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Short Form  
Return of Organization Exempt From Income Tax

2009

Department of the Treasury  
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable	C	D Employer identification number
<input type="checkbox"/> Address change	NORTHERN NEVADA CHILDREN'S CANCER FOUNDATION 3550 BARRON WAY #5A RENO, NV 89511	20-8623503
<input checked="" type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		775-327-6275
<input type="checkbox"/> Termination		
<input type="checkbox"/> Amended return		F Group Exemption Number
<input type="checkbox"/> Application pending		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► <a href="http://WWW.CHILDCANCER.ORG/CHAPTERS/RENO">WWW.CHILDCANCER.ORG/CHAPTERS/RENO</a>	G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.	
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ	► \$ 348,961.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	
1 Contributions, gifts, grants, and similar amounts received	1 159,385.
2 Program service revenue including government fees and contracts	2 38,980.
3 Membership dues and assessments	3
4 Investment income	4 1,626.
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input checked="" type="checkbox"/>	
a Gross revenue (not including \$ of contributions reported on line 1)	6a 148,970.
b Less direct expenses other than fundraising expenses	6b 56,240.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 92,730.
7a Gross sales of inventory, less returns and allowances	7a
b Less: cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe ► )	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 292,721.
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11 176,641.
12 Salaries, other compensation, and employee benefits	12 71,049.
13 Professional fees and other payments to independent contractors	13 6,691.
14 Occupancy, rent, utilities, and maintenance	14 13,037.
15 Printing, publications, postage, and shipping	15 6,748.
16 Other expenses (describe ► SEE STATEMENT 1)	16 43,734.
17 Total expenses. Add lines 10 through 16	17 317,900.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -25,179.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 137,108.
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20 217,847.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 329,776.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)	
	(A) Beginning of year (B) End of year
22 Cash, savings, and investments	135,432. 22 325,787.
23 Land and buildings	23
24 Other assets (describe ► SEE STATEMENT 3)	1,676. 24 6,234.
25 Total assets	137,108. 25 332,021.
26 Total liabilities (describe ► SEE STATEMENT 4)	0. 26 2,245.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	137,108. 27 329,776.

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

Form 990-EZ (2009)

**Part III Statement of Program Service Accomplishments** (See the instructions.)What is the organization's primary exempt purpose? **SEE STATEMENT 5**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses**

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

**28 SEE STATEMENT 6**

(Grants \$

) If this amount includes foreign grants, check here



28a

192,039.

**29**

(Grants \$

) If this amount includes foreign grants, check here



29a

**30**

(Grants \$

) If this amount includes foreign grants, check here



30a

**31 Other program services (attach schedule)**

(Grants \$

) If this amount includes foreign grants, check here



31a

**32 Total program service expenses**(add lines 28a through 31a)

32

192,039.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 7		0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

SEE STATEMENT 8

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a   0.	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.	40a	0.
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.	40c	0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0.	40d	0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► <u>NONE</u>		

42a The organization's books are in care of ► JULEE DEJAN Telephone no ► 775-327-6275  
 Located at ► 3550 BARRON WAY #5A RENO NV ZIP + 4 ► 89511

b 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)?  
 If 'Yes,' enter the name of the foreign country: ►  

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  
 If 'Yes,' enter the name of the foreign country: ►  

	Yes	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43   N/A	43	N/A
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X
47		X
48		X
49a		X
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
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-----				
-----				
-----				
-----				
-----				

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
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d Total number of other independent contractors each receiving over \$100,000 ►

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer	Date	7/7/10
	JULIE DEJAN	EXECUTIVE DIRECTOR	
Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ► MELVIN S. RAY C.P.A.	Date 7/7/10	Check if self-employed ► <input checked="" type="checkbox"/> N/A Preparer's Identifying Number (See instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► 6900 SOUTH MCCARRAN BLVD., SUITE 1040 RENO, NV 89509-6133	EIN	► N/A
		Phone no	► (775) 322-0671

May the IRS discuss this return with the preparer shown above? See instructions

BAA

►  Yes  No  
Form 990-EZ (2009)

## 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.

2009

## Operational Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**NORTHERN NEVADA CHILDREN'S  
CANCER FOUNDATION**

Employer identification number  
20-8623503

**Part II 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 11, 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.)  
3  A hospital or 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)(iv). 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)(v). (Complete Part II.)  
6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi).  
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)(vii). (Complete Part II.)  
8  A community trust described in section 170(b)(1)(A)(viii). (Complete Part II.)  
9  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.)  
10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  
11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.  
a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Other  
e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  
f  If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box   
g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h. Provide the following information about the supported organizations.

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BAA

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

**Part I 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						0.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
<b>4 Total.</b> Add lines 1-through 3.	0.	0.	0.	0.	0.	0.
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.
<b>6 Public support.</b> Subtract line 5 from line 4						0.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0.	0.	0.	0.	0.	0.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
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 IV.)						0.
<b>11 Total support.</b> Add lines 7 through 10						0.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

13 **First five 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**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the 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 – 2008.** 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– 2009** 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

b **10%-facts-and-circumstances test– 2008.** 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 IV 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 ▶

BAA

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶

- 1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')
- 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons
- b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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.)

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶

- 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 IV.)
- 13 **Total support.** (Add lines 9, 10c, 11, and 12.)
- 14 **First five 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 ▶

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9						
10a						
b						
c						
11						
12						
13						
14						

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

- 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .
- 16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .

15	%
16	%

**Section D. Computation of Investment Income Percentage**

- 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))
- 18 Investment income percentage from 2008 Schedule A, Part III, line 17
- 19a **33-1/3 support tests - 2009.** 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 - 2008.** If the organization did not check a box on line 14 or 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** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.



**Part IV** Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	119,070.			119,070.
	2 Less. Charitable contributions				
	3 Gross income (line 1 minus line 2)	119,070.			119,070.
DIRECT EXPENSES	4 Cash prizes	11,126.			11,126.
	5 Noncash prizes				
	6 Rent/facility costs	24,034.			24,034.
	7 Food and beverages	8,718.			8,718.
	8 Entertainment	1,616.			1,616.
	9 Other direct expenses	5,608.			5,608.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				51,102.
	11 Net income summary. Combine lines 3, column (d) and line 10				67,968.

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue			29,900.	29,900.
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs			2,733.	2,733.
	5 Other direct expenses			233.	233.
	6 Volunteer labor	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				2,966.
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				26,934.

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain:

-----

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain:

-----

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

11 Does the organization operate gaming activities with nonmembers?

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
<input type="checkbox"/>	<input checked="" type="checkbox"/>

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

	YES	NO
13a	%	
13b	100.0 %	

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

Name: ► \_\_\_\_\_

Address: ► \_\_\_\_\_

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

- b If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.
- 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?

17a	X
-----	---

- 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: ► \$ \_\_\_\_\_

2009

**FEDERAL STATEMENTS**  
**NORTHERN NEVADA CHILDREN'S**  
**CANCER FOUNDATION**

PAGE 1

CLIENT NNCCF

20-8623503

7/07/10

09:02AM

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	3,018.
BANK FEES		973.
BOARD EXPENSES		2,102.
CONTRACTED SERVICES		9,626.
DEPRECIATION		1,442.
DUES & SUBSCRIPTIONS		2,300.
INSURANCE		4,051.
INTERNET		759.
LICENSE & PERMITS		14,618.
MEALS & ENTERTAINMENT		4.
OFFICE EXPENSES		2,372.
SUPPLIES		8.
TELEPHONE		2,095.
VOLUNTEER EXPENSES		366.
<b>TOTAL</b>	<b>\$</b>	<b>43,734.</b>

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

INCREASE IN UNRESTRICTED ASSETS - MERGER	\$	217,847.
<b>TOTAL</b>	<b>\$</b>	<b>217,847.</b>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 0.	\$ 4,071.
MACHINERY AND EQUIPMENT		0.
PREPAID EXPENSES AND DEFERRED CHARGES	1,676.	0.
<b>TOTAL</b>	<b>\$ 1,676.</b>	<b>\$ 6,234.</b>

**STATEMENT 4**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 0.	\$ 2,245.
<b>TOTAL</b>	<b>\$ 0.</b>	<b>\$ 2,245.</b>

2009

**FEDERAL STATEMENTS**  
**NORTHERN NEVADA CHILDREN'S**  
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**STATEMENT 5**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

NORTHERN NEVADA CHILDREN'S CANCER FOUNDATION (NNCCF) IS DEDICATED TO HELPING FAMILIES WITH CHILDREN WHO ARE BEING TREATED FOR CANCER, BY PROVIDING DIRECT FINANCIAL ASSISTANCE AND EMOTIONAL SUPPORT AS THEY COPE WITH THEIR CHILD'S ILLNESS. OUR MISSION IS TO ENHANCE THE QUALITY OF LIFE FOR CHILDREN WITH CANCER AND THEIR FAMILIES BY PROVIDING FINANCIAL ASSISTANCE AND COMPASSIONATE SUPPORT PROGRAMS WHILE ADVOCATING FOR INCREASED RESEARCH FUNDS AND RAISING PUBLIC AWARENESS. NNCCF IS THE ONLY ORGANIZATION DEDICATED SOLELY TO SUPPORTING CHILDREN WITH CANCER AND THEIR FAMILIES IN NORTHERN NEVADA AND THE EASTERN SIERRA REGION. THE FOUNDATION WAS FORMED WHEN ANGEL KISS FOUNDATION AND KEATON RAPHAEL MEMORIAL (RENO OFFICE) LEGALLY MERGED.

**STATEMENT 6**  
**FORM 990-EZ, PART III, LINE 28**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DURING 2009, NNCCF'S FAMILY ASSISTANCE FUND AIDED SIXTY-THREE FAMILIES BY PROVIDING COVERAGE FOR A VARIETY OF EXPENSES RELATED TO TREATMENT, INCLUDING: MEDICAL EXPENSES, INSURANCE DEDUCTIBLES, UNCOVERED PROCEDURES, HOUSEHOLD LIVING EXPENSES, MORTGAGE PAYMENTS, RENT, FOOD, UTILITIES, TRAVEL EXPENSES. OVER 100 PATIENTS, SIBLINGS AND FAMILY MEMBERS ATTENDED SUPPORT GROUP AND KID'S CLUB EVENTS. NNCCF DONATED \$25,000 TO RENOWN REGIONAL MEDICAL CENTER FOR THE PURCHASE OF MEDICAL EQUIPMENT AT THE CHILDREN'S INFUSION CENTER.

**STATEMENT 7**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KYLE LARKIN	PRESIDENT 0	0. \$	0. \$	0.
PETE PARKER	VICE-PRESIDENT 0	0.	0.	0.
LISA FLECK	SECRETARY 0	0.	0.	0.
TAYLOR WONDRIES	TREASERER 0	0.	0.	0.

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**FEDERAL STATEMENTS**  
**NORTHERN NEVADA CHILDREN'S**  
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**STATEMENT 7 (CONTINUED)**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
DANIEL BUHRMANN	MEMBER 0	0. \$	0. \$	0. \$
MATT CLAFTON	MEMBER 0	0.	0.	0.
SHIRLEY-FOLKINS-ROBERTS	MEMBER 0	0.	0.	0.
JOEL GRACE	MEMBER 0	0.	0.	0.
ROSEANNE HARDENBROOK	MEMBER 0	0.	0.	0.
MICHON KESSLER	MEMBER 0	0.	0.	0.
PETER McMULLAN	MEMBER 0	0.	0.	0.
RENATE NEUMANN	MEMBER 0	0.	0.	0.
SANDRA NEWMARK	MEMBER 0	0.	0.	0.
MEAGON NOIN	MEMBER 0	0.	0.	0.
AMY RILEY	MEMBER 0	0.	0.	0.
DOUG ROBERTS	MEMBER 0	0.	0.	0.

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**FEDERAL STATEMENTS**  
**NORTHERN NEVADA CHILDREN'S**  
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**STATEMENT 7 (CONTINUED)**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
PAT SCHLOSSER	MEMBER 0	0. \$	0. \$	0.
CHRISTY SMITH	MEMBER 0	0.	0.	0.
CAROLYN "LINA" TANNER	MEMBER 0	0.	0.	0.
ROBIN WHITE	MEMBER 0	0.	0.	0.
<b>TOTAL</b>		<b>0. \$</b>	<b>0. \$</b>	<b>0.</b>

**STATEMENT 8**  
**FORM 990-EZ, PART V**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
 INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
 INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

2009

## FEDERAL SUPPORTING DETAIL

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NORTHERN NEVADA CHILDREN'S  
CANCER FOUNDATION

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SPECIAL EVENTS  
OTHER DIRECT EXPENSES  
ALL IN FOR CHILDHOOD CANCER POKER TOURNA

PRINTING & COPYING	\$	155.
SUPPLIES & MATERIALS		35.
VOLUNTEER EXPENSES		43.
TOTAL	\$	<u>233.</u>

SPECIAL EVENTS  
OTHER DIRECT EXPENSES  
GOLF TOURNAMENT

CONTRACTED SERVICES	\$	398.
POSTAGE & SHIPPING		100.
PRINTING & COPYING		1,185.
RENTAL EQUIP. & SUPPLIES		2,692.
SUPPLIES & MATERIALS		148.
VOLUNTEER EXPENSES		1,085.
TOTAL	\$	<u>5,608.</u>

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2009 FEDERAL BOOK DEPRECIATION SCHEDULE  
NORTHERN NEVADA CHILDREN'S  
CANCER FOUNDATION

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS PCT.	CUR 179	SPECIAL DEPR.	PRIOR 179/ BONUS / SP. DEPR.	PRIOR DEC BAL / BASIS DEPR.	SALVAG / BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD LIFE RATE	CURRENT DEPR.	
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# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box  ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension- check this box and complete Part I only  ►

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization <b>NORTHERN NEVADA CHILDREN'S CANCER FOUNDATION</b>	Employer identification number <b>20-8623503</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number If a P O box, see instructions <b>3550 BARRON WAY #5A</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>RENO, NV 89511</b>	

Check type of return to be filed(file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ► JULEE DEJAN -----

Telephone No. ► 775-327-6275 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box  ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- calendar year 20 09 or
- tax year beginning       , 20       , and ending       , 20       .

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

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 4-2009)