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Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public  
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

<b>A For the 2009 calendar year, or tax year beginning</b>		<b>, 2009, and ending</b>	
<b>B Check if applicable</b>		<b>C Name of organization</b>	
<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		<b>Please use IRS label or print or type. See Specific Instructions.</b> <b>Washington State Emergency Nurses Association</b> Number and street (or P O box, if mail is not delivered to street address) <b>12802 SE 202nd Pl</b> Room/suite City or town, state or country, and ZIP + 4 <b>Kent WA 98031</b>	
		<b>D Employer identification number</b> <b>23-7393329</b> <b>E Telephone number</b> <b>(253) 852-9242</b> <b>F Group Exemption Number</b> <b>► 3993</b>	
<b>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>			
<b>G Accounting method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►			
<b>I Website:</b> ► <b>N/A</b>			
<b>J Tax-exempt status (check only one)</b> — <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K Check</b> ► <input type="checkbox"/> <b>if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>			
<b>L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ</b> ► \$ <b>38,863.</b>			

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)	
1 Contributions, gifts, grants, and similar amounts received <b>1,183.</b> 2 Program service revenue including government fees and contracts <b>9,510.</b> 3 Membership dues and assessments <b>3.</b> 4 Investment income <b>2,430.</b> 5a Gross amount from sale of assets other than inventory <b>5a</b> b Less cost or other basis and sales expenses <b>5b</b> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) <b>5c</b> 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/> a Gross revenue (not including \$ reported on line 1) <b>6a</b> <b>25,740.</b> b Less: direct expenses other than fundraising expenses <b>6b</b> <b>0.</b> c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) <b>6c</b> <b>25,740.</b> 7a Gross sales of inventory, less returns and allowances <b>7a</b> b Less: cost of goods sold <b>7b</b> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) <b>7c</b> 8 Other revenue (describe ►) <b>8.</b> 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 <b>9</b> <b>38,863.</b>	
10 Grants and similar amounts paid (attach schedule) <b>10.</b> 11 Benefits paid to or for members <b>11.</b> 12 Salaries, other compensation, and employee benefits <b>12.</b> 13 Professional fees and other payments to independent contractors <b>13</b> <b>415.</b> 14 Occupancy, rent, utilities, and maintenance <b>14.</b> 15 Printing, publications, postage, and shipping <b>15</b> <b>4,096.</b> 16 Other expenses (describe ► See Other Expenses Statement) <b>16</b> <b>29,157.</b> 17 <b>Total expenses.</b> Add lines 10 through 16 <b>17</b> <b>33,668.</b>	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) <b>18</b> <b>5,195.</b> 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) <b>19</b> <b>82,819.</b> 20 Other changes in net assets or fund balances (attach explanation) <b>20.</b> 21 Net assets or fund balances at end of year. Combine lines 18 through 20 <b>21</b> <b>88,014.</b>	

<b>Part II Balance Sheets.</b> If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.	
(See the instructions for Part II.)	
22 Cash, savings, and investments <b>(A) Beginning of year</b> <b>80,657.</b> <b>(B) End of year</b> <b>86,619.</b> 23 Land and buildings <b>0.</b> <b>.23</b> <b>0.</b> 24 Other assets (describe ► See L-24 Stmt) <b>2,162.</b> <b>.24</b> <b>1,395.</b> 25 <b>Total assets</b> <b>82,819.</b> <b>.25</b> <b>88,014.</b> 26 <b>Total liabilities</b> (describe ►) <b>0.</b> <b>.26</b> <b>0.</b> 27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) <b>82,819.</b> <b>.27</b> <b>88,014.</b>	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

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**Part III Statement of Program Service Accomplishments (See the instructions.)**

**What is the organization's primary exempt purpose? Providing Required Emergency Nurses Certification**

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

## Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)

28 TNCC/ENPC Instructor Course

## Provide Trauma Nurse Instruction Courses

(Grants \$ 2,000.) If this amount includes foreign grants, check here

28a | 0.

29

(Grants \$ ) If this amount includes foreign grants, check here

29 a

30

(Grants \$ ) If this amount includes foreign grants, check here

30 a

**31 Other program services (attach schedule)**

If this amount includes foreign grants, check here.

31 a

**32 Total program service expenses** (add lines 28a through 31a)

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32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Jaeux Rinehart	President	0.	0.	1,600.
12802 SE 202nd Pl	5.00			
Kent, WA 98031				
Linda Seger	President-Elect	0.	0.	1,600.
12802 SE 202nd Pl	1.00			
Kent, WA 98031				
Bif Fink	Secretary	0.	0.	1,200.
12802 SE 202nd Pl	1.00			
Kent, WA 98031				
Denise Keith	Treasurer	0.	0.	1,600.
12802 SE 202nd Pl	5.00			
Kent, WA 98031				

## Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? 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 why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> 0.	37a	0.
b Did the organization file <b>Form 1120-POL</b> 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 outstanding at the end of the period covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter.	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► _____, section 4912 ► _____; section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		
41 List the states with which a copy of this return is filed ► <b>Washington</b>	40e	X
42a The organization's books are in care of ► <b>Denise Keith</b> Telephone no. ► <b>(253) 852-9242</b> Located at ► <b>12802 SE 202nd Pl.</b> Kent WA ZIP + 4 ► <b>98031</b>		
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 ►	42b	X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts</b> .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ►	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>		
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

<b>Sign Here</b>	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 ► <i>Denise Keith</i>	Date ► 4-27-2010	Preparer's Identifying Number (See instructions) ► PCO171663
► <b>Ms. Denise Keith</b> Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature ► <i>Denise Keith</i>	Date 04/27/10	Check if self-employed ► <input type="checkbox"/>
	Firm's name or yours if self-employed, address, and ZIP + 4 ► CPA SOLUTIONS, PLLC ► PO BOX 5886 KENT	Preparer's Identifying Number (See instructions) ► 4Y-1282094	EIN Phone no ► (253) 856-8677

May the IRS discuss this return with the preparer shown above? See instructions

BAA

►  Yes  No

Form 990-EZ (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

## 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.**

2009

**Open to Public  
Inspection**

**Department of the Treasury  
Internal Revenue Service**

Name of the organization

## Washington State Emergency Nurses Association

**Employer identification number**  
**23-7393329**

**Part I** **Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.  
2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)  
3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(ii)** Enter the hospital's name, city, and state \_\_\_\_\_  
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
9  An organization that normally receives, (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Other  
e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**  
f  If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box \_\_\_\_\_  
g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? \_\_\_\_\_

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

**h** Provide the following information about the supported organizations.

**Total**

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

**Schedule A (Form 990 or 990-EZ) 2009**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support****Calendar year (or fiscal year beginning in) ►**

- 1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')
- 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf
- 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge
- 4 **Total.** Add lines 1-through 3
- 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)
- 6 **Public support.** Subtract line 5 from line 4

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
6						

**Section B. Total Support****Calendar year (or fiscal year beginning in) ►**

- 7 Amounts from line 4
- 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources
- 9 Net income from unrelated business activities, whether or not the business is regularly carried on
- 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)
- 11 **Total support.** Add lines 7 through 10
- 12 Gross receipts from related activities, etc. (see instructions) 12

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7						
8						
9						
10						
11						
12						

- 13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ►

**Section C. Computation of Public Support Percentage**

- 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %
- 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

- 16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ►

- 16b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ►

- 17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ►

- 17b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ►

- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶

1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose

3 Gross receipts from activities that are not an unrelated trade or business under section 513

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

5 The value of services or facilities furnished by a governmental unit to the organization without charge

6 **Total.** Add lines 1 through 5

7a Amounts included on lines 1, 2, 3 received from disqualified persons

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year

c Add lines 7a and 7b

8 **Public support** (Subtract line 7c from line 6)

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	29,468.	41,901.	69,243.	50,565.	36,433.	227,610.
2						
3	750.	650.	3,125.	375.	0.	4,900.
4						
5						
6	30,218.	42,551.	72,368.	50,940.	36,433.	232,510.
7a						
b						
c						
8						
						232,510.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶

9 Amounts from line 6

10a 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

11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on

12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)

13 **Total support.** (Add lines 9, 10c, 11, and 12)

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	30,218.	42,551.	72,368.	50,940.	36,433.	232,510.
10a						
b	600.	252.	788.	3,117.	2,430.	7,187.
c						
11	600.	252.	788.	3,117.	2,430.	7,187.
12						
13						239,697.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . . 15 97.00 %

16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . . 16 97.84 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . . 17 3.00 %

18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . . 18 2.16 %

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

2009

**Open to Public  
Inspection**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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Name of the organization

**Employer identification number**

Washington State Emergency Nurses Association

23-7393329

Part II

**Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Internet and email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? .

Yes  No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

**Total**

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events <u>NONE</u> (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4- through 9 in column (d)				
	11 Net income summary. Combine lines 3, column (d) and line 10				

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Combine lines 1, column (d) and line 7					

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  
b If 'No,' explain  
-----

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  
b If 'Yes,' explain  
-----

11 Does the organization operate gaming activities with nonmembers?  
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

YES	NO
9a	
10a	
11	
12	

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

	YES	NO
13a	%	
13b	%	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name. ► \_\_\_\_\_

Address. ► \_\_\_\_\_

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.

c If 'Yes,' enter name and address of the third party:

Name. ► \_\_\_\_\_

Address. ► \_\_\_\_\_

16 Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ► \$ \_\_\_\_\_

15a		

Depreciation and Amortization  
(Including Information on Listed Property)

2009

Attachment  
Sequence No 67Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Washington State Emergency Nurses Association

Business or activity to which this form relates

Form 990 / Form 990EZ

► See separate instructions. ► Attach to your tax return.

Identifying number  
23-7393329

## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction Enter the smaller of line 5 or line 8	9		
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

## Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A			
17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	653.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	► <input type="checkbox"/>	

## Section B – Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

## Section C – Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22	653.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

<b>24a</b> Do you have evidence to support the business/investment use claimed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>24b</b> If 'Yes,' is the evidence written?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use:								
<b>27</b> Property used 50% or less in a qualified business use								
<b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1.						<b>28</b>		
<b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1							<b>29</b>	

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2009 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2009 tax year					
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					
					<b>43</b>
					<b>44</b>

Name as Shown on Return

Washington State Emergency Nurses Association

Employer Identification No.  
**23-7393329**

Line 24 - Other Assets:	Beginning of Year	End of Year
4 Full Size CRP Annie Mannekins	0.	0.
2 Torso Only CRP Annie Mannekins	0.	0.
2004: 2 Laptop Computer Systems	3,807.	3,807.
2005 Laptop	2,040.	2,040.
Printer	100.	100.
Light Box	980.	980.
Prepaid Postage	22.	222.
See Other Assets Statement	-4,787.	-5,754.
<b>Totals to Form 990-EZ, Part II, line 24</b>	<b>2,162.</b>	<b>1,395.</b>
Line 26 - Total Liabilities:	Beginning of Year	End of Year
<b>Totals to Form 990-EZ, Part II, line 26</b>	<b> </b>	<b> </b>

## Form 990-EZ, Part I, Line 16

## Other Expenses Statement

Other expenses (describe)

<u>Web Site Expense</u>	<u>2,400.</u>
<u>State Meeting Per Diem</u>	<u>6,400.</u>
<u>State Meeting Food / Room</u>	<u>876.</u>
<u>State Meeting</u>	<u>954.</u>
<u>State Leadership Meeting</u>	<u>1,400.</u>
<u>Depreciation</u>	<u>653.</u>
<u>Scholorships</u>	<u>1,000.</u>
<u>General Assembly</u>	<u>11,050.</u>
<u>Committee Meeting</u>	<u>487.</u>
<u>Membership Awards</u>	<u>193.</u>
<u>Elections</u>	<u>1,596.</u>
<u>Fundraising</u>	<u>890.</u>
<u>Bank Service Fees</u>	<u>33.</u>
<u>Taxes &amp; Licenses</u>	<u>10.</u>
<u>Survey</u>	<u>60.</u>
<u>Gifts</u>	<u>155.</u>
 <u>Scholorship</u>	 <u>1,000.</u>
 Total	 <u>29,157.</u>

## Form 990-EZ, Page 1, Part II, Line 24

## Other Assets Statement

Line 24 - Other Assets:	Beginning of Year	End of Year
<u>Less: Accumulated Depreciation</u>	<u>-5,385.</u>	<u>-6,038.</u>
<u>Suspense</u>	<u>598.</u>	<u>284.</u>
Total	<u>-4,787.</u>	<u>-5,754.</u>

**Supporting Statement of:****Form 990-EZ/Line 1**

Description	Amount
Misc	183.
Scolorship	1,000.
Total	<u>1,183.</u>

**Supporting Statement of:****Form 990-EZ/Line 2**

Description	Amount
National Dues Allocation	9,510.
Total	<u>9,510.</u>

**Supporting Statement of:****Form 990-EZ/Line 15**

Description	Amount
Newsletter Printing	2,888.
Newsletter Postage	1,076.
Newsletter Supplies	132.
Total	<u>4,096.</u>

**Supporting Statement of:****Form 990-EZ/Line 22, Column (A)**

Description	Amount
Checking	6,851.
Savings	6,596.
Credit Union	12,754.
CD Ladder	52,792.
WAENA Grant Fund	1,017.
ENF Grant Fund	626.
Petty Cash	21.
Total	<u>80,657.</u>

**Supporting Statement of:****Form 990-EZ/Line 22, Column (B)**

Description	Amount
Checking	7,702.
Savings	23,111.
Credit Union	37,193.
CD Ladder	15,000.
Waena Scholorship	3,075.
ENAF	538.
Total	<u>86,619.</u>