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DLN: 93492197002000

2009

OMB No 1545-1150

Form 990-EZ

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

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

Open to Public Inspection

			year, or	tax year beginning 01-01-2009	, and ending	12-31-2009			
		applicable change	Please	C Name of organization CANCER COUNCIL OF RENO COUNTY INC			D Ei	nploy	er identification number
	ame ch	change	use IRS label or			-		8-119	
$ ^{"}$	nitial ret	turn	print or	Number and street (or P O box, if mail is not PO BOX 633	delivered to stree	et address) Room	r/suite <b>E</b> Te	lephoi	ne number
$\Box_{T}$	ermınat	ted	type. See						(620) 665-5555
		d return	Specific Instruc-	City or town, state or country, and ZIP + 4 HUTCHINSON, KS 675040633					xemption
Α	pplicatio		tions.	Hotelinson, Ro 073010033			INC	ımber	•
<b>*</b> Se	ction			ons and 4947(a)(1) nonexempt charita mpleted Schedule A (Form 990 or 990-	ARTI		iting method specify) 🕨	৽	Cash Accrual
		<b>■</b> N/Λ				<b>H</b> Check	<► V ift	he or	-ganization
	ebsite x-Exeı		ck only on	ne)— 501(c) (3) ◀(insert no ) 4947(a	1)(1) or <b>5</b> 27	_	required to		.h , 990-EZ, or 990-PF)
K Cł	neck 🕨	If the organ	nization i	is not a section 509(a)(3) supporting org	ganization <b>and</b>				
\$25	,000	A Form 990-E2	Z or Forn	m 990 return is not required, but if the or	ganızatıon cho	oses to file a	return, be su	ıre to	
				etermine gross receipts, if \$500,000 or more, file				<u>'</u>	127,137
Pa	rt I			nses, and Changes in Net Asset	s or Fund B	alances (Se	e the instru		
	1	·		rants, and similar amounts received .				-	31,460
	2			nue including government fees and contr	acts			$\vdash$	2
	3	Membership d	ues and	assessments				<u> </u>	3
	4	Investment in	come					<u></u>	1,957
	5a	Gross amount	from sa	le of assets other than inventory .		5a			
9	ь	Less cost or o	other ba	sis and sales expenses		5b			
Revenue	С	Gain or (loss)	from sal	le of assets other than inventory (Subtra	ct line 5b from	line 5a) .		5	ic
ď	6	Special events		tivities (complete applicable parts of Sc	hedule G) If ar	ny amount is f	rom <b>gaming,</b>		
	а	Gross revenue	e (not inc	cluding \$ _of contributions					
		reported on lin	ne 1)			6a	93,72	:0	
	ь	Less directe	xpenses	other than fundraising expenses .		6b			
	c	Net income or	(loss) fr	rom special events and activities (Subtra	act line 6b fron	n line 6a) .		٦ ,	93,720
	7a		• •	ory, less returns and allowances		7a			,
	ь	Less cost of				7b			
	c	_	-	from sales of inventory (Subtract line 7 b	from line 7a)	7.5		┨,	,, 'c
	8	Other revenue						$\vdash$	<u> </u>
	9		-				· •	-	127,137
						• • •	• •	+	
	10			ounts paid (attach schedule) 🕏 🗼 .				-	53,618
	11	Benefits paid t						$\vdash$	
	12			nsation, and employee benefits				$\vdash$	10,604
95	13			other payments to independent contract	ors			$\vdash$	765
Expenses	14	, ,,	,	ties, and maintenance				$\vdash$	3,695
щ	15	27.	•	postage, and shipping				1	5 998
	16	Other expense					)	1	15,852
	17	Total expense	s. Add III	nes 10 through 16			. •	1	85,532
E A	18	Excess or (def	ficit) for	the year (Subtract line 17 from line 9)				1	8 41,605
etAssets	19	Net assets or	fund bala	ances at beginning of year (from line 27,	, column (A )) (ı	must agree wi	th		
مر مر		end-of-year fig	gure repo	orted on prior year's return)				1	9 150,079
ž	20	Other changes	s in net a	assets or fund balances (attach explana	tion)			2	0
	21	Net assets or	fund bala	ances at end of year Combine lines 18	through 20		•	2	191,684
Pa	rt II	Balance S	heets-	—If Total assets on line 25, column (B)	are \$1,250,00	0 or more, file	Form 990 ı	nstea	ad of Form 990-EZ
			(C +1	no instruistions for Doub II.	г	/A \ D			(D) F
			•	ne instructions for Part II )	-	(A) Beginnin			(B) End of year
		, savings, and ii	nvestme	ents	• •		126,104	22	150,361
		and buildings	় <u>এ</u> ছেন		· .		05 473	23	110 500
		r assets (descr	ibe 🏲 🔼		——) <u> </u>		95,472	24	110,583
		assets .	 				- '	25	260,944
		liabilities (desc	-		)		71,497	26	69,260
27	net a	ssets or fund b	alances	(line 27 of column (B) <b>must</b> agree with li	ne ∠1) .		150,079	27	191,684

Part III Statement of Program	Service Accomplishn	nents (See the instruction	ns for Part III )		Expenses
What is the organization's primary exempt THE MISSION OF THE CANCER COUNCI INDIVIDUALS AND FAMILIES OF RENO ABOUT THE PRE- VENTION AND TREAT	IL OF RENO COUNTY, INC COUNTY AFFECTED BY C	CANCER AND TO PRO		(c)(i orga 494	quired for section 501 3) and 501(c)(4) inizations and section 7(a)(1) trusts,
Describe what was achieved in carrying our describe the services provided, the numbe program title			,	opti	onal for others)
28 THE MISSION OF THE CANCER COUNTINDIVIDUALS AND FAMILIES OF RENOABOUT THE PRE- VENTION AND TREAT (Grants \$ 53,618)	COUNT AFFECTED BY CA	ANCER AND TO PROV HE GENERAL PUBLIC	IDE EDUCATION	28a	53,618
29 THE MISSION OF THE CANCER COUNTINDIVIDUALS AND FAMILIES OF RENOABOUT THE PRE-VENTION AND TREAT (Grants \$ ) If the	COUNT AFFECTED BY CA	ANCER AND TO PROV HE GENERAL PUBLIC	IDE EDUCATION	29a	15,01
30					
(Grants \$ ) If the	s amount includes foreign (	grants, check here .	▶┌	30a	
<b>31</b> O ther program services (attach schedu (Grants \$ ) If thi	le) s amount includes foreign (	grants, check here	▶ ┌	31a	
32 Total program service expenses (add line	es 28a through 31a) .		▶	32	68,63
Part IV List of Officers, Directors, Tru	stees, and Key Employees.	List each one even if not co	mpensated (See the ins	tructions	s for Part IV )
(a) Name and address	( <b>b)</b> Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pl deferred compensa	ans &	(e) Expense account and other allowances

Ρ	а	a	e	3
•	ч	9	_	_

Pa	rt V Other 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		Νο
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	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		Νo
ь	If "Yes," has it filed a tax return on <b>Form 990-T</b> 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			
ь	Did the organization file Form 1120-POL for this year?	37b		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Νo
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b			
39	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on line 9 39a			
ь	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		Νο
С	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		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of 🕨 LINDA DANIELS	<b>►</b> <u>(62</u>	0)665	5555
	PO BOX 633 Located at HUTCHINSON, KS ZIP + 4	<b>►</b> <u>67</u>	750406	33
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	163	
	account)?	720		Νο
	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			
С	Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Νo
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here			<b>▶</b> □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44		Νο
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			14.0
<del>-</del>	"Yes", Form 990 must be completed instead of Form 990-EZ.	45		Νο
		0	0Λ-E7	/2000

<b>16</b> Did t	he organization engage in direct (	or indirect political camp	aign activities on behal	f of or in opposition to		Yes	No
	idates for public office? If "Yes,"		_		46		Νo
	he organization engage in lobbyir			rt II	47		Νο
					48		Νο
48 Is the organization a school 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?							No
	es," was the related organization	·	•		49b		
<b>0</b> Com	olete this table for the organization	on's five highest compen	sated employees (othe				
(a) Name	and address of each employee Id more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans ( deferred compensation	( <b>a</b>	e) Exper ccount a er allowa	and
ONE							
<b>0(f)</b> Tot	al number of other employees pa	nd over \$100,000 .			. ▶		
1 Compofico	al number of other employees pa plete this table for the organization mpensation from the organization ame and address of each indeper	on's five highest compen If there is none, enter '	None "	ractors who each received  (b) Type of service		an \$10 Compen	
1 Compofico	plete this table for the organization	on's five highest compen If there is none, enter '	None "				
1 Compofico	plete this table for the organization	on's five highest compen If there is none, enter '	None "				
1 Compofico	plete this table for the organization	on's five highest compen If there is none, enter '	None "				
1 Compofico	plete this table for the organization	on's five highest compen If there is none, enter '	None "				
1 Composition of composition (a) N	plete this table for the organization	on's five highest compen If there is none, enter ' ndent contractor paid mo	'None " re than \$100,000				
1 Composition of composition (a) N	plete this table for the organization mpensation from the organization ame and address of each indepensation and an address of each indepensation all number of other independent currently under penalties of perjury, I declare the model of the state of	on's five highest compen If there is none, enter ' indent contractor paid mo ontractors each receivin	re than \$100,000  g over \$100,000  n, including accompanying s	(b) Type of service	(c) C	Compen	satio
1 Composition of composition (a) N	plete this table for the organization mpensation from the organization ame and address of each independent of other independent of	on's five highest compen If there is none, enter ' indent contractor paid mo ontractors each receivin	re than \$100,000  g over \$100,000  n, including accompanying s	(b) Type of service	(c) C	Compen	satio
1 Composition of composition (a) N  ONE  1(d) Tote  ease gn	al number of other independent c  Under penalties of pergury, I declare the and belief, it is true, correct, and compared to the signature of officer	on's five highest compen If there is none, enter ' indent contractor paid mo ontractors each receivin	re than \$100,000  g over \$100,000  n, including accompanying s	(b) Type of service	(c) C	Compen	satio
1 Composition of composition (a) N	al number of other independent c  Under penalties of perjury, I declare the and belief, it is true, correct, and compared to the compared to the correct of	on's five highest compen If there is none, enter ' indent contractor paid mo ontractors each receivin	re than \$100,000  g over \$100,000  n, including accompanying s	(b) Type of service	(c) C	Compen	satio
1 Composition of composition (a) N  ONE  1(d) Tote  ease gn	al number of other independent c  Under penalties of perjury, I declare the declare to the declare the	on's five highest compental of there is none, enter the dent contractor paid motor on tractors each receiving the dent contractors each receiving the determinant I have examined this return plete. Declaration of preparer	g over \$100,000  n, including accompanying s (other than officer) is based  ate 010-07-16  Crimate Crimate Crimate Section Content Crimate Section Crimate Sec	(b) Type of service  chedules and statements, and to on all information of which prepared 2010-07-06  Date  peck if Preparer's iden	the best arer has an	of my knowle	satio
1 Composition of composition (a) N	al number of other independent c  Under penalties of perjury, I declare the declare is signature of officer  LINDA DANIELS TREASURER Type or print name and title  Preparer's signature of DONALD G GROSSARDT	on's five highest compental of there is none, enter the dent contractor paid motor on tractors each receiving the dent contractors each receiving the determinant I have examined this return plete. Declaration of preparer	g over \$100,000  n, including accompanying s (other than officer) is based  ate 010-07-16  Crimate Crimate Crimate Section Content Crimate Section Crimate Sec	chedules and statements, and to on all information of which prepared 2010-07-06 Date  Preparer's iden (See instruction	the best arer has an	of my knowle	satio

OMB No 1545-0047

#### **SCHEDULE A Public Charity Status and Public Support** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection **Employer identification number** 

ANC	ER COU	DINCIL OF RE	ENO COUNTY I	INC					19 11064	0.0		
Pa	rt I	Reaso	n for Pul	olic Charity Stat	us (All org	anızatıon	s must comp	lete this n	48-11964 art ) See in			
				e foundation because						<u> </u>		
1	Γ		•	on of churches, or as:	•			•	•			
2	$\Gamma$			ın section 170(b)(1)								
3	Γ	A hospi	tal or a coop	perative hospital serv	vice organiza	atıon descr	ıbed ın <b>sectio</b> ı	n 170(b)(1)	(A)(iii).			
4	Γ	A medic	al research	organization operate y, and state						L)(A)(iii). E	nter the	
5	Г	An orga	nızatıon ope	rated for the benefit	of a college	or universi	ıty owned or op	perated by a	governmenta	al unit desc	rıbed ın	
		section	170(b)(1)( <i>t</i>	<b>A)(iv).</b> (Complete Pa	rt II )							
6	Γ	A federa	ıl, state, or l	local government or	governmenta	al unit desc	cribed in <b>sectio</b>	on 170(b)(1	)(A)(v).			
7	Γ	describe	ed in	t normally receives a <b>A)(vi)</b> (Complete Pa		l part of its	support from	a governme	ntal unit or fro	om the gene	eral publi	С
8	Г	A comm	unity trust	described in <b>section</b>	170(b)(1)(A	<b>(Vi)</b> (Co	mplete Part II	)				
9	<u>~</u>	An orga	nızatıon tha	t normally receives	(1) more tha	an 331/3%	of its support	from contrib	outions, mem	bership fees	, and gro	SS
		receipts	from activi	ties related to its ex	empt functio	ns—subjec	t to certain ex	ceptions, a	nd (2) no mor	e than 331/	'3% of	
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busine	ess taxable ind	ome (less	section 511 t	ax) from bu	sınesses	
		acquire	d by the orga	anızatıon after June 3	30,1975 Se	ee <b>section</b>	<b>509(a)(2).</b> (Co	omplete Par	t III )			
10	Γ	An orga	nızatıon org	anızed and operated	exclusively	to test for	public safety	See <b>section</b>	509(a)(4).			
11	ı	one or n the box a	nore publicly that describ Type I	anized and operated y supported organiza pes the type of suppo <b>b</b> Type II	tions descri orting organi <b>c</b>	bed in sect zation and Type II:	tion 509(a)(1) complete lines I - Functionall	or section! 11e throug y integrated	509(a)(2) Se gh 11h d <b>d</b>	e section 5	<b>09(a)(3)</b> III - Ot	. Check her
e f	Γ	other th section	an foundatio 509(a)(2) ganization r	x, I certify that the con managers and other	erthan one	or more pul	blicly supporte	ed organizat	ions describe	d in section	1509(a)(	1) or
g			-	006, has the organız	ation accep	ted any gift	t or contributio	n from any	of the			
		•	persons?									<del></del>
				ectly or indirectly co governing body of the	•		-	ersons aes	cribea in (ii)	110	(i) Yes	No
		, ,	, -	r of a person describ	• •	_	ation?			11g		┼──
		` '	•	ed entity of a person	` ,		ahaya?			11g( 11g(		<del>                                     </del>
h				g information about t						119(	,	<u> </u>
"		Flovide	the lonowin	g illiorillation about t	.ne supporte	u organizai	tion(s)					
	(i) Name suppo rganız	e of rted	(ii) EIN	(iii)  Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i)lis your gove docume	e ion in ted in erning	(v) Did you no organiza col (i) o suppo	otify the tion in f your	(vi Is t organiza col (i) or in the l	he ation in ganized	Am	( <b>vii)</b> ount of pport?
				ınstructions))	Yes	No	Yes	No	Yes	No		

Total

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	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						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

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

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

Se	ction A. Public Support			-			
	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	27,982	28,337	37,233	105,462	31,460	230,47
2	include any "unusual grants ") Gross receipts from admissions,						
-	merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt	49,762	50,627	39,481	86,645	1,957	228,47
3	purpose Gross receipts from activities that are not an unrelated trade or					93,720	93,72
	business under section 513					30,1.20	30,7.2
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						
6	the organization without charge <b>Total.</b> Add lines 1 through 5	77,744	78,964	76,714	192,107	127,137	552,66
	A mounts included on lines 1, 2, and 3 received from disqualified persons	8,175	8,000	12,000	14,666		42,84
b	A mounts 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		196,30
c	Add lines 7a and 7b	50,928	53,627	46,481	88,112		239,14
8	<b>Public Support</b> (Subtract line 7c from line 6)						313,51
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> ⊤otal
9	A mounts from line 6	77,744	78,964	76,714	192,107	127,137	552,66
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	871	1,089	1,627	2,172		5,75
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	871	1,089	1,627	2,172		5,75
11	Net income from unrelated business activities not included in line 10b, whether or not the						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part						
12 13	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support (Add lines 9, 10c,	78,615	80,053	78,341	194,279	127,137	558,42
	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  Total support (Add lines 9, 10c, 11 and 12 )  First Five Years If the Form 990 is for	,	<u>'</u>	,	,	,	zation,
13 14	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11 and 12)  First Five Years If the Form 990 is for check this box and stop here	r the organizatio	n's first, second, t	,	,	,	
13 14	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11 and 12)  First Five Years If the Form 990 is for check this box and stop here	r the organizatio	n's first, second, t	:hırd, fourth, or fı	,	501(c)(3) organi	zation,
13 14	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11 and 12)  First Five Years If the Form 990 is for check this box and stop here	r the organizatio	n's first, second, t rcentage i divided by line 1	:hırd, fourth, or fı	,	,	zation,
13 14 Se 15 16	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11 and 12)  First Five Years If the Form 990 is for check this box and stop here  ection C. Computation of Public Public Support Percentage for 2009  Public support percentage from 2008	c Support Pe (line 8 column (f)	rcentage I divided by line 1 rt III, line 15	third, fourth, or fi	,	501(c)(3) organi	zation, <b>F</b> 56 140 %
13 14 Se 15 16	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for check this box and stop here  ection C. Computation of Public Public Support Percentage for 2009	r the organizatio  c Support Pe (line 8 column (f) 3 Schedule A , Pa  stment Incor	rcentage I divided by line 1 rt III, line 15	third, fourth, or fi	fth tax year as a	501(c)(3) organi	zation, <b>F</b> 56 140 %

Investment income percentage from 2008 Schedule A, Part III, line 17

1 000 %

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

33 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

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.** 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

Schedule A (Form 990 or 990-EZ) 2009

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 DO BOX 633 HUTCHINSON, KS 675040633	PRESIDENT 0	0		
ANDREA SIEFKES  PO BOX 633 HUTCHINSON, KS 675040633	VICE-PRES 0	0		
MARJ WESTFAHL DO BOX 633 HUTCHINSON, KS 675040633	SECRETARY 0	0		
LINDA DANIELS D PO BOX 633 HUTCHINSON, KS 675040633	TREASURER 0	0		
JANET STOECKLEIN  PO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR O	0		
DENISE HALLMAN® PO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR O	0		
ROBIN SANDERS PO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR O	0		
CYNDA WRIGHT DPO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR 0	0		
JANET RALSTON D PO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR O	0		
JENNIFER TRUMAN  PO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR 0	0		
ANDY STOUT TO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR 0	0		
JERRY HILL DO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR 0	0		
DR PAMELA EDWARDS DPO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR 0	0		
CHELSEA BARKER DO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR 0	0		
MATT LINKE D PO BOX 633 HUTCHINSON, KS 675040633	DIRECTOR 0	0		
SANDY WOODSON DO BOX 633 HUTCHINSON, KS 675040633	STAFF 0	0		

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# **TY 2009 Compensation Explanation**

Name: CANCER COUNCIL OF RENO COUNTY INC

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	
MATTLINKE	
SANDY WOODSON	

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## **TY 2009 Grants and Similar Amounts Paid Schedule**

Name: CANCER COUNCIL OF RENO COUNTY INC

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

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

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 REMEMBERANCE	
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

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