Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

2008

OMB No. 1545-1150

Α		008 calendar year, or tax year beginning , 2008, and ending				, 20		
В	Check if applicable	neck if plicable: C Name of organization D En			D Emplo	mployer identification number		
	Address	Please use IRS National Coalition of Oncology Nurse Navigato				26-1962366		
	Name ch	Name change label or print or No. & street (or P.O. box, if mail is not delivered to street address) Room/ suite E Te				one n	umber	
	Initial retu	ım type.						
	Terminati	Opou				(8	88) 451-8995	
	Amended	TIONS	City of town, state of country, and ZIP + 4		F Group	Exem	ption	
	Application pending	on	Rockville MD 20849		Numbe			
•	Sectio	n 501(c)(3) c	rganizations and 4947(a)(1) nonexempt charitable trusts must	attach G	Accounting m	ethod	: X Cash Accrual	
			a completed Schedule A (Form 990 or 990-EZ).		Other (specif			
1	Webs	ite: ► <u>www</u>	nconn.org		I Check ▶ ∐ if	if organization is not required		
J	J Organization type (check only one) -						orm 990, 990-EZ, or 990-PF).	
K		-	anization is not a section 509(a)(3) supporting organization and it	-		y not	more than \$25,000. A	
			, but if the organization chooses to file a return, be sure to file a co					
-			ine 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 99		▶\$		26,302	
ŀ	Part I		e, Expenses, and Changes in Net Assets or Fund l					
	1		ns, gifts, grants, and similar amounts received		- F	1	12,060	
	2	(-)	ervice revenue including government fees and contracts		- F	2	2,900	
	3		ip dues and assessments		1	3	11,340	
	4		tincome	1		4	2	
	5a		The second secon	ia				
	l t		and described including control and particular and	5b				
	R C	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from l			5c		
	6		and activities (complete applicable parts of Schedule G). If any amount is from	gaming, ch	neck here 🕨 📙			
1			nue (not including \$ of contributions		ľ			
				ia				
	1		expenses other than fundraising expenses 6			-		
	C		or (loss) from special events and activities (Subtract line 6b from li	line 6a)		6c		
	7a		s of inventory, less returns and allowances	a				
	b	Less: cost	of goods sold	b				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
	8	Other revenue (describe)						
	9	Total rever	ue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		▶	9	26,302	
	10	Grants and	similar amounts paid (attach schedule)			10		
E	11	11 Benefits paid to or for members				11		
X	12	Salaries, other compensation, and employee benefits			-	12		
EXPENSE	13	Professiona	I fees and other payments to independent contractors			13	200	
S	14		rent, utilities, and maintenance		-	14		
S			olications, postage, and shipping			15	1,811	
_	16)	16	12,930	
	17		nses. Add lines 10 through 16			17	14,941	
	18		deficit) for the year (Subtract line 17 from line 9)		To the second se	18	11,361	
NET	19		or fund balances at beginning of year (from line 27, column (A)) (m			1		
F			figure reported on prior year's return)		_	19		
. 1	20	-	es in net assets or fund balances (attach explanation)			20		
	21		r fund balances at end of year. Combine lines 18 through 20			21	11,361	
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 ins								
			(See instructions for Part II.)		Beginning of yea	22	(B) End of year	
22	Cash, savings, and investments						11,361	
23		•				23		
24	Other assets (describe)					24		
25						25	11,361	
26		abilities (des		_)	0	26	0	
27			balances (line 27 of column (B) must agree with line 21)		0	27	11,361 Form 990-FZ (2008)	

Fo		alition of Or				Page 2			
Part III Statement of Program Service Accomplishments (See the instructions for Part III.)						Expenses			
What is the organization's primary exempt purpose? See attachment #2						(Required for 501(c)(3) & (4)			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.						organizations and 4947(a)(1) trusts; optional for others.)			
	See attachment #3	isons benefited, or other	relevant information for e	acii program title.	trusto	s, optional for others.)			
		2							
51.50	(Grants \$) If this an	nount includes foreign gra	nts, check here	▶ 📗	28a	4,315			
29									
	(Grants \$) If this an	▶ □	29a						
30				Lal					
24	(Grants \$) If this an Other program services (attach schedule)	nount includes foreign gra	nts, check here		30a				
31		nount includes foreign gra	nts check here	▶ □	31a				
32	Total program service expenses (add lines				32	4,315			
	rt IV List of Officers, Directors,	Frustees, and Key E			ed. (See	the instr. for Part IV.)			
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid.	(d) Contributions to employee benefit plans	8 &	(e) Expense account and			
	e attachment #4	devoted to position	(If not paid, enter -0)	deferred compensation	n	other allowances			
se	e accaciment #4								
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Pa	ort V Other Information (Note the statement requirements in the instructions for Part VI.)		152		
			Yes	No	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			١	
	description of each activity	33	↓	X	
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"				
	attach a conformed copy of the changes	34		X	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but				
	not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			1	
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,				
	and proxy tax requirements?	35a		X	
b	If ``Yes," has it filed a tax return onForm 990-T for this year?	35b		X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If ``Yes,"				
	complete applicable parts of Schedule N	36		X	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a				
b	Did the organization file Form 1120-POL for this year?	37b		X	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were				
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X	
b	If ``Yes," complete Schedule L, Part II and enter the total amount involved				
39	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities	1			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1	1		
	section 4911▶ ; section 4912▶ ; section 4955▶				
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction	1			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule				
	L, Part I	40b		X	
С	Enter amount of tax imposed on organization managers or disqualified persons during				
	the year under sections 4912, 4955, and 4958			į.	
d	Enter amount of tax on line 40c reimbursed by the organization				
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
•	transaction? If ``Yes," complete Form 8886-T	40e		Х	
11	List the states with which a copy of this return is filed. ▶ NONE				
	The books are in care of ▶ See attachment #5 Telephone no. ▶				
T_U	Located at > ZIP + 4 >				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority				
b	over a financial account in a foreign country (such as a bank account, securities account, or other financial	1	Yes	No	
	account)?	42b		X	
	If ``Yes," enter the name of the foreign country: ▶	120		- 21	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
				İ	
	and Financial Accounts.	42c		X	
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420		Λ	
	If "Yes," enter the name of the foreign country:			▶ [
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here				
	and enter the amount of tax-exempt interest received or accrued during the tax year				
		ſ	Vool	NIA	
		F 73	Yes	No	
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	١١		37	
	Form 990-EZ	44	,	X	
5	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	1	: I		

If "Yes," Form 990 must be completed instead of Form 990-EZ

Total number of other independent contractors each receiving over \$100,000 information of which preparer has any knowledge. Sign Here Signature of officer Date Type or print name and title. Check if self-employed Date Preparer's Identifying No. (See instr.) Preparer's Paid signature 8-4-2009 Preparer's Firm's name (or yours EIN Business Management Co., Use Only if self-employed) 295-B 301- 698-0795 Bailes Ln Phone no. address, and ZIP + May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes No

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