

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

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

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: ORAL CANCER FOUNDATION HILL. Doing business as: ORAL CANCER FOUNDATION. Number and street (or P.O. box if mail is not delivered to street address): 3419 VIA LIDO 205. Room/suite: . City or town, state or province, country, and ZIP or foreign postal code: NEWPORT BEACH, CA 926633908

D Employer identification number: 33-0969026. E Telephone number: (949) 278-4372. G Gross receipts \$ 362,090

F Name and address of principal officer: BRIAN HILL, 3419 VIA LIDO 205, NEWPORT BEACH, CA 92663

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.ORALCANCER.ORG

K Form of organization: Corporation

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: THE ORAL CANCER FOUNDATION IS A NATIONAL PUBLIC SERVICE, NON-PROFIT ENTITY DESIGNED TO REDUCE SUFFERING AND SAVE LIVES THROUGH PREVENTION, EDUCATION, RESEARCH, ADVOCACY, AND SUPPORT ACTIVITIES.

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box, 3 Number of voting members (3), 4 Number of independent voting members (2), 5 Total number of individuals employed (3), 6 Total number of volunteers, 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income.

Table with 4 columns: Description, Prior Year, Current Year. Rows 8-19: 8 Contributions and grants (385,455 / 358,905), 9 Program service revenue (0), 10 Investment income (1,473 / 2,834), 11 Other revenue (0), 12 Total revenue (386,928 / 361,739), 13 Grants and similar amounts paid (42,500 / 25,000), 14 Benefits paid (0), 15 Salaries, other compensation (174,530 / 168,493), 16a Professional fundraising fees (0), 16b Total fundraising expenses (9,512), 17 Other expenses (251,585 / 115,450), 18 Total expenses (468,615 / 308,943), 19 Revenue less expenses (-81,687 / 52,796)

Table with 4 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (297,085 / 382,166), 21 Total liabilities (32,285), 22 Net assets or fund balances (297,085 / 349,881)

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: BRIAN HILL PRESIDENT. Date: 2021-09-08

Paid Preparer Use Only: Print/Type preparer's name: GRIFFITHS DIEHL & COMPANY INC. Preparer's signature, Date: 2021-09-08, Check if self-employed, PTIN: P00964007, Firm's EIN: 82-2980884, Firm's address: 2151 MICHELSON DR STE 160, IRVINE, CA 926121377, Phone no. (949) 250-1400

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:

THE ORAL CANCER FOUNDATION IS A NATIONAL PUBLIC SERVICE, NON-PROFIT ENTITY DESIGNED TO REDUCE SUFFERING AND SAVE LIVES THROUGH PREVENTION, EDUCATION, RESEARCH, ADVOCACY, AND SUPPORT ACTIVITIES.

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 \$ 198,258 including grants of \$ 25,000 ) (Revenue \$ )

OCF 2020 990 NARRATIVE 2020 WAS A YEAR LIKE NO OTHER, NOT JUST FOR OCF, BUT FOR EVERY NON PROFIT THAT WAS NOT RELATED TO THE COVID EPIDEMIC. NATIONAL FOCUS FOR CHARITABLE GIVING DECREASED ACROSS THE BOARD, MANY QUALITY SMALL NON PROFITS CLOSED THEIR DOORS FOR GOOD (LIKE OTHER SMALL BUSINESSES IN AMERICA) ACCORDING TO THE JOURNAL OF PHILANTHROPY, AND OCF'S BASE OF DONORS DRAWN LARGELY FROM THE MIDDLE CLASS SUFFERED JOB LOSSES AT HISTORIC RATES. ALL THIS IMPACTED US IN SIGNIFICANT WAYS. WHILE WE HAD SOME CASH RESERVES, WE HAD TO DIAL BACK MANY PROGRAMS, AND REDUCE STAFF. A YEAR BEFORE THE PANDEMIC, OCF HAD ALREADY ADOPTED A WORK FROM HOME MODEL, AND HAD REDUCED OVERHEAD COSTS BY ELIMINATING OFFICE SPACES. ALL OF OUR FUNDRAISING AND AWARENESS EVENTS FOR THE YEAR HAD TO BE CANCELLED IN ACCORDANCE WITH CDC GUIDELINES. THOSE HISTORICALLY BRING IN 65% OF OUR OPERATING BUDGET. WRITING THIS IN 2021, WE SEE THINGS AT THE END OF THE FIRST QUARTER ABOUT THE SAME WITH NO EVENTS, BUT WITH A VACCINE ROLLING OUT, WE ARE OPTIMISTIC ABOUT THE FUTURE. CANCER DID NOT GO AWAY DURING THE COVID CRISIS. 2 MILLION AMERICANS STILL GOT IT IN 2020 AND ABOUT 660,000 DIED FROM IT. IT DID NOT TAKE A BREAK. THE DEMANDS FOR OUR SERVICES STAYED THE SAME AS IN THE PREVIOUS YEAR, BUT WE WORKED LONGER HOURS WITH FEWER STAFF TO ADDRESS THE VOLUME OF PATIENT CENTRIC HELP REQUESTS THAT CAME IN. IN ESSENCE WE ARE STILL STANDING AND DOING GOOD IN THE WORLD EVEN WITH THE MANY NEGATIVES THAT 2020 PLACED ON US. THE FOUNDATIONS' PUBLIC OUTREACH AND DISSEMINATING ACTIONABLE INFORMATION MISSIONS STAYED STRONG. THIS WAS FACILITATED BY INCREASED VISIBILITY OF THE FOUNDATION THROUGH AN ORGANIC SPREAD OF OUR LARGE INTERNET PRESENCE. A MAJOR REBUILD OF OUR INTERNET PRESENCE WAS BEGUN IN THE LAST QUARTER OF 2014, BUT ANNUALLY WE HAVE ADDED OUR SATELLITE WEB SITES ON ORAL CANCER THAT ACCESS CURRENT AND ARCHIVED NEWS STORIES ABOUT OUR DISEASE, AND A SEPARATE EDUCATIONAL SITE FOR THE PUBLIC ON SELF-SCREENING TECHNIQUES FOR EARLY DISCOVERY AND SELF-REFERRAL OF SUSPECT TISSUES IN THEIR ORAL ENVIRONMENT TO NAME A COUPLE. THIS MOBILE FRIENDLY MOVE ACCELERATED PUBLIC ENGAGEMENT WITH THE DISEASE AND THE FOUNDATION. OCF CONTINUES TO HAVE FEW CORPORATE PHARMA SPONSORS, AND WE DID NOT HAVE THAT RESOURCE TO FALL BACK ON. THE FOUNDATION'S PUBLIC OUTREACH EFFORTS FOCUSED HEAVILY ON THE ROLE OF THE HPV VIRUS AS AN ORAL CANCER CAUSE, AND HOW COMMON INFECTION WITH IT IS IN THE US. OCF STAFF MEMBERS AND KEY OPINION/SCIENCE LEADERS SPOKE VIRTUALLY AT NUMEROUS EVENTS ON HPV AND VACCINATION. WE HAVE CONTINUED LAST YEAR'S EFFORT TO INCREASE SPEAKING ENGAGEMENTS IN THE DENTAL COMMUNITY, AS THEY ARE BECOMING AN IMPORTANT PART OF THE EARLY DISCOVERY PARADIGM AND EDUCATION OF THE PUBLIC ON HPV EVEN IF THE PLATFORM TO DO SO HAS CHANGED. IN 2020 THESE IDEAS BECAME VIRTUAL VS. IN PERSON LECTURES AND MEETINGS. OUR VOLUNTEER RDH ADVISORY BOARD HAS BEEN AN IMPORTANT PART OF ACCOMPLISHING THIS OUTREACH. THERE IS A GREAT DEAL OF MISINFORMATION ABOUT THE HPV VIRUS AND THE RELATIVE RISK THIS POSES TO AMERICANS. OCF HAS BEEN PARTNERED TO THE CDC AND THE 65 TOP CANCER TREATMENT CENTERS IN AMERICA TO PUT OUT A UNIFIED MESSAGE ABOUT HPV VACCINATION, AND HAVE DONE NUMEROUS WEB BLASTS RELATED TO CORRECT INFORMATION REGARDING MEANS OF TRANSMISSION OF THE VIRUS, AND THE VERY LOW CONVERSION RATE (1%) OF ORAL HPV INFECTIONS TO ACTUAL CANCERS LATER IN LIFE. METRICS OUTSIDE OF HITS ON THE WEB INFORMATION ARE HARD TO QUANTIFY, BUT WE BELIEVE THAT AN EFFORT MUST BE MADE TO COUNTER THE ANTI-VACCINE MOVEMENT AND TO BELAY THE UNNECESSARY FEAR THAT EXISTS IN PEOPLE WHO ARE GETTING INCORRECT INFORMATION, AND MUST BE A MULTI-YEAR ONGOING DIRECT EXPENSE EFFORT. WE HAVE NO FINANCIAL PARTNER IN DOING THINGS SO THE COSTS TO OUR BOTTOM LINE HAVE BECOME AN ISSUE. SEARCH FOR A PARTNER CONTINUES. IN 2014 WE BEGAN SPONSORSHIP OF TWO RODEO COMPETITORS WHO RIDE AND COMPETE IN CLOTHING BEARING OCF'S MESSAGING/BRAND, WHICH ACCELERATED TO MORE RODEOS IN 2019. WHILE THEY ARE NOT TASKED WITH CHANGING ADULT BEHAVIOR, THEIR ANTI-TOBACCO MESSAGE IS GEARED TOWARD YOUNG KIDS AT RODEOS WITH A MESSAGE OF "BE SMART. DON'T START." THEIR CONVERSATIONS WITH YOUNG PEOPLE AT THE RODEOS THEY ATTEND AFTER THEIR COMPETITIVE TIME IN THE ARENA, HAVE BEEN WELL RECEIVED AND THEY CONTINUE TO GET ATTENTION FOR THEIR EFFORTS IN LOCAL AREA MEDIA. BUT IN 2020 RODEO EVENTS WERE CANCELLED ACROSS THE BOARD NATIONALLY BY THE CDC, AND THIS PROGRAM WAS PUT ON PAUSE UNTIL SUCH TIME AS WE CAN AGAIN CONGREGATE IN PERSON. HTTP://WWW.ORALCANCERFOUNDATION.ORG/SUPPORT-OCF/RODEO-TOBACCO-OUTREACH.PHP THE STORY OF A SMALL NON-PROFIT LIKE OCF BEING THE FIRST CHARITY TO EVER SPONSOR A RODEO COMPETITOR, AND THE MESSAGING FROM THESE TWO OCF ANTI- TOBACCO SPOKESPEOPLE CONTINUES TO BE PICKED UP BY MEDIA OUTLETS ACROSS THE US. BOTH SPOKESPEOPLE HAVE GIVEN NUMEROUS INTERVIEWS BOTH TO NEWSPAPERS AND ON PUBLIC TV SHOWS, SUCH AS GOOD MORNING UTAH, AND GOOD MORNING RENO OVER THE YEARS. IN 2015 OCF PARTNERED OUR SUPPORTERS IN THE RDH COMMUNITY WITH OUR RODEO EFFORTS TO ENGAGE IN FREE PUBLIC SCREENINGS OF ATTENDEES AT RODEOS WHERE OUR RIDERS ARE APPEARING FOR EARLY SIGNS OF ORAL CANCERS. RECEPTION BY RODEO PROMOTERS, AND THE PROFESSIONAL RODEO COWBOYS ASSOCIATION THAT RUNS MOST EVENTS AROUND THE COUNTRY HAS BEEN VERY POSITIVE. WE ARE NOW ON PAUSE WITH THIS RODEO EFFORT AFTER SUCH A STELLAR RESPONSE TO IT, AND HOPE TO RETURN TO ALL THE ASPECTS OF THIS PROGRAM IN 2022. RURAL AMERICA AND THE RODEO CROWD, WHICH IS NOW VERY MUCH A FAMILY SPORT, IS ONE OF THE LAST STRONGHOLDS OF TOBACCO. WE ARE THE ONLY NON- PROFIT WE HAVE SEEN AT THESE EVENS ENGAGED IN THAT COMMUNITY TO BRING DOWN THE IMPACT OF TOBACCO USE. IN 2016 AT THE HEIGHT OF ITS USE, THE FOUNDATION CONDUCTED A TOTAL OF 53 AWARENESS EVENTS IN MAJOR CITIES MANY OF WHICH OUR COORDINATORS CAME FROM THE RANKS OF THE RDH COMMUNITY. TO HAVE THAT GO TO ZERO IN 2020 WAS UNEXPECTED AND FINANCIALLY DIFFICULT FOR THE FOUNDATION. WE ANTICIPATE THAT THE CONTINUED IMPACT OF THIS IN 2021, BUT HOPE THAT OPEN AIR EVENTS LIKE OURS WILL BE ABLE TO START UP AGAIN IN THE FALL OF 2021. IN 2020 OUR CONTRIBUTIONS TO HPV/ORAL-OROPHARYNGEAL CANCER RESEARCH CONTINUED, ADVANCING WHAT WE KNOW ABOUT THIS FAST-GROWING ORAL CANCER ETIOLOGY, BUT OUR CONTRIBUTIONS WERE CUT BY 70%. WE ALSO SAW PUBLISHED THE OUTCOMES FROM PREVIOUS YEARS' RESEARCH FUNDING, IN PRESTIGIOUS PEER REVIEWED JOURNALS SUCH AS THE NEW ENGLAND JOURNAL OF MEDICINE AND THE JOURNAL OF THE NATIONAL CANCER INSTITUTE. OCF SPONSORED RESEARCHERS ALSO SPOKE VIRTUALLY AT SEVERAL LARGE HEAD AND NECK CANCER CONFERENCES TO THEIR PEERS AND MEMBERS OF THE TREATMENT COMMUNITY, AND OCF CONTINUED TO WORK BEHIND THE SCENES TO SEE THEM GET THESE SPEAKING OPPORTUNITIES. 2020 ALSO SAW A LONG-TERM COMMITMENT WE HAVE HAD TO DR. MAURA GILLISON'S AT MDACC WORK IN THE IMMUNE CHECK POINT INHIBITOR RESEARCH EFFORT RESULT IN NEW PUBLICATIONS. PDL-1 DRUGS LOOKED AT IN THIS WORK ARE PROVING TO BE THE MOST IMPORTANT ADVANCEMENT IN CANCER TREATMENT ACROSS A WIDE VARIETY OF TUMOR TYPES IN MORE THAN 50 YEARS, AS THEY INVOLVE REMOVING CHECKPOINTS FROM THE PATIENT'S OWN IMMUNE SYSTEM ALLOWING IT TO BECOME MORE ENGAGED IN THE DESTRUCTION OF THE CANCER. WE HAVE ALSO SEEN PEER REVIEWED AND PUBLISHED AN IMPORTANT ARTICLE WE CO-SPONSORED RELATED TO MOLECULAR AND GENOMIC MARKERS THAT NOW GIVES US IMPORTANT TARGETS FOR THERAPY DEVELOPMENT AND EARLY DISCOVERY OPPORTUNITIES. SO, WHILE DIALED BACK SOME, PROGRESS STILL EXISTS. IN THE ANNUAL APRIL, ORAL CANCER AWARENESS MONTH NATIONAL ACTIVITIES, OCF WAS ALIVE WITH A VIRTUAL EVENT, BUT WITH ALL THE NATION'S DENTAL OFFICES CLOSED FROM THE COVID ISSUES, OUR NATIONAL SCREENING INITIATIVES WITH PARTNERS FROM THAT COMMUNITY WERE NOT HELD. WITH OVER 2,500 SCREENING EVENTS NATIONALLY IN APRIL 2019, THE FOUNDATION'S PRIVATE PRACTICE DENTAL AND OTOLARYNGOLOGY PARTNERS CONDUCTED OVER 70,000 FREE ORAL CANCER SCREENINGS IN COMMUNITIES ACROSS THE COUNTRY. WE HAD STRONG STRATEGIC PARTNERS FOR THESE EVENTS, INCLUDING BRISTOL-MYERS SQUIBB, HENRY SCHEIN DENTAL, LILLY ONCOLOGY, AND LED DIAGNOSTICS. WE ALSO WERE PARTNERED WITH PROFESSIONAL SOCIETIES INCLUDING; THE ACADEMY OF GENERAL DENTISTRY, THE AMERICAN ACADEMY OF ORAL AND MAXILLOFACIAL SURGERY, THE ACADEMY OF ORAL MEDICINE, THE ACADEMY OF PERIODONTOLOGY, THE NATIONAL DENTAL HYGIENE SOCIETY, THE ACADEMY OF ORAL PATHOLOGY AND NUMEROUS STATE DENTAL HYGIENE ASSOCIATIONS. ALL THAT INERTIA CAME TO A COMPLETE STOP. THIS WOULD HAVE BEEN THE 21ST YEAR THAT OCF CONDUCTED THESE FREE SCREENING EVENTS, AFTER PIONEERING THE IDEA IN 1999. WE ARE HOPEFUL THAT APRIL 2022 WILL RETURN THIS PROGRAM TO ITS PREVIOUS NORMS. OCF'S ONLINE SUPPORT GROUP, NOW IN ITS 20TH YEAR OF EXISTENCE, CONTINUES TO GROW AND DESPITE CONSTANT ATTRITION THROUGH PATIENT DEATHS, STILL MAINTAINS OVER 12,000 MEMBERS. PARTNERSHIPS WITH MAJOR TREATMENT FACILITIES AROUND THE COUNTRY CONTINUE TO FILL THE RANKS OF PATIENTS AND FAMILY

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

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

(Code: ) (Expenses \$ 47,578 including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 47,578 including grants of \$ ) (Revenue \$ )

**4e** **Total program service expenses** ▶ 245,836

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

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 [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

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

Table with 16 main rows (2a-16) and sub-rows (a-e). Columns include question text, a grid for 'Yes/No' responses, and a grid for numerical values. Questions cover topics like employee reporting, foreign accounts, charitable contributions, and Form 990 filings.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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 Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets... 16b If "Yes," did the organization follow a written policy...

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)
19 Describe in 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: BRIAN HILL 3419 VIA LIDO 205 NEWPORT BEACH, CA 92663 (949) 278-4372





Part VIII Statement of Revenue

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

Main table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Grants, and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

Other Revenue

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,000	25,000		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	50,000	47,500	2,500	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	88,000	72,400	9,200	6,400
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	12,666		12,666	
<b>10</b> Payroll taxes	17,827	14,670	1,857	1,300
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	2,460		2,460	
<b>c</b> Accounting	4,515		4,515	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	53,543	53,130		413
<b>12</b> Advertising and promotion	9,842	9,842		
<b>13</b> Office expenses	19,892	5,247	14,097	548
<b>14</b> Information technology	6,639	6,639		
<b>15</b> Royalties				
<b>16</b> Occupancy	6,300		6,300	
<b>17</b> Travel	2,611	2,611		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	9,538	8,687		851
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	110	110		
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	308,943	245,836	53,595	9,512
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	81,792	<b>1</b>	226,649
	<b>2</b> Savings and temporary cash investments	214,832	<b>2</b>	155,517
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,206		
	<b>b</b> Less: accumulated depreciation	5,206	461	<b>10c</b>
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	297,085	<b>16</b>	382,166	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
<b>25</b> 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		<b>25</b>	32,285	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	0	<b>26</b>	32,285	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	297,085	<b>27</b>	349,881
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	297,085	<b>32</b>	349,881
<b>33</b> Total liabilities and net assets/fund balances	297,085	<b>33</b>	382,166	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	361,739
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	308,943
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	52,796
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	297,085
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	349,881

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input 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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>c</b>	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 in Schedule O.		
<b>3a</b>	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?		
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**SCHEDULE A**  
**(Form 990 or**  
**990EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury

Internal Revenue Service  
**Name of the organization**  
 ORAL CANCER FOUNDATION  
 HILL

**Employer identification number**

33-0969026

**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 **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		
<b>Total</b>						

**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 failed 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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) . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b> Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) 99.740%. Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 99.880%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f)) 0%. Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 0%.

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	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>b</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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b>	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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	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>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b>	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 <b>Part VI</b> 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>		
<b>5a</b>	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 <b>Part VI</b>, 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>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	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 <b>Part VI</b>.</i>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		
<b>8</b>	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>		
<b>9a</b>	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 <b>Part VI</b>.</i>		
<b>b</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 <b>Part VI</b>.</i>		
<b>c</b>	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 <b>Part VI</b>.</i>		
<b>10a</b>	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>b</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)

- 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?
  - b** A family member of a person described in 11a above?
  - c** A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 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.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 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).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 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?
- 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).*
- 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.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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 government 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 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.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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.*

**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)

<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

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

**Section C - Distributable Amount**

Current Year

<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	

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

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

(continued)

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
<b>a</b> From 2015. . . . .			
<b>b</b> From 2016. . . . .			
<b>c</b> From 2017. . . . .			
<b>d</b> From 2018. . . . .			
<b>e</b> From 2019. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016. . . . .			
<b>b</b> Excess from 2017. . . . .			
<b>c</b> Excess from 2018. . . . .			
<b>d</b> Excess from 2019. . . . .			
<b>e</b> Excess from 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).

### Facts And Circumstances Test

Return Reference	Explanation
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## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE D**  
**(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
ORAL CANCER FOUNDATION  
HILL

**Employer identification number**

33-0969026

**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 organization easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an 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 Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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.

1a 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 are a 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 programs
  - 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.

- 1a** 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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** 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 in 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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%.

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

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .		5,206	5,206	
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) . . . ▶				

**Part VII Investments—Other Securities.**

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, (B) through (I), and Total.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)

**Part VIII Investments—Program Related.**

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (2) through (10) and Total.

Total. (Column (b) must equal Form 990, Part X, col.(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.

Table with 2 columns: (a) Description, (b) Book value. Rows (2) through (10) and Total.

**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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows 1. Federal income taxes, (2) through (9) and Total.

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 32,285

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 FIN 48 (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.**

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

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

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

**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.

Return Reference	Explanation

## **Additional Data**

**[Return to Form](#)**

**Software ID:**  
**Software Version:**

**Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.**

**Schedule I  
(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization  
ORAL CANCER FOUNDATION  
HILL

**Employer identification number**  
33-0969026

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
(1) MDACCGILLISON-HPV 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	170(A)	25,000				RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶
- 3** Enter total number of other organizations listed in the line 1 table . . . . . ▶

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference

Explanation

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

**SCHEDULE O**  
(Form 990 or 990-EZ)**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](http://www.irs.gov/Form990) for the latest information.**2020****Open to Public Inspection**

Department of the Treasury

Name of the organization  
ORAL CANCER FOUNDATION  
HILL

Employer identification number

33-0969026

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>OCF 2020 990 NARRATIVE 2020 WAS A YEAR LIKE NO OTHER, NOT JUST FOR OCF, BUT FOR EVERY NON PROFIT THAT WAS NOT RELATED TO THE COVID EPIDEMIC. NATIONAL FOCUS FOR CHARITABLE GIVING DECREASED ACROSS THE BOARD, MANY QUALITY SMALL NON PROFITS CLOSED THEIR DOORS FOR GOOD (LIKE OTHER SMALL BUSINESSES IN AMERICA) ACCORDING TO THE JOURNAL OF PHILANTHROPY, AND OCF'S BASE OF DONORS DRAWN LARGELY FROM THE MIDDLE CLASS SUFFERED JOB LOSSES AT HISTORIC RATES. ALL THIS IMPACTED US IN SIGNIFICANT WAYS. WHILE WE HAD SOME CASH RESERVES, WE HAD TO DIAL BACK MANY PROGRAMS, AND REDUCE STAFF. A YEAR BEFORE THE PANDEMIC, OCF HAD ALREADY ADOPTED A WORK FROM HOME MODEL, AND HAD REDUCED OVERHEAD COSTS BY ELIMINATING OFFICE SPACES. ALL OF OUR FUNDRAISING AND AWARENESS EVENTS FOR THE YEAR HAD TO BE CANCELLED IN ACCORDANCE WITH CDC GUIDELINES. THOSE HISTORICALLY BRING IN 65% OF OUR OPERATING BUDGET. WRITING THIS IN 2021, WE SEE THINGS AT THE END OF THE FIRST QUARTER ABOUT THE SAME WITH NO EVENTS, BUT WITH A VACCINE ROLLING OUT, WE ARE OPTIMISTIC ABOUT THE FUTURE. CANCER DID NOT GO AWAY DURING THE COVID CRISIS. 2 MILLION AMERICANS STILL GOT IT IN 2020 AND ABOUT 660,000 DIED FROM IT. IT DID NOT TAKE A BREAK. THE DEMANDS FOR OUR SERVICES STAYED THE SAME AS IN THE PREVIOUS YEAR, BUT WE WORKED LONGER HOURS WITH FEWER STAFF TO ADDRESS THE VOLUME OF PATIENT CENTRIC HELP REQUESTS THAT CAME IN. IN ESSENCE WE ARE STILL STANDING AND DOING GOOD IN THE WORLD EVEN WITH THE MANY NEGATIVES THAT 2020 PLACED ON US. THE FOUNDATIONS' PUBLIC OUTREACH AND DISSEMINATING ACTIONABLE INFORMATION MISSIONS STAYED STRONG. THIS WAS FACILITATED BY INCREASED VISIBILITY OF THE FOUNDATION THROUGH AN ORGANIC SPREAD OF OUR LARGE INTERNET PRESENCE. A MAJOR REBUILD OF OUR INTERNET PRESENCE WAS BEGUN IN THE LAST QUARTER OF 2014, BUT ANNUALLY WE HAVE ADDED OUR SATELLITE WEB SITES ON ORAL CANCER THAT ACCESS CURRENT AND ARCHIVED NEWS STORIES ABOUT OUR DISEASE, AND A SEPARATE EDUCATIONAL SITE FOR THE PUBLIC ON SELF-SCREENING TECHNIQUES FOR EARLY DISCOVERY AND SELF-REFERRAL OF SUSPECT TISSUES IN THEIR ORAL ENVIRONMENT TO NAME A COUPLE. THIS MOBILE FRIENDLY MOVE ACCELERATED PUBLIC ENGAGEMENT WITH THE DISEASE AND THE FOUNDATION. OCF CONTINUES TO HAVE FEW CORPORATE PHARMA SPONSORS, AND WE DID NOT HAVE THAT RESOURCE TO FALL BACK ON. THE FOUNDATION'S PUBLIC OUTREACH EFFORTS FOCUSED HEAVILY ON THE ROLE OF THE HPV VIRUS AS AN ORAL CANCER CAUSE, AND HOW COMMON INFECTION WITH IT IS IN THE US. OCF STAFF MEMBERS AND KEY OPINION/SCIENCE LEADERS SPOKE VIRTUALLY AT NUMEROUS EVENTS ON HPV AND VACCINATION. WE HAVE CONTINUED LAST YEAR'S EFFORT TO INCREASE SPEAKING ENGAGEMENTS IN THE DENTAL COMMUNITY, AS THEY ARE BECOMING AN IMPORTANT PART OF THE EARLY DISCOVERY PARADIGM AND EDUCATION OF THE PUBLIC ON HPV EVEN IF THE PLATFORM TO DO SO HAS CHANGED. IN 2020 THESE IDEAS BECAME VIRTUAL VS. IN PERSON LECTURES AND MEETINGS. OUR VOLUNTEER RDH ADVISORY BOARD HAS BEEN AN IMPORTANT PART OF ACCOMPLISHING THIS OUTREACH. THERE IS A GREAT DEAL OF MISINFORMATION ABOUT THE HPV VIRUS AND THE RELATIVE RISK THIS POSES TO AMERICANS. OCF HAS BEEN PARTNERED TO THE CDC AND THE 65 TOP CANCER TREATMENT CENTERS IN AMERICA TO PUT OUT A UNIFIED MESSAGE ABOUT HPV VACCINATION, AND HAVE DONE NUMEROUS WEB BLASTS RELATED TO CORRECT INFORMATION REGARDING MEANS OF TRANSMISSION OF THE VIRUS, AND THE VERY LOW CONVERSION RATE (1%) OF ORAL HPV INFECTIONS TO ACTUAL CANCERS LATER IN LIFE. METRICS OUTSIDE OF HITS ON THE WEB INFORMATION ARE HARD TO QUANTIFY, BUT WE BELIEVE THAT AN EFFORT MUST BE MADE TO COUNTER THE ANTI-VACCINE MOVEMENT AND TO BELAY THE UNNECESSARY FEAR THAT EXISTS IN PEOPLE WHO ARE GETTING INCORRECT INFORMATION, AND MUST BE A MULTI-YEAR ONGOING DIRECT EXPENSE EFFORT. WE HAVE NO FINANCIAL PARTNER IN DOING THINGS SO THE COSTS TO OUR BOTTOM LINE HAVE BECOME AN ISSUE. SEARCH FOR A PARTNER CONTINUES. IN 2014 WE BEGAN SPONSORSHIP OF TWO RODEO COMPETITORS WHO RIDE AND COMPETE IN CLOTHING BEARING OCF'S MESSAGING/BRAND, WHICH ACCELERATED TO MORE RODEOS IN 2019. WHILE THEY ARE NOT TASKED WITH CHANGING ADULT BEHAVIOR, THEIR ANTI-TOBACCO MESSAGE IS GEARED TOWARD YOUNG KIDS AT RODEOS WITH A MESSAGE OF "BE SMART. DON'T START." THEIR CONVERSATIONS WITH YOUNG PEOPLE AT THE RODEOS THEY ATTEND AFTER THEIR COMPETITIVE TIME IN THE ARENA, HAVE BEEN WELL RECEIVED AND THEY CONTINUE TO GET ATTENTION FOR THEIR EFFORTS IN LOCAL AREA MEDIA. BUT IN 2020 RODEO EVENTS WERE CANCELLED ACROSS THE BOARD NATIONALLY BY THE CDC, AND THIS PROGRAM WAS PUT ON PAUSE UNTIL SUCH TIME AS WE CAN AGAIN CONGREGATE IN PERSON.</p> <p><a href="http://www.oralcancerfoundation.org/support-ocf/rodeo-tobacco-outreach.php">HTTP://WWW.ORALCANCERFOUNDATION.ORG/SUPPORT-OCF/RODEO-TOBACCO-OUTREACH.PHP</a> THE STORY OF A SMALL NON-PROFIT LIKE OCF BEING THE FIRST CHARITY TO EVER SPONSOR A RODEO COMPETITOR, AND THE MESSAGING FROM THESE TWO OCF ANTI- TOBACCO SPOKESPEOPLE CONTINUES TO BE PICKED UP BY MEDIA OUTLETS ACROSS THE US. BOTH SPOKESPEOPLE HAVE GIVEN NUMEROUS INTERVIEWS BOTH TO NEWSPAPERS AND ON PUBLIC TV SHOWS, SUCH AS GOOD MORNING UTAH, AND GOOD MORNING RENO OVER THE YEARS. IN 2015 OCF PARTNERED OUR SUPPORTERS IN THE RDH COMMUNITY WITH OUR RODEO EFFORTS TO ENGAGE IN FREE PUBLIC SCREENINGS OF ATTENDEES AT RODEOS WHERE OUR RIDERS ARE APPEARING FOR EARLY SIGNS OF ORAL CANCERS. RECEPTION BY RODEO PROMOTERS, AND THE PROFESSIONAL RODEO COWBOYS ASSOCIATION THAT RUNS MOST EVENTS AROUND THE COUNTRY HAS BEEN VERY POSITIVE. WE ARE NOW ON PAUSE WITH THIS RODEO EFFORT AFTER SUCH A STELLAR RESPONSE TO IT, AND HOPE TO RETURN TO ALL THE ASPECTS OF THIS PROGRAM IN 2022. RURAL AMERICA AND THE RODEO CROWD, WHICH IS NOW VERY MUCH A FAMILY SPORT, IS ONE OF THE LAST STRONGHOLDS OF TOBACCO. WE ARE THE ONLY NON- PROFIT WE HAVE SEEN AT THESE EVENS ENGAGED IN THAT COMMUNITY TO BRING DOWN THE IMPACT OF TOBACCO USE. IN 2016 AT THE HEIGHT OF ITS USE, THE FOUNDATION CONDUCTED A TOTAL OF 53 AWARENESS EVENTS IN MAJOR CITIES MANY OF WHICH OUR COORDINATORS CAME FROM THE RANKS OF THE RDH COMMUNITY. TO HAVE THAT GO TO ZERO IN 2020 WAS UNEXPECTED AND FINANCIALLY DIFFICULT FOR THE FOUNDATION. WE ANTICIPATE THAT THE CONTINUED IMPACT OF THIS IN 2021, BUT HOPE THAT OPEN AIR EVENTS LIKE OURS WILL BE ABLE TO START UP AGAIN IN THE FALL OF 2021. IN 2020 OUR CONTRIBUTIONS TO HPV/ORAL-OROPHARYNGEAL CANCER RESEARCH CONTINUED, ADVANCING WHAT WE KNOW ABOUT THIS FAST-GROWING ORAL CANCER ETIOLOGY, BUT OUR CONTRIBUTIONS WERE CUT BY 70%. WE ALSO SAW PUBLISHED THE OUTCOMES FROM PREVIOUS YEARS' RESEARCH FUNDING, IN PRESTIGIOUS PEER REVIEWED JOURNALS SUCH AS THE NEW ENGLAND JOURNAL OF MEDICINE AND THE JOURNAL OF THE NATIONAL CANCER INSTITUTE. OCF SPONSORED RESEARCHERS ALSO SPOKE VIRTUALLY AT SEVERAL LARGE HEAD AND NECK CANCER CONFERENCES TO THEIR PEERS AND MEMBERS OF THE TREATMENT COMMUNITY, AND OCF CONTINUED TO WORK BEHIND THE SCENES TO SEE THEM GET</p>

Return Reference	Explanation
	<p>THESE SPEAKING OPPORTUNITIES. 2020 ALSO SAW A LONG-TERM COMMITMENT WE HAVE HAD TO DR. MAURA GILLISON'S AT MDACC WORK IN THE IMMUNE CHECK POINT INHIBITOR RESEARCH EFFORT RESULT IN NEW PUBLICATIONS. PDL-1 DRUGS LOOKED AT IN THIS WORK ARE PROVING TO BE THE MOST IMPORTANT ADVANCEMENT IN CANCER TREATMENT ACROSS A WIDE VARIETY OF TUMOR TYPES IN MORE THAN 50 YEARS, AS THEY INVOLVE REMOVING CHECKPOINTS FROM THE PATIENT'S OWN IMMUNE SYSTEM ALLOWING IT TO BECOME MORE ENGAGED IN THE DESTRUCTION OF THE CANCER. WE HAVE ALSO SEEN PEER REVIEWED AND PUBLISHED AN IMPORTANT ARTICLE WE CO-SPONSORED RELATED TO MOLECULAR AND GENOMIC MARKERS THAT NOW GIVES US IMPORTANT TARGETS FOR THERAPY DEVELOPMENT AND EARLY DISCOVERY OPPORTUNITIES. SO, WHILE DIALED BACK SOME, PROGRESS STILL EXISTS. IN THE ANNUAL APRIL, ORAL CANCER AWARENESS MONTH NATIONAL ACTIVITIES, OCF WAS ALIVE WITH A VIRTUAL EVENT, BUT WITH ALL THE NATION'S DENTAL OFFICES CLOSED FROM THE COVID ISSUES, OUR NATIONAL SCREENING INITIATIVES WITH PARTNERS FROM THAT COMMUNITY WERE NOT HELD. WITH OVER 2,500 SCREENING EVENTS NATIONALLY IN APRIL 2019, THE FOUNDATION'S PRIVATE PRACTICE DENTAL AND OTOLARYNGOLOGY PARTNERS CONDUCTED OVER 70,000 FREE ORAL CANCER SCREENINGS IN COMMUNITIES ACROSS THE COUNTRY. WE HAD STRONG STRATEGIC PARTNERS FOR THESE EVENTS, INCLUDING BRISTOL-MYERS SQUIBB, HENRY SCHEIN DENTAL, LILLY ONCOLOGY, AND LED DIAGNOSTICS. WE ALSO WERE PARTNERED WITH PROFESSIONAL SOCIETIES INCLUDING; THE ACADEMY OF GENERAL DENTISTRY, THE AMERICAN ACADEMY OF ORAL AND MAXILLOFACIAL SURGERY, THE ACADEMY OF ORAL MEDICINE, THE ACADEMY OF PERIODONTOLOGY, THE NATIONAL DENTAL HYGIENE SOCIETY, THE ACADEMY OF ORAL PATHOLOGY AND NUMEROUS STATE DENTAL HYGIENE ASSOCIATIONS. ALL THAT INERTIA CAME TO A COMPLETE STOP. THIS WOULD HAVE BEEN THE 21ST YEAR THAT OCF CONDUCTED THESE FREE SCREENING EVENTS, AFTER PIONEERING THE IDEA IN 1999. WE ARE HOPEFUL THAT APRIL 2022 WILL RETURN THIS PROGRAM TO ITS PREVIOUS NORMS. OCF'S ONLINE SUPPORT GROUP, NOW IN ITS 20TH YEAR OF EXISTENCE, CONTINUES TO GROW AND DESPITE CONSTANT ATTRITION THROUGH PATIENT DEATHS, STILL MAINTAINS OVER 12,000 MEMBERS. PARTNERSHIPS WITH MAJOR TREATMENT FACILITIES AROUND THE COUNTRY CONTINUE TO FILL THE RANKS OF PATIENTS AND FAMILY</p>
FORM 990, PAGE 6, PART VI, LINE 11B	NO REVIEW WAS OR WILL BE CONDUCTED.
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION OF CEO IS SUBJECT TO THE APPROVAL OF INDEPENDENT BAORD MEMBERS.
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	WEB CONTENT 30,250 0 0 PR MARKETING 1,275 0 225 PROFESSIONAL RELATIONS 2,183 0 0 CONSULTING SPECIAL PROJECTS 9,360 0 0 CONSULTING 9,000 0 0 CONSULTING / ADMIN 1,062 0 188 TOTAL 53,130 0 413

## **Additional Data**

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