



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? THE MISSION OF THE CANCER COUNCIL OF RENO COUNTY, INC IS TO PROVIDE SERVICES TO INDIVIDUALS AND FAMILIES OF RENO COUNTY AFFECTED BY CANCER AND TO PROVIDE EDUCATION ABOUT THE PRE- VENTION AND TREATMENT OF CANCER TO THE GENERAL PUBLIC			
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, and other relevant information for each program title			
28 THE MISSION OF THE CANCER COUNCIL OF RENO COUNTY, INC IS PROVIDE SERVICES TO INDIVIDUALS AND FAMILIES OF RENO COUNT AFFECTED BY CANCER AND TO PROVIDE EDUCATION ABOUT THE PRE- VENTION AND TREATMENT OF CANCER TO THE GENERAL PUBLIC (Grants \$ 53,618) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	53,618	
29 THE MISSION OF THE CANCER COUNCIL OF RENO COUNTY, INC IS PROVIDE SERVICES TO INDIVIDUALS AND FAMILIES OF RENO COUNT AFFECTED BY CANCER AND TO PROVIDE EDUCATION ABOUT THE PRE- VENTION AND TREATMENT OF CANCER TO THE GENERAL PUBLIC (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	15,017	
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a		
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32	68,635	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(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 & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions for Part V.)		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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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	No
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	No
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?	37b	No
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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
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	No
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 ▶ _____		
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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ LINDA DANIELS Telephone no ▶ (620) 665-5555 PO BOX 633 Located at ▶ HUTCHINSON, KS ZIP + 4 ▶ 675040633		
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 Foreign Bank and Financial Accounts.	42b	No
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 ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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	No

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
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	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 & deferred compensation	(e) Expense account and other allowances
NONE				

50(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		

51(d) Total number of other independent contractors each receiving over \$100,000

Please 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	2010-07-06 Date
	LINDA DANIELS TREASURER Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	DONALD G GROSSARDT CPA	Date	2010-07-16	Check if self-employed	<input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	GROSSARDT & GILBERT LLC 421A WEST FIRST P O BOX 3006 HUTCHINSON, KS 675043006				EIN	
					Phone no	(620) 665-6463	

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization CANCER COUNCIL OF RENO COUNTY INC	Employer identification number 48-1196499
---	--

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 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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 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 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 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 it 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?

(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 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 organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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 any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
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						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 for 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 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 the 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		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	27,982	28,337	37,233	105,462	31,460	230,474
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	49,762	50,627	39,481	86,645	1,957	228,472
3Gross receipts from activities that are not an unrelated trade or business under section 513					93,720	93,720
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	77,744	78,964	76,714	192,107	127,137	552,666
7aAmounts included on lines 1, 2, and 3 received from disqualified persons	8,175	8,000	12,000	14,666		42,841
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	42,753	45,627	34,481	73,446		196,307
cAdd lines 7a and 7b	50,928	53,627	46,481	88,112		239,148
8Public Support (Subtract line 7c from line 6)						313,518

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	77,744	78,964	76,714	192,107	127,137	552,666
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	871	1,089	1,627	2,172		5,759
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	871	1,089	1,627	2,172		5,759
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)	78,615	80,053	78,341	194,279	127,137	558,425
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	56.140 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	40.780 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	1.000 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.000 %
19a33 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	<input type="checkbox"/>	
b33 1/3% support tests—2008. 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	<input type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 48-1196499

Name: CANCER COUNCIL OF RENO COUNTY INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	(E) Expense account and other allowances
MELISSA MOODIE PO BOX 633 HUTCHINSON, KS 675040633	PRESIDENT 0	0		
ANDREA SIEFKES PO BOX 633 HUTCHINSON, KS 675040633	VICE-PRES 0	0		
MARJ WESTFAHL PO BOX 633 HUTCHINSON, KS 675040633	SECRETARY 0	0		
LINDA DANIELS PO BOX 633 HUTCHINSON, KS 675040633	TREASURER 0	0		
JANET STOECKLEIN PO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR 0	0		
DENISE HALLMAN PO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR 0	0		
ROBIN SANDERS PO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR 0	0		
CYNDA WRIGHT PO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR 0	0		
JANET RALSTON PO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR 0	0		
JENNIFER TRUMAN PO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR 0	0		
ANDY STOUT PO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR 0	0		
JERRY HILL PO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR 0	0		
DR PAMELA EDWARDS PO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR 0	0		
CHELSEA BARKER PO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR 0	0		
MATT LINKE PO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR 0	0		
SANDY WOODSON PO BOX 633 HUTCHINSON, KS 675040633	STAFF 0	0		

TY 2009 Compensation Explanation**Name:** CANCER COUNCIL OF RENO COUNTY INC**EIN:** 48-1196499

Person Name	Explanation
MELISSA MOODIE	
ANDREA SIEFKES	
MARJ WESTFAHL	
LINDA DANIELS	
JANET STOECKLEIN	
DENISE HALLMAN	
ROBIN SANDERS	
CYNDA WRIGHT	
JANET RALSTON	
JENNIFER TRUMAN	
ANDY STOUT	
JERRY HILL	
DR PAMELA EDWARDS	
CHELSEA BARKER	
MATT LINKE	
SANDY WOODSON	

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** CANCER COUNCIL OF RENO COUNTY INC**EIN:** 48-1196499

Item No.	1
Class of Activity	
Donee's Name	
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	CANCER PATIENT
Description	
Book Value	
How BV Determined	CASH
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	CANCER PATIENT
Description	
Book Value	
How BV Determined	CASH
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: CANCER COUNCIL OF RENO COUNTY INC

EIN: 48-1196499

Description	Beginning of Year Amount	End of Year Amount
CONSTRUCTION WORK IN PROGRESS	95,472	110,583
	95,472	110,583

TY 2009 Other Expenses Schedule

Name: CANCER COUNCIL OF RENO COUNTY INC

EIN: 48-1196499

Description	Amount
RENO ROUNDUP BENEFIT	
ENTERTAINMENT	1,808
FOOD/BEVERAGE	2,814
AUCTION ITEMS	3,106
OTHER AUCTION EXPENSE	315
PRINTING	132
BANK/CREDIT CARD FEES	351
ADVERTISING	35
TAXES/LICENSES	50
PURSE AUCTION	
AUCTION ITEMS PURCHASED	1,403
FOOD/BEVERAGE	2,625
BANK/CREDIT CARD FEES	231
AUCTIONEER/HARPIST/SEC.	350
PP RODEO PINK NIGHT	
SUPPLIES	315
STARLIGHT REMEMBRANCE	
SUPPLIES	5
EXPENSES	
OFFICE	757
TRAVEL	302
INSURANCE	715
BANK SERVICE CHARGES	265
KANSAS CORPORATE ANNUAL R	40
POSTAGE	233

TY 2009 Other Liabilities Schedule

Name: CANCER COUNCIL OF RENO COUNTY INC

EIN: 48-1196499

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	745	813
MORTGAGE PAYABLE	70,752	68,447
	71,497	69,260