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Form 990-EZ

# Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545 1150

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

## A For the 2009 calendar year, or tax year beginning

, 2009, and ending

<b>B</b> Check if applicable <input checked="" 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>C</b> Name of organization <b>EMERGENCY NURSES ASSOCIATION MICHIGAN COUNCIL</b> Number and street (or P O box, if mail is not delivered to street address) <b>5934 OAKWOOD STREET</b> City or town, state or country, and ZIP + 4 <b>MONROE MI 48161-3959</b>	<b>D</b> Employer identification number <b>38-3072502</b> <b>E</b> Telephone number <b>(734) 735-9732</b> <b>F</b> Group Exemption Number <b>► 3993</b>
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• 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.michiganena.org](http://www.michiganena.org)

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

J Tax-exempt status (check only one) —  501(c) ( 3 ) ▶ (insert no)  4947(a)(1) or  527K 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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete returnL 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 ► \$ **179,124.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b> 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input checked="" type="checkbox"/> a Gross revenue (not including \$ <b>757.</b> of contributions reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► ) 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	1 <b>2,702.</b> 2 <b>153,665.</b> 3 <b>19,499.</b> 4 <b>311.</b>  <b>5a</b> <b>5b</b>  <b>6a</b> <b>875.</b> <b>6b</b> <b>516.</b>  <b>7a</b> <b>2,072.</b> <b>7b</b> <b>548.</b>  <b>7c</b> <b>1,524.</b> <b>8</b> <b>9</b> <b>178,060.</b>	10 Grants and similar amounts paid (attach schedule) See L-10 Stmt 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► See Other Expenses Statement) 17 <b>Total expenses.</b> Add lines 10 through 16 ► <b>RECEIVED</b> 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27 of column (A)) must agree with end-of-year figure reported on prior year's return 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 ► <b>ODDEN, UT</b>	
			<b>10</b> <b>1,232.</b> <b>11</b> <b>12</b> <b>13</b> <b>2,325.</b> <b>14</b> <b>22,527.</b> <b>15</b> <b>6,560.</b> <b>16</b> <b>118,611.</b> <b>17</b> <b>151,255.</b> <b>18</b> <b>26,805.</b>  <b>19</b> <b>101,903.</b> <b>20</b> <b>21</b> <b>128,708.</b>

**Part II Balance Sheets.** 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
- 23 Land and buildings
- 24 Other assets (describe ► See L-24 Stmt)
- 25 **Total assets**
- 26 **Total liabilities** (describe ► )
- 27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)

	(A) Beginning of year	(B) End of year
22	98,011.	22
23	0.	23
24	3,892.	24
25	101,903.	25
26	0.	26
27	101,903.	27

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

Form 990-EZ (2009)

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

What is the organization's primary exempt purpose? TO PROMOTE THE EDUCATION OF NURSES IN EMERGENCY MEDICAL SERVICES

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

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

28	BOTH THE 2009 MI ENA ANNUAL SPRING CONFERENCE HELD 4/29/09 WITH APPROXIMATELY 280 ATTENDEES AND THE 2009 WEST MI ENA CONFERENCE HELD 9/23/09 WITH APPROXIMATELY 150 ATTENDEES PROVIDED EDUCATION AND NETWORKING OPPORTUNITIES FOR EMERGENCY NURSES. (Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	42,733.
29	THE ORGANIZATION OVERSEES TWO FOUR-YEAR CERTIFICATION PROGRAMS, THE TRAUMA NURSE CORE CURRICULUM AND THE EMERGENCY NURSES PEDIATRIC CORE CURRICULUM. (Grants \$ 1,000.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	60,339.
30	THE ORGANIZATION SPONSORED 19 DELEGATES TO ATTEND THE NATIONAL ENA GENERAL ASSEMBLY AND LEADERSHIP CONFERENCE HELD IN BALTIMORE MARYLAND ON OCTOBER 7-10, 2009. (Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	15,375.
31	Other program services (attach schedule) SEE PAGE 2, PART III STATEMENT (Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	2,890.
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	121,337.

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

(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
GERRI MULLER	PRESIDENT	0.	0.	225.
13660 NADINE STREET	10.00			
OAK PARK MI 48237				
HOLLY BAIR	SECRETARY	0.	0.	225.
308 ROSARIO LANE	4.00			
WHITE LAKE MI 48386				
MARILYN MERKLE	TREASURER	0.	0.	225.
5934 OAKWOOD STREET	10.00			
MONROE MI 48161				
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**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

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 See I-35 Stmt

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 **Form 990-T** 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 37a  0.

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 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 39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_ 40b  X

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 40c

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 40d

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e  X

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e  X

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

42a The organization's books are in care of ► MARILYN MERKLE Telephone no ► (734) 735-9732  
 Located at ► 5934 OAKWOOD STREET MONROE MS ZIP + 4 ► 48161

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 ► \_\_\_\_\_

	Yes	No
42b	<input type="checkbox"/> X	<input type="checkbox"/>
42c	<input type="checkbox"/> X	<input type="checkbox"/>

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**

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

	Yes	No
44	<input type="checkbox"/> X	<input type="checkbox"/>
45	<input type="checkbox"/> X	<input type="checkbox"/>

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

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

**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
<u>NONE</u>				
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**f** Total number of other employees paid over \$100,000 ► 0

**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
<u>NONE</u>		
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**d** Total number of other independent contractors each receiving over \$100,000 ► 0

**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

► *Marilyn Merkle*  
Signature of officer

► *May 16, 2010*  
Date

► **MARILYN MERKLE**  
Type or print name and title

TREASURER

<b>Paid Preparer's Use Only</b>	Preparer's signature ► <i>Robert D. Van Hollebeke</i>	Date 05/12/10	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed). ► <b>ROBERT D VAN HOLLEBEKE CPA</b> address, and ZIP + 4 ► <b>4120 GRAND OAK TRAIL</b> PETOSKEY	MI 49770-8576	EIN ►	Phone no ► (231) 348-0960

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

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Name of the organization

## EMERGENCY NURSES ASSOCIATION MICHIGAN COUNCIL

**Employer identification number**

38-3072502

**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)(iv)** 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)(v)**. (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)		

**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) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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						
<b>4 Total.</b> Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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)						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					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	%
<b>16a 33-1/3 support test – 2009.</b> 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	►	<input type="checkbox"/>
<b>b 33-1/3 support test – 2008.</b> 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	►	<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test – 2009</b> 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	►	<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test – 2008.</b> 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	►	<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

BAA

Schedule A (Form 990 or 990-EZ) 2009

**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) ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	6,165.	7,150.	26,427.	13,937.	22,201.	75,880.
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	60,490.	55,971.	92,140.	121,639.	155,737.	485,977.
3 Gross receipts from activities that are not an unrelated trade or business under section 513					875.	875.
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 <b>Total.</b> Add lines 1 through 5	66,655.	63,121.	118,567.	135,576.	178,813.	562,732.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 <b>Public support</b> (Subtract line 7c from line 6)	***	***	***	***	***	562,732.
	***	***	***	***	***	

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	66,655.	63,121.	118,567.	135,576.	178,813.	562,732.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,297.	2,530.	476.	440.	311.	5,054.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	1,297.	2,530.	476.	440.	311.	5,054.
c Add lines 10a and 10b	1,297.	2,530.	476.	440.	311.	5,054.
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 <b>Total support.</b> (add Ins 9, 10c, 11, and 12)					***	567,786.

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	99.11 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.79 %

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.89 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.21 %
19a <b>33-1/3 support tests – 2009.</b> 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 ► <input checked="" type="checkbox"/>		
b <b>33-1/3 support tests – 2008.</b> 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 ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**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.

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Depreciation and Amortization  
(Including Information on Listed Property)

2009

Attachment  
Sequence No 67Identifying number  
38-3072502

Name(s) shown on return

EMERGENCY NURSES ASSOCIATION MICHIGAN COUNCIL

Business or activity to which this form relates

Form 990 / Form 990EZ

## 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 <b>smaller</b> 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 I

## 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	469.
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	►	

## 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		495.	5.0 yrs	HY	200 DB	99.
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	

## Part IV Summary (See instructions.)

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	568.
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
25 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)						25	*	
26 Property used more than 50% in a qualified business use								
27 Property used 50% or less in a qualified business use								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

**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

30 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										
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 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)

37 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
38 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														
39 Do you treat all use of vehicles by employees as personal use?														
40 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?														
41 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	
42 Amortization of costs that begins during your 2009 tax year (see instructions)						
43 Amortization of costs that began before your 2009 tax year						43
44 Total. Add amounts in column (f) See the instructions for where to report						44

Name as Shown on Return <b>EMERGENCY NURSES ASSOCIATION MICHIGAN COUNCIL</b>	Employer Identification No <b>38-3072502</b>
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<b>Line 24 - Other Assets:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
LOAN TO OFFICER	2,719.	0.
COMPUTERS - NET OF ACCUMULATED DEPRECIATION	1,173.	1,100.
<b>Totals to Form 990-EZ, Part II, line 24</b>	<b>3,892.</b>	<b>1,100.</b>
<b>Line 26 - Total Liabilities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
<b>Totals to Form 990-EZ, Part II, line 26</b>		

**Miscellaneous Statement**

<u>FORM 990-EZ, PAGE 2, PART III, OTHER PROGRAM SERVICES</u>		
<u>VARIOUS EDUCATIONAL MEETINGS &amp; EVENTS</u>		
<u>SPONSORED BY THE ASSOCIATION AND ITS</u>		
<u>CHAPTERS TO FURTHER THE EDUCATION OF THE</u>		
<u>EMERGENCY NURSING COMMUNITY IN MICHIGAN.</u>		<u>2,890.</u>
<u>Total</u>		<u>2,890.</u>

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

<u>Depreciation</u>	568.
<u>BANK AND CREDIT CARD CHARGES</u>	420.
<u>CASUAL LABOR - CONFERENCES</u>	755.
<u>DUES, MEMBERSHIPS &amp; SUBSCRIPTIONS</u>	15,009.
<u>EDUCATIONAL MATERIALS AND FEES - PROGRAMS</u>	27,054.
<u>MISCELLANEOUS</u>	26.
<u>OFFICE SUPPLIES &amp; EXPENSE</u>	907.
<u>PROMOTIONAL</u>	1,863.
<u>REGISTRATIONS - CONFERENCES &amp; EDUCATION</u>	390.
<u>SPEAKER &amp; INSTRUCTOR FEES</u>	36,432.
<u>SUPPLIES - CONFERENCES</u>	2,703.
<u>TAXES &amp; LICENSES</u>	20.
<u>TELEPHONE &amp; CONFERENCE CALLS</u>	1,631.
<u>TRAVEL &amp; MEALS - BOARD MEETINGS</u>	1,568.
<u>TRAVEL &amp; MEALS - LEADERSHIP CONFERENCES</u>	15,375.
<u>TRAVEL &amp; MEALS - PROGRAMS</u>	10,440.
<u>WEBSITE HOSTING &amp; DEVELOPMENT</u>	3,450.

Total

118,611.

Form 990-EZ, Part I, Line 10

**Grants and Similar Amounts Paid**

Purpose of Payment

NATIONAL EMERGENCY NURSES FOUNDATION

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>FOUNDATION SUPPORT</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>NATIONAL EMERGENCY NURSES ASSOCIATION</u> <u>915 LEE STREET</u> <u>DES PLAINES IL 60016</u>	<u>NONE</u>	<u>1,232.</u>

If property other than cash was given, the following additional information needs to be provided.

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Explanation Statement

Form/Line Form 990-EZ, Part V

Line 35

Explanation of Not Reporting Income on Form 990-T

INCOME REPORTED ON 990-EZ, PART 1, LINES 6 & 7 IS ASSOCIATED WITH  
THE MENA ANNUAL SPRING CONFERENCE AND ARE NOT ACTIVITIES REGULARLY  
CARRIED ON.

**Supporting Statement of:**

Form 990-EZ/Line 2

Description	Amount
REGISTRATIONS AND BOOTH FEES- CONFERENCES	56,105.
TNCC & ENPC REGISTRATIONS AND DUES	95,270.
REGISTRATIONS GENERAL EDUCATION PROGRAMS	2,290.
Total	<u>153,665.</u>

**Supporting Statement of:**

Form 990-EZ/Line 6b

Description	Amount
PRINTING	116.
PRIZES	400.
Total	<u>516.</u>

**Miscellaneous Statement****CHAPTER DISSOLUTIONS**

DURING 2009 THE MICHIGAN EMERGENCY NURSES ASSOCIATION DISSOLVED 3 OF 8 REGIONAL CHAPTERS INCLUDED ON THE 2008 FORM 990-EZ. ALL ASSETS OF THE THREE DISSOLVED CHAPTERS, WHICH CONSISTED SOLELY OF \$4,750 IN CASH, WERE TRANSFERRED TO THE ACCOUNTS OF THE STATE CHAPTER.

Total

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization <b>EMERGENCY NURSES ASSOCIATION MICHIGAN COUNCIL</b>	Employer identification number <b>38-3072502</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions <b>5934 OAKWOOD STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>MONROE</b>	MI <b>48161-3959</b>
<b>Check type of return to be filed</b> (file a separate application for each return):		
<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► MARILYN MERKLE

Telephone No. ► (734) 735-9732 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 3993. If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 16, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 09 or
- tax year beginning \_\_\_\_\_, 20 \_\_\_, and ending \_\_\_\_\_, 20 \_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <b>0.</b>
b If this application is for Form 990-PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <b>0.</b>
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c \$ <b>0.</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Form 8868 (Rev 4-2009)

**Miscellaneous Statement**FORM 8868, APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATIONLIST OF NAMES & EINS THIS EXTENSION IS FOR:EMERGENCY NURSES ASSOCIATION MICHIGAN COUNCILEIN: 38-3072502

Total