			EXTENDED TO MAY 16, 202			
	0	00	Return of Organization Exempt Fro	om l	ncome Tax	OMB No. 1545-0047
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	ode (exc	ept private foundation	
Dena	rtment (of the Treasury	Do not enter social security numbers on this form as i	it may b	e made public.	Open to Public
Intern	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the			Inspection
AF	or th	e 2020 calend	ar year, or tax year beginning $ m JUL1$, 2020 and end	ling J	UN 30, 2021	
B c a	heck if pplicab	le: C Name of	organization		D Employer identific	ation number
	Addre chang		DA CANCER COALITION			
	_chang	pe Doing b	usiness as		46-241923	12
	_return Final return	Number	and street (or P.O. box if mail is not delivered to street address) Room NEIL ROAD 203	om/suite 3	E Telephone number 775-737-	
	termir		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,568,045.
	Amen return	ded DENTO	, NV 89502		H(a) Is this a group re	
	Applie tion		nd address of principal officer: CARI HERINGTON		for subordinates	37
	pendi	^{ng} SAME	AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-ex		X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527	1	list. See instructions
			NEVADACANCERCOALITION.ORG		H(c) Group exemption	
				I Year (State of legal domicile: NV
	rt I	Summary				otato or rogal dormono, o
	1		e the organization's mission or most significant activities: $f NCC f WOI$	RKS	TO REDUCE TI	HE BURDEN
ЭС	.	OF CANC	ER IN NEVADA BY FOSTERING STATEWIDE	COL	LABORATION.	EMPOWERING
Governance	2		x			
ver						12
წ						12
			ependent voting members of the governing body (Part VI, line 1b)			6
Activities &			of individuals employed in calendar year 2020 (Part V, line 2a)			0
tivi			of volunteers (estimate if necessary)			0.
Ac			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		
					Prior Year	Current Year
ne	8		and grants (Part VIII, line 1h)		945,880.	2,490,374.
en.	9	•	ce revenue (Part VIII, line 2g)		53,655.	77,670.
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)		0.	<u> </u>
-	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		999,535.	2,568,045.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	🖵	0.	0.
es	15	Salaries, othe	$^{ m r}$ compensation, employee benefits (Part IX, column (A), lines 5-10)	🖵	331,073.	462,239.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	🕒	0.	0.
×pe	b	Total fundrais	ng expenses (Part IX, column (D), line 25) b 29, 912	•		
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		722,961.	1,722,508.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,054,034.	2,184,747.
	19	Revenue less	expenses. Subtract line 18 from line 12		-54,499.	383,298.
or ces					ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)		172,806.	502,664.
Ass 1 Ba		-	(Part X, line 26)		62,023.	8,583.
<u>Net</u> -un(fund balances. Subtract line 21 from line 20		110,783.	494,081.
	rt II	Signature		1	,	,
			I declare that I have examined this return, including accompanying schedules and	d statem	ents, and to the best of my	knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which p			
,	30110			Propuror		

		,	
Sign Here	Signature of officer CARI HERINGTON, EXECUT Type or print name and title	IVE DIRECTOR	Date
Paid	Print/Type preparer's name WILLIAM SAYLOR	Preparer's signature Date	if self-employed P01603814
Preparer	Firm's name BARNARD , VOGLER	•	Firm's EIN 🕨 88-0118801
Use Only	Firm's address 🖌 100 W LIBERTY ST	REET, SUITE 1100	
	RENO, NV 89501-1	.959	Phone no. (775) 786-6141
May the II	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No
032001 12-2	23-20 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form 990 (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	n 990 (2020) NEVADA CANCER COALITION	46-2419212 Pa
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: NCC WORKS TO REDUCE THE BURDEN OF CANCER IN NEVADA BY	FOSTERING
	STATEWIDE COLLABORATION, EMPOWERING PEOPLE WITH INFORM	ATION AND
	CONNECTIONS, AND ADVOCATING FOR EQUITABLE ACCESS TO CAN	RE.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes X
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	• •
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers, the total expenses, and
	revenue, if any, for each program service reported.	
4a		
	CANCER CONTROL PROGRAM - DEVELOPMENT AND IMPLEMENTATION	
	EVIDENCE-BASED INITIATIVES TO REDUCE THE RISK OF DEVEL	
	INCREASE THE EARLY DETECTION FOR BREAST, CERVICAL, COL	
	CANCERS IN NEVADA'S COMMUNITIES. THESE INITIATIVES PROV	
	EDUCATION AND OUTREACH, AND THE PROVISION OF HEALTHCARD	S PROVIDER
	EDUCATION AND RESOURCES.	
	(Code:) (Expenses \$ 79,754 • including grants of \$) (Rev	enue \$
	CAREGIVER NAVIGATION SERVICES. PROGRAM ALSO SERVES AS A RESORT FOR CANCER SCREENING AND DIAGNOSTIC SERVICES FON INDIVIDUALS.	
1c	(Code:) (Expenses \$ 1,654,856 including grants of \$) (Rev	
	YOUTH VAPING PREVENTION CAMPAIGN - RESEARCH, DEVELOPMEN	
	IMPLEMENTATION OF A STATEWIDE MEDIA CAMPAIGN TO DECREAS	
		OPMENT AND
	MAINTENANCE OF PARENT MESSAGING AND A WEBSITE WITH RES	OURCES TO SUPPO
	TALKING WITH THEIR TEENS ABOUT VAPING.	
1d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 50,008 · including grants of \$) (Revenue \$	77,670.)
1e	Total program service expenses 2,031,575.	
		Form 990
200	02 12-23-20	
	3	
30)318 705190 362811 2020.05091 NEVADA CANCER COALI	TION 362811

Form	990	(2020)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
-	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 23
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	- U		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101-		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 22
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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4 2020.05091 NEVADA CANCER COALITION

		ecklist of Required Sc	hedules (co	ntinued)
Form 990 (2020)	NEVADA	CANCER	COALITIO

1 41			X	
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete</i>			
		23		x
24 0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 23
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
34		34		x
35 2		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4	х	
00000	(gambling) winnings to prize winners?	1 c		(2020)
032004	⁺ 12-23-20 5	TON	550	(2020)
	-			

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2020.05091 NEVADA CANCER COALITION

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Form	990	(2020)
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Part V

020) NEVADA CANCER COALITION Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section $170(c)$.	-		х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 92922	70		x
А	to file Form 8282?	7c		
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
Ø	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	140		x
		14a 14b		
р 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
IJ		15		x
	excess parachute payment(s) during the year?	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			_
	, , ,			

Form **990** (2020)

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Form 990 (2	2020)
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NEVADA CANCER COALITION

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

1a Enter If the body b Enter 2 Did 3 Did 3 Did 4 Did 5 Did 6 Did 5 Did 6 Did 7a Did b Are pers B 8 Did a The b Eact 9 Is the orgation Did b If "Y and Did b Did b Other in S Did ja Did	n A. Governing Body and Management ter the number of voting members of the governing body at the end of the tax year				
If the b Enter 2 Did 3 Did 3 Did 3 Did 5 Did 5 Did 5 Did 6 Did 7 Did 6 Did 7 Did 6 Did 5 Did 6 Did 5 Did 6 Did 7 18 7 17 18 18 19 10 <	er the number of voting members of the governing body at the end of the tax year				_
If the b Enter 2 Did 3 Did 3 Did 3 Did 5 Did 5 Did 5 Did 6 Did 7 Did 6 Did 7 Did 6 Did 5 Did 6 Did 5 Did 6 Did 7 18 7 17 18 18 19 10 <	ter the number of voting members of the governing body at the end of the tax year	1 1	~ —	Yes	N
body b Entre 2 Did 3 Did 4 Did 5 Did 6 Did 7a Did 6 Did 7a Did 6 Did 7a Did 6 Did 7a Did 6 Did 7 Did 6 Did 7 List 8 Sec 6 Dif 7 List 8 Sec 6 Cir		1a 1	4		
b Entre 2 Did 3 Did 4 Did 5 Did 6 Did 7 Did 6 Did 6 Did 7 If "Y and Des 2 Did b Des 2 Did b Oth 11 Has b Did 6 Did 7 Did 6 Did 6 Did 6 If "Y 6 Did 6 If "Y 6 Did 6 If "Y 6 <td>nere are material differences in voting rights among members of the governing body, or if the governing</td> <td></td> <td></td> <td></td> <td></td>	nere are material differences in voting rights among members of the governing body, or if the governing				
 2 Did offic 3 Did of o 4 Did 5 Did 6 Did 7 Did 6 Did 7 Did 6 Did 7 Did 6 Did 7 Did 8 Did 1 The 9 Is the <l< td=""><td>dy delegated broad authority to an executive committee or similar committee, explain on Schedule O.</td><td>1</td><td></td><td></td><td></td></l<>	dy delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1			
 officient of the second seco	ter the number of voting members included on line 1a, above, who are independent	1b 1	4		
 3 Did of o of o 4 Did 5 Did 6 Did 7a Did 6 Did 7a Did a The b Eact 9 Is tr orge c Did b If "Y and 1a Has b Des 2a Did b Were c Did d Has b Other in jo exere c Exercised c Figure x Exere x Exere x Exere x Exere x Exere 	any officer, director, trustee, or key employee have a family relationship or a business relationsl	hip with any other			
of o of o 4 Did 5 Did 6 Did 7a Did mor b Are pers 8 Did 1 a The b Eac 9 Is tr orga ection 0a Did b If "Y and 1a Has 9 Did 1a Has 2a Did b Uff "Y and 1a Has 2a Did b Uff "Y and 1a Has 5 Did b Wer c Did 1a Has 5 Did 1 (1 "Y 6 (1 "Y	icer, director, trustee, or key employee?		2		2
4 Did 5 Did 6 Did 7a Did b Are b Eac 9 Is tr orga Did b If "Y and Did b If "Y and Did b Did f" Y and 1a Hass b Did f Did f Did f Did f Did f The b Oth f The b If "Y in jo exee cection F" isection F	t the organization delegate control over management duties customarily performed by or under t				
5 Did 6 Did 7 Did 7 Did 7 Did 7 Did 7 Did 7 Did 8 Did 8 Did 8 Did 9 Is th 9 Is th	officers, directors, trustees, or key employees to a management company or other person? \dots		3		2
6 Did 7 Did mor b Are pers 8 Did 1 a The b Eac 9 Is th orga 6 CTION 0 Did b If "Y 1 a Has b Des 2 a Did b Werd c Did b Werd c Did b Werd c Did 5 Did 5 Did 5 Did 5 Did 6 Dis 6 CTION 6 Did 6 Dis 7 List 8 Sec for p X	I the organization make any significant changes to its governing documents since the prior Form	n 990 was filed?			2
 7a Did more that is the second seco	the organization become aware during the year of a significant diversion of the organization's a		5		2
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9 Is the organised organis	ch committee with authority to act on behalf of the governing body?		8b	Х	
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ection 0a Did b If "Y and 1a Has b Des 2a Did b Were c Did in S 3 Did 4 Did 5 Did 5 Did 5 Did 5 Did 5 Did 6 Did 6 Did 6 Did 7 List 8 Sec for p X	anization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		2
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b Werr c Did in S Did 3 Did 4 Did 5 Did 6 Did b Oth If "Y 6a Did b If "Y in jo exert cection 7 List 8 Sec for p	the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
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If "Y 6a Did taxa b If "Y in jo exer section 7 List 8 Sec for p	ner officers or key employees of the organization			X	-
6a Did taxa b If "Y in jo exer section 7 List 8 Sec for p	Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		150		
taxa b If "Y in jo exer cection 7 List 8 Sec for p	I the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a			
b If "Y in jo exer cection 7 List 8 Sec for p			16a		2
in jo exer Section 7 List 8 Sec for p	able entity during the year? Yes," did the organization follow a written policy or procedure requiring the organization to evalu		10a		Ľ
exer Section 7 List 8 Sec for p		• •			
Fection 7 List 8 Sec for p	oint venture arrangements under applicable federal tax law, and take steps to safeguard the org		164		
7 List 8 Sec for p	empt status with respect to such arrangements?		16b		L
8 Sec for p	t the states with which a copy of this Form 990 is required to be filed NONE				
for p	ction 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and QQD_T (Section ED1(a))	(3)0 001	1) 21/21	lah
X	public inspection. Indicate how you made these available. Check all that apply.	and 330-1 (Section 301(C)	JS UNIY	y avall	aIJ
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J Des		in on Schedule O)	nd fire -		
- 4 - 4	scribe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest policy, a	una tinar	icial	
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TH	ate the name, address, and telephone number of the person who possesses the organization's b HE ORGANIZATION - 775-737-9720	DOOKS and records			
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compen	satec
	Employees, and Independent Contractors	

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and title Average hours per veck total and structure body Description body Reportable compensation from organization (%2/1099-MISC) Estimated compensation from field organizations (%2/1099-MISC) (1) CARI A HERINGTOM 40.00 x 97,797. 0. 10,317. (2) DEBORAH HARRIS 0.255 x x 0. 0. 0. (3) DEBORAH HARRIS 0.255 x x x 0. 0. 0. (3) DEBORAH HARRIS 0.255 x x x 0. 0. 0. (3) DEBORAH HARRIS 0.255 x x x 0. 0. 0. (3) DEBORAH HARRIS 0.255 x x 0. 0. 0. (3) DEBORAH HARRIS 0.255 x x 0. 0. 0. (3) DEBORAH HARRIS 0.255 x x 0. 0. 0. (3) DEBORAH HARRIS 0.255 x 0. 0.	(A)	(B)		211120)	npo	loat	(D)	(E)	(F)
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Form 990 (2020)

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2020.05091 NEVADA CANCER COALITION

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	990 (2020) NEVADA CA									46-24	419	212	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C					(5)	
	(A) Name and title	(B) Average hours per week	box, offic	not ch unles cer an	ss per	tion ^{more} rson i	than s bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	am	(F) timate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga and	pensa om the anizati I relate nizatio	e Ion ed
					4									
									07 707		0.	1 (<u>, , , , , , , , , , , , , , , , , , , </u>	1 7
	Subtotal Total from continuation sheets to Part VI								97,797.		0.),3	0.
	Total (add lines 1b and 1c)			<u> </u>	<u> </u>				97,797.		0.	1(),3	17.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wł	no re	eceived more than \$100),000 of reportab	e			0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	-			•	•		Ŭ		•		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	le co	mpe	ensa	ition	and	d otl				4		x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsati	on fi	rom	any	unr	elat	ted organization or indiv	idual for services		5		х
Sec 1	tion B. Independent Contractors Complete this table for your five highest con	moonsated inc	topo	ndo	nt c	ontr	acto	vre t	that received more than	\$100.000 of cor	none	ation f		
<u> </u>	the organization. Report compensation for								n the organization's tax		ipens			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C omper		<u>ו</u>
								_						
								-						
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lir	niteo	d to	thos (stec	d above) who received n	nore than		Form 9	390 (*	2020/

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Form **990** (2020)

<u>Fo</u> rn	<u>n 9</u> 9)0 (:	2020) NEV	ADA C	ANCER	COALITI	ON		46-2419	212 Page 9
	rt \		I Statement of Re							
			Check if Schedule O c	contains a	response	or note to any lir	ne in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d e f g h	Fundraising events	ibutions) grants, and above lines 1a-1f	1f 1g \$	25. 296,496. 193,853. ▶ Business Code 812900 812900	2,490,374. 54,250. 23,420.	54,250. 23,420.		
ue ș		b	NEVADA CANCER	SOMM	<u>1.1.</u>	812900	23,420.	23,420.		
s nas		с								
gra Re		d								
Pro		e 4	All other program service							
		f q	Total. Add lines 2a-2f				77,670.			
	3	<u> </u>	Investment income (includ							
	ľ		other similar amounts)	-			1.			1.
	4		Income from investment o							
	5	,	Royalties			►				
				(i)	Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		С	Rental income or (loss)	6c						
		d	Net rental income or (loss)							
	7	a	Gross amount from sales of		ecurities	(ii) Other				
			assets other than inventory	7a						
Ð		b	Less: cost or other basis							
evenue			and sales expenses	7b						
			Gain or (loss)	7c		L				
ч В			Net gain or (loss) Gross income from fundraisir			····· ►				
Other	8	a	including \$ contributions reported on Part IV, line 18	line 1c). S	of ee					
		b	Less: direct expenses							
		с	Net income or (loss) from	fundraising	g events	►				
	9	а	Gross income from gaming	g activities	. See					
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from			🕨				
	10	а	Gross sales of inventory, I							
			and allowances							
			Less: cost of goods sold							
		С	Net income or (loss) from	sales of inv	ventory					
sn						Business Code				
Miscellaneous Revenue	11	a L								
ellar ven		b					<u> </u>		<u> </u>	
Be		C A	All othor				<u> </u>			
ž			All other revenue							
	40		Total. Add lines 11a-11d				2,568,045.	77,670.	0.	1.
0000	12		Total revenue. See instructio	///ə		····· P	, , , , , , , , , , , , , , , , , , ,	1 11,010•		Form 990 (2020
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NEVADA CANCER COALITION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Total expenses Program service expenses Management and general expenses Fundralising expenses 1 Grants and other assistance to demestic organizations and domestic operanets. See Part IV, line 21 Imagement and general expenses Imagement and general expenses Fundralising expenses 2 Grants and other assistance to domestic individuals. See Part IV, line 21 Imagement and general expenses Imagement and general expenses Imagement and general expenses 3 Grants and other assistance to foreign organizations, foreign generaments, and foreign trustees, and key employees Imagement and general expenses Imagement and general expenses Imagement and general expenses 4 Benefits paid to or for members. Compensation of Lunch datave to disqualified persons description isecutive disqualified persons description isecutive disqualified persons description benefits disqualified persons description benefits 298, 606 223, 955 59, 721 14, 930 9 Presson flavore of disqualified persons description benefits 30, 027 30, 027 1, 701 1, 721 1, 032 9 Payrol taxes 846. 846. 846. 4646. 4 Compensional functiating services. See Part IV, line 7 1, 500 1, 500 1, 720 1, 720	Dr.	Check if Schedule O contains a respon	(A) Interior (A)	(B)	(C)	(D)
and domesic governments. See Part IV, line 21			Total expenses	Program service	Management and	Fundraising
individuals. See Part V, line 22 introductions, foreign governments, and foreign individuals. See Part V, line St and 16 3 Grants and other assistance to foreign granizations, foreign governments, and foreign individuals. See Part V, line St and 16 introductions, foreign governments, and foreign individuals. See Part V, line St and 16 4 Bernefits parts and security and security and persons described in sector 4958(r)(3)(8) 99 , 188. 49 , 594. 39 , 675. 9 , 919 6 Compensation or LineUnder Above to dispublic difference on the differen	1	-				
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12 Advertising and promotion 27,361. 27,361. 13 Office expenses 12,292. 10,940. 983. 369 14 Information technology 12,292. 10,940. 983. 369 15 Royaties 46,371. 32,460. 11,593. 2,318 17 Travel 46,371. 32,460. 11,593. 2,318 17 Travel 1,720. 1,720. 1,720. 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,456. 2,456. 1	g			5 605	F1 F	204
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14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses 19 Conferences, conventions, and meetings 21 Payments to affiliates 22 Depreciation, depletion, and amortization 21 nsurance 22 Depreciation, depletion, and amortization 23 nsurance 24 Other expenses. Itemize expenses on Schedule 0.) 25 TELEPHONE AND WEB 26 Joint cests. Complete this line only if the organization 27 POSTAGE 28 All other expenses 29 Total functional expenses. Add lines 1 through 24e 24 Joint cests. Complete this line only if the organization 25 Total functional expenses. Add lines 1 through 24e 24 Joint cests. Complete this line only if the organization 25 Total functional expenses from a combined educational capaging and fundraising solicitation.	12				002	200
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21 Payments to affiliates			2,430.	2,450.		
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25 Total functional expenses. Add lines 1 through 24e 2,184,747. 2,031,575. 123,260. 29,912 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. educational campaign and fundraising solicitation. educational campaign and fundraising solicitation.	е	All other expenses				
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	25	· · · · · · · · · · · · · · · · · · ·	2,184,747.	2,031,575.	123,260.	29,912
educational campaign and fundraising solicitation.	26	Joint costs. Complete this line only if the organization				
educational campaign and fundraising solicitation.						
Check here if following SOP 98-2 (ASC 958-720)		educational campaign and fundraising solicitation.				
		Check here if following SOP 98-2 (ASC 958-720)				

13030318 705190 362811

11 2020.05091 NEVADA CANCER COALITION Form **990** (2020)

13030318 705190 362811

NEVADA CANCER COALITION Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

		· · · · · · · · · · · · · · · · · · ·	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	172,806.	1	500,044.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disgualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a2,620Less: accumulated depreciation10b0			
	b	Less: accumulated depreciation 10b 0	• 0.	10c	2,620.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	502,664.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	55,920.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	6,103.	25	8,583.
	26	Total liabilities. Add lines 17 through 25	62,023.	26	8,583.
s		Organizations that follow FASB ASC 958, check here 🕨 📃			
ice:		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions		27	
Ä	28	Net assets with donor restrictions		28	
ŭ		Organizations that do not follow FASB ASC 958, check here \blacktriangleright X			
г		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	0.
sse	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
ít A:	31	Retained earnings, endowment, accumulated income, or other funds		31	494,081.
Ne	32	Total net assets or fund balances		32	494,081.
	33	Total liabilities and net assets/fund balances	172,806.	33	502,664.

46-2419212 Page 11

Form **990** (2020)

362811_1

Form 990 (2020)

	990 (2020) NEVADA CANCER COALITION	46-24	<u>19212</u>	Paç	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			0		4 -
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,56		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,18		
3	Revenue less expenses. Subtract line 2 from line 1	3			98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	0,7	83.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		4.0		~ 1
	column (B))	10	49	4,0	81.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				37
b	Were the organization's financial statements audited by an independent accountant?		2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-E	EZ)
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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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

	OMB No. 1545-0047
I	2020
	Open to Public Inspection
Employer	identification number

Name of the organiza	ation
----------------------	-------

			NEVA	DA CANCER	COALITION				4	6-2419212	
Pa	irt	I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructior	ıs.		
The	org	jani	zation is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)				
1			A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(*	1)(A)(i).			
2			A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990 or 99	90-EZ).)				
3			A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).			
4			A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
			city, and state:								
5			An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental (unit describ	oed in	
			section 170(b)(1)(A)(iv). (C	omplete Part II.)							
6			A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).			
7	X	ζ	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	the general	public described in	
	_	_	section 170(b)(1)(A)(vi). (Co	omplete Part II.)							
8			A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)					
9			An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
			or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	f the colleg	e or	
	_	_	university:								
10			An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts from	I
			activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investmen	ıt
			income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.	
	_		See section 509(a)(2). (Cor								
11			An organization organized a	and operated exclusion	ively to test for public sa	ifety. See	section 50)9(a)(4).			
12	L		An organization organized a	-		-			-		
			more publicly supported or	-						Check the box in	
	г		lines 12a through 12d that	• •					-		
а	L		Type I. A supporting orga								
			the supported organization			a majority (of the dire	ctors or truste	ees of the s	supporting	
	Г		organization. You must c	-							
b) [Type II. A supporting org	-				-		-	
			control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported	
_	Г		organization(s). You mus	-						ما بن نام	
С	; L		Type III functionally inte						iny integrate	ed with,	
d	, ſ		its supported organization						tod organi	zation(a)	
u	1 1		Type III non-functionally that is not functionally int						-		
			requirement (see instruct			•		-	u an allem	IVEIIE33	
е	, ſ		Check this box if the orga	,	•				II Type III		
Ũ			functionally integrated, or					x 19pc 1, 19pc	, n, rype m		
f	Е	nte	r the number of supported of								_
g			ide the following informatior		ed organization(s).						
			Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other	
			organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions	s)
Fota	al										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

2020.05091 NEVADA CANCER COALITION

46-2419212 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	288,269.	325,722.	517,247.	1,001,800.	2,490,374.	4,623,412.
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3	288,269.	325,722.	517,247.	1,001,800.	2,490,374.	4,623,412.
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)						
	Public support. Subtract line 5 from line 4.						4,623,412.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	288,269.	325,722.	517,247.	1,001,800.	2,490,374.	4,623,412.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots					1.	1.
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 VI.)						
11	Total support. Add lines 7 through 10						4,623,413.
12	1 ,					12	
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax y	/ear as a section 5	501(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publ						100 00
	Public support percentage for 2020 (I						L00.00 % 99.10 %
	Public support percentage from 2019					15	,-
16a	33 1/3% support test - 2020. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c						is box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organiza	ation
	meets the facts-and-circumstances te	•	• •	• • • •	•		
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets th						
40	organization meets the facts-and-circl						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 160, 1/a, or 17b		nd see instructions	

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in) 🕨 🔤	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e)	2020	(f) Total
1 Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.")							
2 Gross receipts from admissions,							
merchandise sold or services per-							
formed, or facilities furnished in any activity that is related to the							
organization's tax-exempt purpose							
3 Gross receipts from activities that							
are not an unrelated trade or bus-							
iness under section 513							
4 Tax revenues levied for the organ-							
ization'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, and					1		
3 received from disqualified persons							
b Amounts 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							
c Add lines 7a and 7b							
B Public support. (Subtract line 7c from line 6.)							
ection B. Total Support							
alendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(0)	2020	(f) Total
9 Amounts from line 6	<u>(u) 2010</u>	(6) 2011	(0) 2010	(4) 2010		12020	
Da 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							
1 Net income from unrelated business activities not included in line 10b.							
whether or not the business is							
regularly carried on							
2 Other income. Do not include gain or loss from the sale of capital							
assets (Explain in Part VI.)							
3 Total support. (Add lines 9, 10c, 11, and 12.)							
4 First 5 years. If the Form 990 is for the	organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	ion,
						<u></u>	
check this box and stop here		-					
	Support Pe	rcentage					%
ection C. Computation of Public			column (f))		15		
Section C. Computation of Public 15 Public support percentage for 2020 (lin	e 8, column (f), d	divided by line 13,			15 16		
 Fection C. Computation of Public Public support percentage for 2020 (lin Public support percentage from 2019 S 	e 8, column (f), c Schedule A, Part	divided by line 13, III, line 15					
ection C. Computation of Public Public support percentage for 2020 (lin Public support percentage from 2019 Section D. Computation of Invest	e 8, column (f), c Schedule A, Part ment Incom	divided by line 13, III, line 15 e Percentage	· · · · · · · · · · · · · · · · · · ·		16		%
 Fection C. Computation of Public Public support percentage for 2020 (lin Public support percentage from 2019 Section D. Computation of Invest Investment income percentage for 2020 	e 8, column (f), c <u>Schedule A, Part</u> ment Incom 0 (line 10c, colur	divided by line 13, III, line 15 e Percentage mn (f), divided by l	ine 13, column (f))				%
 Section C. Computation of Public Public support percentage for 2020 (lin Public support percentage from 2019 Section D. Computation of Invest Investment income percentage for 202 Investment income percentage from 20 	e 8, column (f), c Schedule A, Part :ment Incom 0 (line 10c, colur 019 Schedule A,	divided by line 13, III, line 15 e Percentage mn (f), divided by I Part III, line 17	ine 13, column (f))		16 17 18	, and line 1	% %
Section C. Computation of Public15Public support percentage for 2020 (lin16Public support percentage from 2019 Section D. Computation of Invest17Investment income percentage for 20218Investment income percentage from 2019a 33 1/3% support tests - 2020. If the or	e 8, column (f), c Schedule A, Part ment Incom 0 (line 10c, colur 019 Schedule A, rganization did r	divided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 not check the box	ine 13, column (f)) on line 14, and line	15 is more than (16 17 18 33 1/3%		% % 7 is not
 Fection C. Computation of Public Public support percentage for 2020 (lin Public support percentage from 2019 Section D. Computation of Invest Investment income percentage for 202 Investment income percentage from 20 	e 8, column (f), c Schedule A, Part ment Incom 0 (line 10c, colur 019 Schedule A, rganization did r dstop here. The	divided by line 13, III, line 15 e Percentage mn (f), divided by I Part III, line 17 not check the box organization qual	ine 13, column (f)) on line 14, and line ifies as a publicly s	15 is more than 3	16 17 18 33 1/3% ation		% % 7 is not ▶□
 Section C. Computation of Public Public support percentage for 2020 (lin Public support percentage from 2019 Section D. Computation of Invest Investment income percentage for 202 Investment income percentage from 20 	e 8, column (f), c Schedule A, Part ment Incom 0 (line 10c, colur 019 Schedule A, rganization did r ds top here. The rganization did r	divided by line 13, III, line 15 e Percentage mn (f), divided by I Part III, line 17 not check the box organization qual not check a box or	ine 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a	15 is more than 3 upported organiza , and line 16 is mo	16 17 18 33 1/3% ation pre than	n 33 1/3%, a	% % 7 is not
 Section C. Computation of Public Public support percentage for 2020 (lin Public support percentage from 2019 Section D. Computation of Invest Investment income percentage for 202 Investment income percentage from 20 Investment income percentage	e 8, column (f), c Schedule A, Part ment Incom 0 (line 10c, colur 019 Schedule A, rganization did r d stop here. The rganization did r k this box and st	divided by line 13, III, line 15 e Percentage mn (f), divided by I Part III, line 17 not check the box organization qual not check a box or cop here. The organization	ine 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a unization qualifies a	15 is more than 3 upported organiza , and line 16 is mo s a publicly suppo	16 17 18 33 1/3% ation ore than orted or	n 33 1/3%, a ganization	% % 7 is not
 For the section of the sect	e 8, column (f), c Schedule A, Part ment Incom 0 (line 10c, colur 019 Schedule A, rganization did r d stop here. The rganization did r k this box and st	divided by line 13, III, line 15 e Percentage mn (f), divided by I Part III, line 17 not check the box organization qual not check a box or cop here. The organization	ine 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a unization qualifies a	15 is more than 3 upported organiza , and line 16 is mo s a publicly supported organization s box and see in:	16 17 18 33 1/3% ation pre than prted or struction	n 33 1/3%, a ganization ns	% % 7 is not
 Section C. Computation of Public Public support percentage for 2020 (lin Public support percentage from 2019 Section D. Computation of Invest Investment income percentage for 202 Investment income percentage from 20 	e 8, column (f), c Schedule A, Part ment Incom 0 (line 10c, colur 019 Schedule A, rganization did r d stop here. The rganization did r k this box and st	divided by line 13, III, line 15 e Percentage mn (f), divided by I Part III, line 17 not check the box organization qual not check a box or cop here. The organization	ine 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a unization qualifies a	15 is more than 3 upported organiza , and line 16 is mo s a publicly supported organization s box and see in:	16 17 18 33 1/3% ation pre than prted or struction	n 33 1/3%, a ganization ns	% % 7 is not

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2

10

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
		_	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizatior	IS
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Part IV Supporting Organizations (continued)

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

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

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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2b

За

3b

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Schedule A (Form 990 or 990-EZ) 2020 NEVADA CANCER COALITION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net	short-term capital gain	1		
2 Rec	overies of prior-year distributions	2		
3 Othe	er gross income (see instructions)	3		
4 Add	lines 1 through 3.	4		
5 Dep	reciation and depletion	5		
6 Port	ion of operating expenses paid or incurred for production or			
colle	ection of gross income or for management, conservation, or			
mair	ntenance of property held for production of income (see instructions)	6		
7 Othe	er expenses (see instructions)	7		
8 Adjı	usted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B	- Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 Agg	regate fair market value of all non-exempt-use assets (see			
instr	ructions for short tax year or assets held for part of year):			
a Aver	rage monthly value of securities	1a		
b Aver	rage monthly cash balances	1b		
c Fair	market value of other non-exempt-use assets	1c		
d Tota	al (add lines 1a, 1b, and 1c)	1d		
e Disc	count claimed for blockage or other factors			
(exp	lain in detail in Part VI):			
2 Acq	uisition indebtedness applicable to non-exempt-use assets	2		
3 Sub	tract line 2 from line 1d.	3		
4 Cas	h deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see	instructions).	4		
5 Net	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mult	tiply line 5 by 0.035.	6		
7 Rec	overies of prior-year distributions	7		
	imum Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
1 Adju	isted net income for prior year (from Section A, line 8, column A)	1		
2 Ente	er 0.85 of line 1.	2		
3 Mini	mum asset amount for prior year (from Section B, line 8, column A)	3		
4 Ente	er greater of line 2 or line 3.	4		
5 Inco	me tax imposed in prior year	5		
6 Dist	ributable Amount. Subtract line 5 from line 4, unless subject to			
eme	rgency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	intear	ated Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe		1					
2	Amounts paid to perform activity that directly furthers exempt							
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount		-	10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
а	From 2015							
b	From 2016							
c	From 2017							
d	From 2018							
e	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
-	Applied to 2020 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018							
	Excess from 2019							
е	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 NE	VADA CANCER COALITION	46-2419212 Page
Part VI Supplemental Information Part IV, Section A, lines 1, 2, 3b line 1; Part IV, Section D, lines 2	On. Provide the explanations required by Part II, line 10; P b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Par d Part V, Section E, lines 2, 5, and 6. Also complete this par	art II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V,
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SCHEDULE D

(Form	990)
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Part I

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

NEVADA CANCER COALITION

	COALITION	<u>46-2419212</u>
Organizations Maintai	Advised Funds or Other Similar Funds or A	CCOUNTS. Complete if the

	organization answered "Yes" on Form 990, Part IV, lin	e 6.				
		(a) Donor advised funds	(b) F	Funds and o	other acco	unts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds	_	_	_
	are the organization's property, subject to the organization's				Yes	No No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	/		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring	9 _		
_				L	Yes	No No
Par			Part IV, lin	e 7.		
1	Purpose(s) of conservation easements held by the organizati					
	Preservation of land for public use (for example, recrea					ea
	Protection of natural habitat	Preservation of	a certified	historic str	ucture	
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conse			
	day of the tax year.				the End of t	he Tax Year
а	Total number of conservation easements					
D						
C h	Number of conservation easements on a certified historic str			C		
a	Number of conservation easements included in (c) acquired a		ure 2	4		
3	listed in the National Register Number of conservation easements modified, transferred, rel				the tax	
J	year	leased, extinguished, or terminated by the	e organiza	don duning	the tax	
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per					
Ū	violations, and enforcement of the conservation easements in			Г	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,				durina the	vear
	►	5 , 5			5	,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easer	ments durin	g the year	
	▶\$					
8	Does each conservation easement reported on line 2(d) abov	ve satisfy the requirements of section 170	0(h)(4)(B)(i)	_		
	and section 170(h)(4)(B)(ii)?			C	Yes	No No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statemer	nt and		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that	describes tł	ne	
_	organization's accounting for conservation easements.	(A · · · · · · · · ·				
Par	t III Organizations Maintaining Collections o		other Sir	nilar Ass	ets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95	· ·			orks	
	of art, historical treasures, or other similar assets held for put			e of public		
b	service, provide in Part XIII the text of the footnote to its finar				- 4	
D	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of	i public serv	/ice,	
	provide the following amounts relating to these items:(i) Revenue included on Form 990, Part VIII, line 1			¢		
	AND A A A A A A A A A A A A A A A A A A A			\$		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia		vide		
-	the following amounts required to be reported under FASB A		san, pro			
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$		
	Assets included in Form 990, Part X			► \$		
	For Paperwork Reduction Act Notice, see the Instructions				le D (Forn	n 990) 2020
	1 12-01-20				•	
		26				

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2020.05091 NEVADA CANCER COALITION

Sche	dule D (Form 990) 2020 NEVADA	CANCER COA	LITION		46-	2419212 Page 2							
Par	t III Organizations Maintaining C	ollections of A	rt, Historical T	reasures, or Oth	ner Similar As	ssets(continued)							
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	e following that make	significant use o	fits							
	collection items (check all that apply):		_										
а	Public exhibition	d	Loan or exe	change program									
b	Scholarly research	e	Other										
С	Preservation for future generations												
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.												
5	During the year, did the organization solicit o	r receive donations	of art, historical tre	asures, or other simil	ar assets								
_	to be sold to raise funds rather than to be ma		Q			Yes No							
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Yes" o	n Form 990, Part	IV, line 9, or							
	reported an amount on Form 990, Pa												
1 a	Is the organization an agent, trustee, custod					Yes No							
	on Form 990, Part X?												
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:										
						Amount							
	Beginning balance												
	Additions during the year												
e	Distributions during the year												
T	Ending balance Did the organization include an amount on F					Yes No							
	If "Yes," explain the arrangement in Part XIII.												
Par						·····							
		(a) Current year	(b) Prior year			ack (e) Four years back							
1a	Beginning of year balance	(a) ourient year	(b) Thorycar										
h	Contributions												
c c	Net investment earnings, gains, and losses												
о Ч	Grants or scholarships												
	Other expenditures for facilities												
Ũ	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of the cur	rent vear end baland	e (line 1a. column	(a)) held as:	1								
a	Board designated or quasi-endowment	· · · · , · · · · , · · · · · · · · · · ·	%	(-))									
b	Permanent endowment	%											
с	Term endowment	%											
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.											
3a	Are there endowment funds not in the posse	ssion of the organization	ation that are held	and administered for	the organization								
	by:					Yes No							
	(i) Unrelated organizations					3a(i)							
	(ii) Related organizations					3a(ii)							
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Schedule R	?		3b							
4	Describe in Part XIII the intended uses of the	0	wment funds.										
Par	t VI Land, Buildings, and Equipm												
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990, Part >	K, line 10.								
	Description of property	(a) Cost or o basis (investr		• •	Accumulated epreciation	(d) Book value							
1a	Land												
	Buildings												
	Leasehold improvements												
	Equipment												
	Other			2,620.		2,620.							
Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)	►	2,620.							

Schedule D (Form 990) 2020

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Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	TIG. See Form 990, Part X, line 15.	(b) Book value
	Description		(D) DOOK Value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	, 10.,		
	an Farm 000 Dart IV line	11. ou 116 Cas Form 000 Dart V line OF	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CREDIT CARD PAYABLE			8,583.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Calumn (b) must actual Farm 000, Part X, act, (B) line	25)		8,583.
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide		-	· · · · · · · · · · · · · · · · · · ·
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been pro	vided in Part XIII

Schedule D (Form 990) 2020

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00110	edule D (Form 990) 2020 NEVADA CANCER COALITION		46-2419212	Fayer
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Rever	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	· · ·	
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Beconciliation of Expanses per Audited Einancial Sta	atomonte With Evno	nses ner Return	
	rt XII Reconciliation of Expenses per Audited Financial Sta	-		
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	-	
1		e 12a.	-	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	-	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements	e 12a.	-	
2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	e 12a.	-	
2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	e 12a. 	-	
2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	-	
2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d		
2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	e 12a. 2a 2b 2c 2d	1	
2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	e 12a. 2a 2b 2c 2d	1	
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	e 12a.	1	
2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	e 12a. 2a 2b 2c 2d 2d	1	
2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	e 12a. 2a 2b 2c 2d 4a 4b	1 2e 3 4c	
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	e 12a. 2a 2b 2c 2d 4a 4b	1 2e 3 4c	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number 46-2419212

OMB No 1545-0047

NEVADA CANCER COALITION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PEOPLE WITH INFORMATION AND CONNECTIONS, AND ADVOCATING FOR EQUITABLE

ACCESS TO CARE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS REVIEWED AT BOARD MEETINGS AND BOARD

MEMBERS ARE GIVEN COPY OF CONFLICT OF INTEREST POLICY AND SIGN AN

ACKNOWLEDGEMENT FORM.

FORM 990, PART VI, SECTION B, LINE 15:

THE NEVADA CANCER COALITION CONTRACTS WITH AN HR FIRM TO ASSIST WITH JOB

DESCRIPTIONS AND COMPENSATION. THE BOARD OF DIRECTORS APPROVES ANY

COMPENSATION RELATED DECISIONS AFTER THE HR FIRM HAS PROVIDED THE

NECESSARY, UP-FRONT INFORMATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES IT'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION PUBLISHES ITS TAX RETURN ON ITS WEBSITE.

LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

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2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

FORM 550 FAGE 10 550										_					
Asset No.	Description	Date Acquired	Method	Life	C o r v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
1	OFFICE FURNITURE	06/29/21	SL	7.00		16	2,620.				2,620.			0.	
	* 990 PAGE 10 TOTAL						2,620.				2,620.	0.		0.	0.
	FURNITURE & FIXTURES * GRAND TOTAL 990 PAGE 10						2,020.				2,020.	0.		0.	0.
	DEPR						2,620.				2,620.	0.		٥.	٥.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone