suite or room) 41669 WINCHESTER RD. STE 101
City TEMECULA State CA Zip code 92590

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

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

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

Table with 2 columns: Description and Amount. Rows include Receipts and Revenues (Total gross receipts: 1,088,253) and Expenses (Total expenses: 858,119).

Table with 2 columns: Description and Amount. Rows include Filing Fee (Total payments, use tax, penalties) and Balance due (0).

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Paid Preparer's Use Only: Preparer's signature LESLIE A. DOHERTY, CPA; Firm's name LESLIE A DOHERTY CPA APC; Address 41880 KALMIA ST STE 115 MURRIETA, CA 92562.

May the FTB discuss this return with the preparer shown above? See instructions. [X] Yes [] No

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	1	
	2	Interest	2	2,655.
	3	Dividends	3	
	4	Gross rents	4	85,573.
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See Instructions)	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	7	423,801.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1.	8	512,029.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2	11	91,837.
	12	Other salaries and wages	12	330,612.
	13	Interest	13	45,671.
	14	Taxes	14	33,148.
	15	Rents	15	14,097.
	16	Depreciation and depletion (See instructions)	16	38,427.
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 3	17	304,327.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9.	18	858,119.

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		44,045.		220,973.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock STMT 4		131,859.		154,503.
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	1,443,649.		1,457,268.	
b Less accumulated depreciation	88,415.	1,355,234.	126,842.	1,330,426.
11 Land		1,809,704.		1,809,704.
12 Other assets. Attach schedule. STM 5		55,268.		199,708.
13 Total assets		3,396,110.		3,715,314.
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable. ST 6		65,000.		2,334,913.
17 Mortgages payable		2,181,683.		
18 Other liabilities. Attach schedule. STM 7		14,780.		17,620.
19 Capital stock or principal fund		1,134,647.		1,362,781.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 Total liabilities and net worth		3,396,110.		3,715,314.

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000				
1	Net income per books	230,134.	7	Income recorded on books this year not included in this return. Attach schedule
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6
5	Expenses recorded on books this year not deducted in this return. Attach schedule			
6	Total. Add line 1 through line 5	230,134.		230,134.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

CALIFORNIA COPY Schedule of Contributors

OMB No. 1545-0047

2020

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

Table with 2 columns: Name of the organization (MICHELLE'S PLACE CANCER RESOURCE CENTER) and Employer identification number (33-0951216)

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [X] 501(c)(3) (enter number) organization [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [] 527 political organization Form 990-PF [] 501(c)(3) exempt private foundation [] 4947(a)(1) nonexempt charitable trust treated as a private foundation [] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test... [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor... [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RITA & ALFRED DANN FOUNDATION 30306 CARMENET CIRCLE MURRIETA, CA 92563	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	INLAND EMPIRE HEALTH PLAN 10801 SIXTH STREET, STE 120 RANCHO CUCAMONGA, CA 91730	\$ 49,535.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	RIVERSIDE COUNTY TREASURER 4080 LEMON STREET RIVERSIDE, CA 92501	\$ 9,413.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	STATER BROS CHARITIES 301 S. TIPPECANOE AVE. SAN BERNARDINO, CA 92408	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FALLBROOK HEALTHCARE DISTRICT 138 N. BRANDON ROAD FALLBROOK, CA 92028	\$ 51,724.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE COMMUNITY FOUNDATION 3700 6TH STREET, STE 200 RIVERSIDE, CA 92501	\$ 34,149.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BEAR CREEK WOMEN'S GOLF ASSOCIATION C/O 41669 WINCHESTER RD. TEMECULA, CA 92590	\$ 17,743.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	GOSCH TOYOTA C/O 41669 WINCHESTER RD. TEMECULA, CA 92590	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ALAN HAUCK C/O 41669 WINCHESTER RD. TEMECULA, CA 92590	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	PAUL GREEN C/O 41669 WINCHESTER RD. TEMECULA, CA 92590	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	ALBERTSONS C/O 41669 WINCHESTER RD. TEMECULA, CA 92590	\$ 34,436.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	GEORGE OSOLSOBE C/O 41669 WINCHESTER RD. TEMECULA, CA 92590	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MICHELLE'S PLACE	Employer identification number 33-0951216
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ABBOTT LABORATORIES C/O 41669 WINCHESTER RD. TEMECULA, CA 92590	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	FRED & SHIRLEY GRIMES C/O 41669 WINCHESTER RD. TEMECULA, CA 92590	\$ 14,852.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	CRC CARES FOUNDATION C/O 41669 WINCHESTER RD. TEMECULA, CA 92590	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	GOVERNOR'S CUP FOUNDATION C/O 41669 WINCHESTER RD. TEMECULA, CA 92590	\$ 25,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	JOHN VATAHA C/O 41669 WINCHESTER RD. TEMECULA, CA 92590	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	LAKE ELSINORE FORD C/O 41669 WINCHESTER RD. TEMECULA, CA 92590	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SANDRA PRAZEN ----- C/O 41669 WINCHESTER RD. ----- TEMECULA, CA 92590 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	BARRONS MARKET ----- C/O 41669 WINCHESTER RD. ----- TEMECULA, CA 92590 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	THE MEDLINE FOUNDATION ----- C/O 41669 WINCHESTER RD. ----- TEMECULA, CA 92590 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	UNITED WAY OF THE INLAND VALLEYS ----- C/O 41669 WINCHESTER RD. ----- TEMECULA, CA 92590 -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

COPY

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

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

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

COPY

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

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

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

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

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

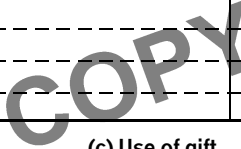
(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

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

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

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



2020 Corporation Depreciation and Amortization

3885

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

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

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....	13	

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

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
MURRIETA OFFICE	5/03/2006	1,636.	788.	S/L	5		
ORGANIZERS PLUS	1/12/2007	1,250.	852.	S/L	5		
DESK/BOOK SHELV	4/21/2008	3,880.	3,421.	S/L	5		
FURNITURE OPENI	1/01/2006	5,211.	5,044.	S/L	5		
RECEPTION DESK	5/04/2011	4,100.	4,100.	200DB	7		
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	38,427.

Part III Summary

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

Part IV Amortization

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

2020 Corporation Depreciation and Amortization

3885

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Corporation name MICHELLE'S PLACE CANCER RESOURCE CENTER	California corporation number 2267780
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4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4																
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost												
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Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

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

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
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Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
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2020 Corporation Depreciation and Amortization

3885

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Corporation name MICHELLE'S PLACE CANCER RESOURCE CENTER	California corporation number 2267780
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1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
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7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
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Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
NEW BUILDING EX	1/31/2006	3,630.	2,480.	S/L	20	182.	
SHELBY CONSTRUC	3/16/2006	31,000.	21,134.	S/L	20	1,550.	
SHELBY CONSTRUC	5/11/2006	31,160.	21,243.	S/L	20	1,558.	
BUILDING	6/26/2019	1,342,655.	18,676.	S/L	39	34,426.	
LAND	6/26/2019	1,809,704.			0		
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....					15		

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
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Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
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2020 Corporation Depreciation and Amortization

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6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
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TENANT IMPROVEM	9/30/2019	3,473.	65.	S/L	20	174.	
TENANT IMPROVEM	10/31/2019	3,937.	25.	S/L	20	197.	
TENANT IMPROVEM	7/01/2020	13,619.		S/L	20	340.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
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Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
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MICHELLE'S PLACE
CANCER RESOURCE CENTER

33-0951216

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

INCOME FROM SPECIAL EVENTS.....	\$	354,471.
SBA EIDL ADVANCE.....		10,000.
SBA PPP LOAN.....		59,330.
TOTAL	\$	<u>423,801.</u>

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

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARILYN R. WATSON 41669 WINCHESTER RD. STE 101 ,	FOUNDER 8.00	\$ 0.	\$ 0.	\$ 0.
WILLIAM WATSON 41669 WINCHESTER RD. STE 101 ,	FOUNDER 8.00	0.	0.	0.
STEFANI LASZKO 41669 WINCHESTER RD. STE 101 ,	PAST-PRESIDENT 5.00	0.	0.	0.
LESLIE A. DOHERTY, CPA 41880 KALMIA ST. STE 115 MURRIETA, CA 92562	TREASURER 5.00	0.	0.	0.
DR. AMY BREMNER 41669 WINCHESTER RD. STE 101 ,	DIRECTOR 4.00	0.	0.	0.
BRENDA RUOCCO 41669 WINCHESTER RD. STE 101 ,	DIRECTOR 1.00	0.	0.	0.
JAN GELLER 41669 WINCHESTER RD. STE 101 ,	SECRETARY 5.00	0.	0.	0.
CHAD BOYLESTON 41669 WINCHESTER RD. STE 101 ,	VICE PRESIDENT 3.00	0.	0.	0.
WAYNE WATSON 41669 WINCHESTER RD. STE 101 ,	DIRECTOR 6.00	0.	0.	0.

MICHELLE'S PLACE
CANCER RESOURCE CENTER

33-0951216

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

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KIMBERLY GERRISH 41669 WINCHESTER RD. STE 101 ,	EXECUTIVE DIR. 50.00	\$ 91,837.	\$ 0.	\$ 0.
RENEE FININIS 41669 WINCHESTER RD. STE 101 ,	PRESIDENT 5.00	0.	0.	0.
ANNIE LE 41669 WINCHESTER RD. STE 101 ,	DIRECTOR 3.00	0.	0.	0.
CYNDI LIGHT 41669 WINCHESTER RD. STE 101 ,	DIRECTOR 3.00	0.	0.	0.
		TOTAL \$ 91,837.	\$ 0.	\$ 0.

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

ACCOUNTING FEES.....	\$ 9,400.
ADVERTISING AND PROMOTION.....	591.
ART EXPRESSION.....	130.
AWARDS & SCHOLARSHIPS.....	6,000.
BANK CHARGES.....	1,057.
DUES & SUBSCRIPTIONS.....	6,347.
EDUCATIONAL SEMINARS.....	598.
INFORMATION TECHNOLOGY.....	5,396.
INSURANCE.....	15,814.
INVESTMENT MANAGEMENT FEES.....	1,319.
MERCHANT FEES.....	4,286.
OFFICE EXPENSES.....	10,631.
OTHER EMPLOYEE BENEFIT.....	17,446.
OTHER EXPENSES.....	1,800.
PATIENT CARE/SERVICES.....	57,180.
PATIENT/COMMUNITY EDUCATION.....	9,350.
POSTAGE AND SHIPPING.....	2,204.
PRINTING AND PUBLICATIONS.....	12,543.
PROPERTY TAXES.....	7,643.
RENTAL EXPENSES.....	72,634.
SPECIAL EVENT EXPENSES.....	53,485.
TRANSPORTATION.....	3,718.
TRAVEL.....	2,483.
VOLUNTEER EXPENSE.....	2,272.
	TOTAL \$ 304,327.

MICHELLE'S PLACE
CANCER RESOURCE CENTER

33-0951216

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

CHARLES SCHWAB INVESTMENT ACCOUNTS	\$	154,503.
TOTAL	\$	<u>154,503.</u>

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

CONSTRUCTION IN PROGRESS	199,455.
PREPAID EXPENSES	253.
TOTAL	\$ <u>199,708.</u>

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

LOANS FROM OFFICERS, DIRECTORS AND TRUSTEES BALANCE DUE

LENDER'S NAME:	JAN GELLER	
LENDER'S TITLE:	SECRETARY	
DATE OF NOTE:	6/25/2019	
PURPOSE OF LOAN:	WORKING CAPITAL	
ORIGINAL AMOUNT:	75,000.	
BALANCE DUE:		41,623.

TOTAL LOANS FROM OFFICERS, DIRECTORS, TRUSTEES \$ 41,623.

OTHER NOTES PAYABLE BALANCE DUE

LENDER'S NAME:	BANNER BANK	
DATE OF NOTE:	6/26/2019	
MATURITY DATE:	6/26/2049	
ORIGINAL AMOUNT:	2,200,000.	
BALANCE DUE:		2,143,390.

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

TOTAL OTHER NOTES PAYABLE \$ 2,293,290.

TOTAL NOTES AND BONDS PAYABLE \$ 2,334,913.

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

PAYROLL TAXES PAYABLE.....	625.
PREPAID RENT.....	7,000.
ROUNDING.....	1.
TENANT SECURITY DEPOSITS.....	9,994.
TOTAL \$	<u>17,620.</u>

COPY



MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
(916) 210-6400

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

(For Registry Use Only)

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

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

<p>MICHELLE'S PLACE CANCER RESOURCE CENTER Name of Organization</p> <p>List all DBAs and names the organization uses or has used 41669 WINCHESTER RD. STE 101 Address (Number and Street)</p> <p>TEMECULA, CA 92590 City or Town, State and ZIP Code</p> <p>951-699-5455 KIM@MICHELLESPLACE.ORG Telephone Number E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>133891</u></p> <p>Corporation or Organization No. <u>2267780</u></p> <p>Federal Employer ID No. <u>33-0951216</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A – ACTIVITIES

For your most recent full accounting period (beginning 1/01/20 ending 12/31/20) list:

Gross Annual Revenue \$ 962,134. Noncash Contributions \$ 0. Total Assets \$ 3,715,314.

Program Expenses \$ 0. Total Expenses \$ 858,119.

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

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

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

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

<p>KIMBERLY GERRISH Signature of Authorized Agent</p>	<p>EXECUTIVE DIRECTOR Title</p>	
Printed Name	Date	

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

ON 6/25/19, AN EXECUTIVE BOARD MEMBER, JAN GELLER (SECRETARY), EXTENDED A LOAN TO THE ORGANIZATION IN THE AMOUNT OF \$75,000 FOR WORKING CAPITAL PURPOSES. THE LOAN BEARS NO INTEREST AND HAS NO SET REPAYMENT SCHEDULE. THE PRINCIPLE BALANCE AT 12/31/20 IS \$41,623.

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

RIVERSIDE COUNTY TREASURER
4080 LEMON STREET
RIVERSIDE, CA 92501

CITY OF TEMECULA
41000 MAIN STREET
TEMECULA, CA 92590

CITY OF MURRIETA
1 TOWN SQUARE
MURRIETA, CA 92562

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