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Form 990-EZ

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
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 may use this form

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

Open to Public Inspection

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instructions for Part I.) 1 Contributions, grits, grants, and similar amounts received 1 24,548. 2 Program service revenue including government fees and contracts 3 4 5,927. 3 Membership dues and assessments 4 Investment income 4 5,927. 4 5,927. 5 Can or (loss) from sale of assets other than inventory 5 5 5 5 5 5 5 5 5	Α	For the 2009 calendar year, or tax year beginning , 2009	9, and en	nding		j
Section Sticked Stic	В				D Employer	identification number
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## Section 501/CKY organizations and 4547(3/1) nonexempt charitable trusts ## Section 501/CKY organizations and 4547(3/1) nonexempt charitable trusts ## Section 501/CKY organizations and 4547(3/1) nonexempt charitable trusts ## Section 501/CKY organizations and 4547(3/1) nonexempt charitable trusts ## Section 501/CKY organizations and 4547(3/1) nonexempt charitable trusts ## Section 501/CKY organizations and 4547(3/1) nonexempt charitable trusts ## Section 501/CKY organization is not required, to the control of the companization is not required to a factor 500/CKY organization is not required to a factor 500/CKY		Inside Change Inside I PO DOA 20		Ī	E Telephone	number
### Personal State Secretary	=				(260)	833-3575
Section 301(c/C) organizations and 4947(a/X1) nonexempt charitable trusts **Most attach a completed Schedule A (From 990 or 990-E2). Website: N N A		1 openie		i.		
Section 501(c/g) organizations and 45547(2) noneverner charitable musts mise attach a completed Schedule A (Form 350 or 930-E2). **Website: N/A Website: N/A** If the organization is not a section 509(a)(3) **upporting organization and is gross receipts are normally not more than 525,00 A Form 590 c Each is not a section 509(a)(3) **upporting organization and is gross receipts are normally not more than 525,00 A Form 590 c Each is not a section 509(a)(3) **upporting organization and is gross receipts are normally not more than 525,00 A Form 590 c Each is not received. If the organization she has a feature, be save to the a complete return. L. Add lines 5b. 8b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 sixed of Form 990 c Each of Form 590 c Each of For		tions.		 		xemption
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Website: N/A		must attach a completed Schedule A (Form 990 or 990-E2).			1	annation in not
**R Check * 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 etc. In the organization chooses to the a return, be sure to the a complete return set of the section, but the organization chooses to the a return, be sure to the a complete return set. **Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1			T ₅₀₇	required to a	íttach Sche	
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Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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 23 Land and buildings 24 Other assets (describe) 25 Total assets 70 Total liabilities (describe) 70 Net assets or fund balances (line 27 of column (B) must agree with line 21) 71 Net assets or fund balances (line 27 of column (B) must agree with line 21)	3 🗇	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-27,474.
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Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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 23 Land and buildings 24 Other assets (describe) 25 Total assets 70 Total liabilities (describe) 70 Net assets or fund balances (line 27 of column (B) must agree with line 21) 71 Net assets or fund balances (line 27 of column (B) must agree with line 21)	EŞ	figure reported on prior year's return)	(g. 00 mm. ond or j	19	301,943.
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	` TI	20 Other changes in net assets or fund balances (attach explanation)			20	
(See the instructions for Part II) 22	لّـــ				▶ 21	274,469.
22 Cash, savings, and investments 301,943. 22 274,469. 23 Land and buildings 23 24 Other assets (describe ►) 24 25 Total assets 301,943. 25 274,469. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 301,943. 27 274,469.	Pa	Irt II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,00	00 or mo	re, file Form 990	instead of	Form 990-EZ
23 24 25 274, 469. 274 27						
24 Other assets (describe ►) 24 25 Total assets 301,943. 25 274,469. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 301,943. 27 274,469.		· · · · · ·		301,	-	274,469.
25 Total assets 301, 943. 25 274, 469. 26 Total liabilities (describe - 0						
26 Total liabilities (describe)0. 260.27 Net assets or fund balances (line 27 of column (B) must agree with line 21)301, 943. 27274, 469.		· · · · · · · · · · · · · · · · · · ·		201		274 460
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 301, 943. 27 274, 469.				301,		
				301 (
				301,) * J . Z/	Form 990-EZ (2009)

	990-EZ (2009) STEUBEN COUNTY				-104	18540 Page 2
Par					(Pog	Expenses
What,	s the organization's primary exempt purpose? PR	OVIDED FINANCIAL A	SST. TO CANCER	PATIENTS	5016	uired for section c)(3) and (4)
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	ie organization's exempt purp persons benefited, or other i	oses. In a clear and co relevant information for	oncise manner, each	orgai 4947	nizations and section (a)(1) trusts, optional
progr	ram title				for o	thérs')
28	MEDICATIONS, TRANSPORTATI		ES, AND EQUIPM	ENT FOR		
	CANCER PATIENTS IN STEUBE	<u>:N_COUNTY_INDIANA_</u>				
				ا امحم – – – – – –		
	(Grants \$ 63, 986.) If the	is amount includes foreign gr	rants, check here	<u> </u>	28 a	64,586.
29						
	(Grants \$) If th	is amount includes foreign gi	rants, check here		29 a	
30						
	(Grants \$) If th	 is amount includes foreign gr	rants check here		30 a	
31	Other program services (attach schedule		ants, check here		30 a	
•	, ,	., iis amount includes foreign gr	rants, check here	▶ □	31 a	
32	Total program service expenses (add III			<u> </u>	32	64,586.
Par			ployees. List each or	ne even if not com	pens	ated (See the instrs.)
***************************************		(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensa		and other allowances
GRE	G L FOLCK	PRESIDENT	0.	derented dempensu	0.	0.
	LN 110AA BIG OTTER LAKE	0	•		٠.	
	MONT, IN 46737					
	IDY OLIVER	VICE PRESIDENT	0.		0.	0.
	D. BOX 104	0	J.		٠.	
	ASANT LAKE, IN 46779	Ĭ				
	LLIS MILLER	TREASURER	0.		0.	0.
	LN 101 JIMMERSON LAKE	0				
	GOLA, IN 46703					
	· · · · · · · · · · · · · · · · · · ·					
		_		ļ		
				j		
		L	<u> </u>	<u>L</u>		
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Form 990-EZ (2009) STEUBEN COUNTY CANCER ASSOCIATION 35-10485			age 3
Part V Other Information (Note the statement requirements in the instrs for Part V.) SEE ST	ATEM		3
1	Γ	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?	35 a 35 b		<u>X</u>
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	330		
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		Х
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a b Did the organization file Form 1120-POL for this year?	37 b		<u>X</u>
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?	38 a		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/I			
39 Section 501(c)(7) organizations Enter	1		
a Initiation fees and capital contributions included on line 9	→		
b Gross receipts, included on line 9, for public use of club facilities N/I	<u>.</u>		
40 a 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.			
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	40 b		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.			
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization □ 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	40 e		_X_
41 List the states with which a copy of this return is filed NONE			
42 a The organization's			
books are in care of ► PHYLLIS MILLER Located at ► 540 LN 101 JIMMERSON LAKE ANGOLA IN ZIP + 4 ► 46703		- <u>35</u>	7.5
Located at 2 340 Liv 101 OTPHILISON DAIL ANGULA IN			
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	42 b	Yes	No X
11 100, Critici the halife of the following 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 US?	42 c		X
If 'Yes,' enter the name of the foreign country			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	'		N/A
and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			.,
of Form 990-EZ	44_		<u>X</u>
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		<u>X</u>
BAA TEEA0812L 01/30/10 Fo	rm 990	-EZ (2009)

Form 990-EZ (2009) STEUBEN COUNTY CANCER ASSOCIATION 35-1048540 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.

·	<u> </u>						
46 Did to	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule (ct political campaign ac C, Part I	tivities on behalf of	or in opposition to candidate	s 46	Yes	No X
•	he organization engage in lobbying activit		Schedule C, Part II		47		X
	e organization a school as described in se	•		chedule E	48		Х
	he organization make any transfers to an				49a		X
	es,' was the related organization a section	•	J		49 b		
50 Com	plete this table for the organization's five loyees) who each received more than \$10	highest compensated e	mployees (other that from the organization	an officers, directors, trustees	and key		
) 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) Ex	pense int and lowance	s
NONE							
				1			
				1			
		T T				-	
f Total	I number of other employees paid over \$1	00.000					
		·		_			
51 Comp	plete this table for the organization's five pensation from the organization. If there is	highest compensated in s none, enter 'None '	dependent contrac	tors who each received more	than \$10	00,000	of
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Comp	pensatio	n
NONE	 						
				1			
**							
							
	-						
			1	ľ			
d Total	I number of other independent contractors	each receiving over \$1	00,000	>			
		•	•				
	Under penalties of perjury, I declare that I have exam	ined this return, including accor	npanying schedules and s	tatements, and to the best of my knowl	edge and be	elief, it is	s
	true, correct, and complete Declaration of preparer (other than officer) is based on a	ili information of which pre	parer nas any knowledge			
C:	Deur mee	Post to the		5-26-2	210		
Sign Here	Signature of officer	ucresory - one	<u> </u>	Date			
ileie							
	Phyllis Miller, Sec Type or print name and title	recary-11za	i <u>surar</u>				
				Check if Prep.	arer's Identi	fying Nu	mber
Paid	Preparer's signature	CAA	Date 12	Seef- employed N/A	ınstructions; ∆)	
Pre-	DANDY D. MILDID	 		employed N/	-		
parer's	yours if self-			EIN ► N	/A		
Use Only	address, and			Phone no ► (260)		3166	
			ctions		►X Yes		No
May the IR	RS discuss this return with the preparer sh	iowii anove, see ilistru	CHOID		Form 99 0		
-AA						- '	/

SCHEDULE A (Form 990 or 990-EZ)

in

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.

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name o	of the organization		 ·				_	Employer	ıdentıficat	ion number		
STE	UBEN COUNTY CAN	ICER ASSOCIATI	ON					35-10	148540)		
Part	t I Reason for Pul	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	See ii	nstructi	ions		
The c	organization is not a priv	vate foundation becau	ise it is (For lines 1 thro	ugh 11,	check o	nly one	box)					
1	A church, convention	on of churches or ass	ociation of churches des	cribed in	section	170(b)	(1)(A)(i)	١.				
2	A school described	in section 170(b)(1)(A)(ii). (Attach Schedule	E)								
3			e organization described		on 170(ьх1хах	iii).					
4	—		d in conjunction with a h					0(b)(1)(A)(iii) En	iter the hos	pital's	;
	name, city, and sta	te	•	·								
5	☐ 170(b)(1)(A)(iv). (C	Complete Part II)	of a college or university			_	_	nmental	unit des	scribed in s	ection	n -
6 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). (Comple	te Part I	II)							
9	from activities related	d to its exempt function	more than 33-1/3 % of its is – subject to certain excess taxable income (lessomplete Part III)	entions	and (2) r	io more t	than 33∙	1/3 % of	its suppo	ort from aros	S	fter
10		, ,	exclusively to test for pu		-		٠,,	• •				
11	more publicly suppo	orted organizations of	exclusively for the bene described in section 509(zation and complete lines	a)(1) or	section	509(a)(2	ctions o 2) See	of, or car section	ry out th 509(a)(3)	e purposes). Check th	of or e box	ne or that
	a Type I	b Type II	c Type II	I – Fund	ctionally	ıntegrat	ted		d 🗍	Type III-	Other	
е	By checking this both than foundation ma 509(a)(2)	ex, I certify that the or inagers and other tha	ganization is not control n one or more publicly s	led dired upported	ctly or in d organi	directly zations	by one describe	or more ed in sec	disquali ction 509	fied persor (a)(1) or se	ns oth ection	er
f	If the organization in check this box	received a written det	ermination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting o	organization	١,	
g	Since August 17, 26	006, has the organiza	ition accepted any gift o	r contrib	oution fr	om any	of the fo	ollowing	persons	?		
											Yes	No
	(i) a person who	directly or indirectly	controls, either alone or upported organization?	together	r with pe	rsons d	escribed	d in (ii) a	and (III)	11 g (i)		
	•	ber of a person desc								11 g (iı)		
	* *	•	n described in (i) or (ii) a	hove?						11 g (iii)		
h			the supported organization								1	
<u>h</u>				1	1- 4	() 5-1				(vii) Amount		
	(i) Name of Supported Organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza: (i) lister gove	Is the tion in col d in your erning ment?	the organ	rou notify nization in (i) of upport?	(vi) Is organizati (i) organiz U S	on in col	(VII) Amount	or Sup	роп
				Yes	No	Yes	No	Yes	No			
							•					
				<u> </u>	ļ		ļ <u>-</u>					
				ļ	-							
									1			
				 	-		_				_	
Total												

Sche	edule A (Form 990 or 990-EZ) 200	og STEUBEN	COUNTY CANO	CER ASSOCIA	TION	35-1048	540	Page 2
	rt II Support Schedule for							
	(Complete only if you check	ed the box on lin	e 5, 7, or 8 of Par	t I)				
Sec	tion A. Public Support	,		,		т		
begi	ndar year (or fiscal year nning 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 ')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
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							
4	Total. Add lines 1-through 3							·
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)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
_	nning in) ► Amounts from line 4	(4) 2500	(8) 2000	(0) 2007	(5) 2555	(6) 2003		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	vities, etc (see in	istructions)				2	
13	First five years. If the Form 990 organization, check this box and		zation's first, secoi	nd, third, fourth,	or fifth tax year a	s a section 50°	(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support I	Percentage					
14	Public support percentage for 20	009 (line 6, colum	ın (f) dıvıded by lır	ne 11, column (f)			4	%_
15	Public support percentage from	2008 Schedule A	, Part II, line 14			_1	5	<u></u>
16	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization die qualifies as a pu	d not check the bo blicly supported o	ox on line 13, and rganization.	d the line 14 is 33	3-1/3 % or more	∍, chec	k this box
ŀ	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13, or 16a rganization	a, and line 15 is 3	33-1/3% or mor	e, chec	ck this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance:	s' test, check this	box and stop he	re. Explain in F	Part IV	how ►
ŀ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-	and-circumstance:	s' test, check this	box and stop he	re. Explain in F	Part IV	how the

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 III 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 (a) 2005 Calendar year (or fiscal yr beginning in) ► **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Giffs, grants, contributions and membership fees received (Do not include 'unusual grants') 24,690. 24,548 10,559. 7,288 23,062 90,147. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 0. purpose Gross receipts from activities that are not an unrelated trade or business 0. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf The value of services or facilities furnished by a governmental unit to the 0. organization without charge 10,559 7.288 24,690 23.062 24,548 90,147. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2. 3 received from disqualified 0 0 0 0 0 0. 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 0 0 0 0 0 0. 0 0 0 0 0 0. c Add lines 7a and 7b 8 Public support (Subtract line 90,147. 7c from line 6) Section B. Total Support (c) 2007 (d) 2008 (f) Total Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 **(e)** 2009 10,559 7,288 24,690 23,062 24,548 90,147. 9 Amounts from line 6. 10a Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form similar sources. 3,390 2,631 14,581 10,940 5,927 37,469. **b** Unrelated business taxable income (less section 511 taxes) from businesses 0. acquired after June 30, 1975 5,927 37,469. 3,390 14,581 10,940 2,631 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is 0. regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0. 127,616. 13 Total support. (add Ins 9, 10c, 11, and 12) 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 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 70.6% 15 67.7% 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 29.4% Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 32.3% 19 a 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

Schedule A	(Form 990 or	990-EZ)	2009	STEU	BEN	COUNT	Y CA	NCER	ASS	OCIA	MOITA		3	35-	104854	10	Page 4
Part IV	Suppleme Part II, line	ntal Info	rmat	ion. Co	omple	ete this	part	to pr	ovide	the e	explana	ations	requi	red	by Par	t II, line	10;
	Part II, line	e 17a or	17b;	and P	art II	l, line 1	2. Pr	ovide	any	other	r addıtı	onal II	nforma	atıo	n. See	ınstructı	ons.
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TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 35-1048540 STEUBEN COUNTY CANCER ASSOCIATION Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (vi) Amount paid to (or retained by) (III) Did fundraiser (or retained by) (i) Name of individual (ii) Activity (iv) Gross receipts fundraiser listed in or entity (fundraiser) have custody or control from activity col (ı) organization of contributions? Yes No **Total** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Schedule G (Form 9)	990 or 990-EZ) 2009	STELLBEN	COUNTY	CANCER	ASSOCTATION

3 4 5 A

		G (Form 990 or 990-EZ) 2009 STEUBEN			35-10			age 2	
Pai	rt II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a orm 990-EZ, line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, II gross receipts grea	ne 18, oi ater than	, \$5,00	00.	
			(a) Event #1 SOCIAL EVENT	(b) Event #2	(c) Other Events	(Add col	al Ever (a) thr	nts ough	
REVENUE			(event type)	(event type)	(total number)				
N U E	1	Gross receipts	28,155.				28,	<u>.55.</u>	
	2	Less Charitable contributions							
	3	Gross income (line 1 minus line 2)	28,155.				28,2	<u> 155.</u>	
	4	Cash prizes				<u> </u>			
D	5	Noncash prizes				-			
D I R E C T	6	Rent/facility costs							
	7	Food and beverages							
X	8	Entertainment							
EXPENSES	9	Other direct expenses	13,547.				13,5	547.	
J	10 Direct expense summary Add lines 4- through 9 in column (d)								
Pai	11 rt	Net income summary Combine lines 3, or Gaming. Complete if the organization		s' to Form 990, Pai	rt IV, line 19, or re	l ported m	14,6 ore th		
		\$15,000 on Form 990-EZ, line 6a	I	<u> </u>		<u> </u>	<u> </u>		
REVENUE		(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo					al gamı (a) thr I (c))	ng ough	
E	1	Gross revenue							
D X	2	Cash prizes							
DIRECT	3	Non-cash prizes							
Š		Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes%	Yes%	Yes%				
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•				
	8	Net gaming income summary Combine I	ines 1, column (d) and	line 7	-		_		
9	Ente	er the state(s) in which the organization of	perates gaming activitie	es.		[YES	NO	
	als th	ne organization licensed to operate gaming				9;	a		
') IT IN	lo,' explain [.]							
		e any of the organization's gaming license es,' explain.	es revoked, suspended	or terminated during the	e tax year?	10:	a		
11	 Doe	es the organization operate gaming activities	es with nonmembers?						
12	ls th	ne organization a grantor, beneficialy or tr ninister charitable gaming?	ustee of a trust or a me	ember of a partnership of	or other entity formed to	0 12			
BAA		minutes of difference garring	TEE 037001 0		Schedule G (Fo		90.E7	2009	

Schedule G (Form 990 or 990-EZ) 2009 STEUBEN COUNTY CANCER ASSOCIATION 35-104854	10	P	age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility			
b An outside facility 8			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ►			
Address. ►			
15 a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15 a		
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount			
of gaming revenue retained by the third party \$			1
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		
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 ►\$	<u> </u>		

TEEA3703L 02/05/10

BAA

Schedule **G** (Form 990 or 990-EZ) 2009

2009 FE	EDERAL STATEMENTS		PAGE	1
STEUBI	EN COUNTY CANCER ASSOCIATION		35-104854	10
STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAI DONEE'S NAME: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	PEOPLE WITH CANCER IN STEUBEN ONNE	CO, INDIA	\$ 63,986	•
STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES ADVERTISING AND PROMOTION INSURANCE OFFICE EXPENSES ROUNDING TELEPHONE TRAVEL		\$ TOTAL \$	2,647. 100. 3,623. 1. 1,345. 600. 8,316.	
STATEMENT 3 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATE	ED WITH PERSONAL BENEFIT CONTRAC	CTS		

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

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

NO

(Rev April 2009) 🛫

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury

Internal Revenue	Service		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	<u>-</u>	•	► X
If you are	e filing for an A	Additional (Not Au	tomatic) 3-Month Extension, complete only Part II (c	on page 2 of this f	orm).	
-	_		ady been granted an automatic 3-month extension or			
Part I	Automatic :	3-Month Extens	sion of Time. Only submit original (no copie	es needed).		
			3 (, , , , , , , , , , , , , , , , , ,	,		
A corporation	n required to f	le Form 990-T and	requesting an automatic 6-month extension - check	k this box and cor	nplete Part I only	▶ 🗌
All other corp income tax re		uding 1120-C filers), partnerships, REMICS, and trusts must use Form i	7004 to request a	n extension of tim	ie to file
returns noted the additiona Form 990-T	d below (6 moi il (not automai Instead, you r	nths for a corporati (ic) 3-month extens nust submit the ful	electronically file Form 8868 if you want a 3-month au on required to file Form 990-T) However, you canno sion or (2) you file Forms 990-BL, 6069, or 8870, grou by completed and signed page 2 (Part II) of Form 886 e-file for Charities & Nonprofits	it file Form 8868 e up returns, or a co	electronically if (1) omposite or consc) you want olidated
	Name of Exempt	Organization		Eı	mployer identification i	number
Type or print						
			R ASSOCIATION	3	5-1048540	
File by the due date for	Number, street, a	nd room or suite number	If a P O box, see instructions			
filing your return See		28				
nstructions	·		de For a foreign address, see instructions			
	ANGOLA,					
		filed (file a separa	te application for each return)			
Form 990		-	Form 990-T (corporation)	Form 4720		
Form 990		-	Form 990-T (section 401(a) or 408(a) trust)	Form 5227		
X Form 990		-	Form 990-T (trust other than above)	Form 6069		
Form 990	0-PF		Form 1041-A	Form 8870		
• The books	s are in the care	e of ► PHYLLIS	S MILLER			
Telephone	e No ► <u>-</u> 2/_4	20-833-35	FAX No. ►			_
If the org	janization does	s not have an office	e or place of business in the United States, check thi	s box		▶ ∐
If this is f	for a Group Re	turn, enter the org	anization's four digit Group Exemption Number (GEN	N) If the	s is for the whole	group,
check this	s box ►	If it is for part of	the group, check this box 🕒 🗌 and attach a list wi	th the names and	EINs of all memb	oers
the exten	sion will cove	r		LT - 2		
1 I reques	st an automat	c 3-month (6 mont	hs for a corporation required to file Form 990-T) exte	ension of time		
			the exempt organization return for the organization	named above		
_		he organization's r	eturn for			
	calendar year					
▶ ∐	tax year begi	nning	, 20 , and ending , 20			
2 If this to	ax year is for	ess than 12 month	s, check reason Initial return Final re	turn Cha	nge in accounting	period
3a If this a nonrefu	application is f undable credits	or Form 990-BL, 99 See instructions	90-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any	3a \$	0.
b If this a made	application is f Include any pr	or Form 990-PF or ior year overpayme	990-T, enter any refundable credits and estimated ta ent allowed as a credit	ax payments	3ь\$	0.
deposit	e Due. Subtractive with FTD countries.	ct line 3b from line pon or, if required,	3a Include your payment with this form, or, if requir by using EFTPS (Electronic Federal Tax Payment S	ed, ystem)	3c \$	0.
Caution. If yo		make an electror	nic fund withdrawal with this Form 8868, see Form 84	53-EO and Form		
DAA For Dri	wacy Act and	Pananyark Paduct	ion Act Natice, see instructions		Form 8868 (B	Av. 4-2009)