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Retroactive Reinstatement

APR 13 2016

Form 990-EZ

Department of the Treasury
Internal Revenue Service

STATUTE CLEARED
RA354677 C STUART

OMB No. 1545-1150

2007

Open to Public
Inspection

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, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form

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

| | | | | | |
|---|--|---|---------------------------|---|---------------|
| A For the 2007 calendar year, or tax year beginning | | January 1 | , 2007, and ending | December 31 | , 2007 |
| B Check if applicable | | C Name of organization | | D Employer identification number | |
| <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | | National Society of Allied Health Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 2401 Corpew Avenue | | 52 : 2296290 E Telephone number (757) 823-2366 | |
| | | City or town, state or country, and ZIP + 4 Norfolk, Virginia 23504-3993 | | F Group Exemption Number ► | |

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) ►

I Website: ► www.nsah.org

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **8,000**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

| | | RECEIVED | ACCOUNT MANAGEMENT | |
|----|--|-----------------|---------------------------|----------|
| 1 | Contributions, gifts, grants, and similar amounts received | 5a | 5a | 0 |
| 2 | Program service revenue including government fees and contracts | 5b | 5b | 0 |
| 3 | Membership dues and assessments | APR 18 2016 | OGDEN | 8,000 |
| 4 | Investment income | | | 0 |
| 5a | Gross amount from sale of assets other than inventory | 5a | 5a | 0 |
| b | Less: cost or other basis and sales expenses | 5b | 5b | 0 |
| c | Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule) | | | |
| 6 | Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/> | | | 0 |
| a | Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | 6a | 0 |
| b | Less: direct expenses other than fundraising expenses | 6b | 6b | 0 |
| c | Net income or (loss) from special events and activities. Subtract line 6b from line 6a | 7a | 7a | 0 |
| 7a | Gross sales of inventory, less returns and allowances | 7b | 7b | 0 |
| b | Less: cost of goods sold | | | |
| c | Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a | 7c | 7c | 0 |
| 8 | Other revenue (describe ►) | 8 | 8 | 0 |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ► | 9 | 9 | 8,000.00 |
| 10 | Grants and similar amounts paid (attach schedule) | 10 | 10 | 0 |
| 11 | Benefits paid to or for members | 11 | 11 | 0 |
| 12 | Salaries, other compensation, and employee benefits | 12 | 12 | 0 |
| 13 | Professional fees and other payments to independent contractors | 13 | 13 | 300.00 |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | 14 | 0 |
| 15 | Printing, publications, postage, and shipping | 15 | 15 | 500.00 |
| 16 | Other expenses (describe ► Annual Conference and Recognition Banquet Expenses) | 16 | 16 | 11701.00 |
| 17 | Total expenses. Add lines 10 through 16 ► | 17 | 17 | 12501.00 |
| 18 | Excess or (deficit) for the year. Subtract line 17 from line 9 | 18 | 18 | -4501.00 |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 19 | 12979.00 |
| 20 | Other changes in net assets or fund balances (attach explanation) | 20 | 20 | 0.00 |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ► | 21 | 21 | 8478.00 |

| Part II Balance Sheets —If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. | | (See page 60 of the instructions.) | (A) Beginning of year | (B) End of year |
|--|--|---|------------------------------|------------------------|
| 22 | Cash, savings, and investments | 12979.00 | 22 | 8478.00 |
| 23 | Land and buildings | 0 | 23 | 0 |
| 24 | Other assets (describe ►) | 0 | 24 | 0 |
| 25 | Total assets | 12979.00 | 25 | 8478.00 |
| 26 | Total liabilities (describe ►) | 0 | 26 | 0 |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 12979.00 | 27 | 8478.00 |

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| Part III Statement of Program Service Accomplishments (See page 60 of the instructions.) | | | | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |
|---|--|---|---|--|
| What is the organization's primary exempt purpose? <u>Improve health status of disadvantaged populations</u> | | | | |
| 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. | | | | |
| 28 Annual conference is held to discuss health issues regarding involving keynote speaker, workshops, and plenary sessions with invited speakers and presentations. | | | | |
| (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | | | | 28a 8,701.00 |
| 29 Recognition of accomplishments banquet for historically black college and university (HBCU) for students, administration and staff in the department of Allied Health. | | | | |
| (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | | | | 29a 3,000.00 |
| 30 National Society of Allied Health Journal which addresses key issues and concerns impacting people of color. | | | | |
| (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | | | | 30a 500.00 |
| 31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | | | | |
| (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | | | | 31a 0 |
| 32 Total program service expenses. Add lines 28a through 31a ► 32 12,201.00 | | | | |
| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.) | | | | |
| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) 0 | (D) Contributions to employee benefit plans & deferred compensation 0 | (E) Expense account and other allowances 0 |
| Denise Chapman-Winn c/o NSAH 2401 Corpew Avenue, Norfolk, VA 23504-3993 | President | 0 | 0 | 0 |
| Barbara Mosley c/o NSAH 2401 Corpew Avenue, Norfolk, VA 23504-3993 | President Elect | 0 | 0 | 0 |
| Valda Harris Montgomery c/o NSAH 2401 Corpew Avenue, Norfolk, VA 23504-3993 | Secretary | | | |
| Mildred Fuller c/o NSAH 2401 Corpew Avenue, Norfolk, VA 23504-3993 | Treasurer | 0 | 0 | 0 |
| Part V Other Information (Note the statement requirement in General Instruction V.) | | | | Yes No |
| 33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | 33 | | | ✓ |
| 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 | | | ✓ |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | | | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35a | | | ✓ |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | | | ✓ |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. | 36 | | | ✓ |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0 | 37b | | | ✓ |
| b Did the organization file Form 1120-POL for this year? | 38a | | | ✓ |
| 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? | 38b | | | |
| b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved | 39a | | | |
| 39 501(c)(7) organizations. Enter: | 39b | | | |
| a Initiation fees and capital contributions included on line 9 | | | | |
| b Gross receipts, included on line 9, for public use of club facilities | | | | |

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0

| | Yes | No |
|-----|-----|----|
| 40b | | ✓ |
| 40e | | ✓ |

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0

d Enter amount of tax on line 40c reimbursed by the organization ► 0

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

41 List the states with which a copy of this return is filed. ►

42a The books are in care of ► Dr. Mildred K. Fuller Telephone no. ► (757) 823-2366
Located at ► 2401 Corpew Avenue, Norfolk, Virginia ZIP + 4 ► 23504-3993

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ►

43 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 ► 43 |

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

► 
Signature of officer

► Dr. Mildred K. Fuller
Type or print name and title

3-14-2016
Date

| | | | | |
|--------------------------|---|------|---|---|
| Paid Preparer's Use Only | Preparer's signature | Date | Check if self-employed ► <input type="checkbox"/> | Preparer's SSN or PTIN (See Gen. Inst. X) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ► | | EIN ► : | Phone no ► () |