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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department 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.

Open to Public Inspection**A For the 2009 calendar year, or tax year beginning , 2009, and ending ,**

B Check if applicable: <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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Nevada Nurses Association		D Employer identification number 88-0088846
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number (775) 747-2333
		P.O. Box 34660		F Group Exemption Number ►
		City or town, state or country, and ZIP + 4 Reno NV 89533-4660		

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

I Website: ► **N/A****J Tax-exempt status (check only one)** — ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**G Accounting method** ☐ Cash ☒ Accrual
Other (specify) ►**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 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 return.**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** ► \$ **60,642.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	1,245.
	2 Program service revenue including government fees and contracts	2	6,570.
	3 Membership dues and assessments	3	41,879.
	4 Investment income	4	460.
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	2,178.
	6b Less direct expenses other than fundraising expenses	6b	1,973.
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	205.	
7a Gross sales of inventory, less returns and allowances	7a		
7b Less cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ► See Other Revenue Statement)	8	8,310.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	58,669.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	17,141.
	14 Occupancy, rent, utilities, and maintenance	14	3,681.
	15 Printing, publications, postage, and shipping	15	9,897.
	16 Other expenses (describe ► See Other Expenses Statement)	16	9,628.
	17 Total expenses. Add lines 10 through 16	17	40,347.
NET ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,322.
	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	74,397.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	92,719.

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.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	70,710.	92,560.
23 Land and buildings	0.	0.
24 Other assets (describe ► See L-24 Stmt)	6,689.	4,924.
25 Total assets	77,399.	97,484.
26 Total liabilities (describe ► See L-26 Stmt)	3,002.	4,765.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	74,397.	92,719.

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

Form 990-EZ (2009)

TEEA0812 01/30/10

16P

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **Trade Association for Nurses**

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

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

28	<u>THE ASSOCIATION PUBLISHED A QUARTERLY NEWSLETTER, HELD A CONVENTION FOR NURSES, PROVIDED CONTINUING EDUCATION TO NURSES AND PROVIDED NETWORKING OPPORTUNITIES FOR MEMBERS</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	-----		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	-----		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

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
<u>Pamela Johnson, RN, BSN</u> <u>1254 Canvasback Drive</u> <u>Carson City NV 89701</u>	Treasurer 3.00	0.	0.	0.
<u>Tracy L Singh, RN, JD</u> <u>8635 West Sahara Ave. Suite 437</u> <u>Las Vegas, NV 89117</u>	President 2.00	1,090.	0.	0.
<u>Lisa Black</u> <u>1856 Millpond Court</u> <u>Reno NV 89523</u>	Pres. Elect 2.00	0.	0.	0.
<u>Amy Ragnone MSN, MA, RN</u> <u>10213 Huxley Cross Lane</u> <u>Las Vegas NV 89144</u>	Vice-Pres 2.00	0.	0.	0.
<u>Lara L. Carver, PhD, RN</u> <u>9971 Twilight Vista Ave</u> <u>Las Vegas NV 89148</u>	Secretary 2.00	0.	0.	0.
<u>Nicola Aaker, CNOR, PHCNS-BC</u> <u>308 Coral Way</u> <u>Dayton NV 89403</u>	Director 2.00	0.	0.	0.
<u>Denise Ogletree-McGuinn, APN</u> <u>6826 East Hathaway Drive</u> <u>Las Vegas NV 89115</u>	Director 2.00	0.	0.	0.
<u>Mary Bondmass RN PhD</u> <u>2104 SUN CLIFFS STREET</u> <u>LAS VEGAS, NV 89134</u>	Director 2.00	0.	0.	0.
<u>Matthew Kahn</u> <u>5646 Bridger Peak Ct.</u> <u>Sparks NV 89436</u>	APN North Co-Chair 2.00	0.	0.	0.
<u>Tomas Walker, CDE</u> <u>PO Box 530244</u> <u>Henderson NV 89053-0244</u>	APN South Co-Chair 2.00	0.	0.	0.
<u>Beatrice R Razor, RN</u> <u>473 Sunchase Court</u> <u>Carson City, NV 89701</u>	District 1 President 2.00	0.	0.	0.
<u>Martha Marie Drohobyczer</u> <u>3065 WESTWIND ROAD</u> <u>LAS VEGAS, NV 89102-6858</u>	District 3 President 2.00	0.	0.	0.

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		<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a		
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 ▶		
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		
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 40e		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>Pamela Johnson</u> Telephone no ▶ <u>(775) 747-2333</u> Located at ▶ <u>PO Box 34660</u> <u>Reno</u> <u>NV</u> ZIP + 4 ▶ <u>89533-4660</u>		
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 ▶	<input type="checkbox"/>	<input checked="" 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 ▶		<input checked="" type="checkbox"/>
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 ▶ <input type="checkbox"/> 43		
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

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.

- | | Yes | No |
|--|------------|----|
| 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 | 46 | |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 47 | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 48 | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| 49b If 'Yes,' was the related organization a section 527 organization? | 49b | |
- 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

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

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

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.		
	<p><i>Pamela Y Johnson</i> Signature of officer</p> <p><i>PAMELA JOHNSON Treasurer</i> Type or print name and title</p>	<p><i>5/8/10</i> Date</p>	

Paid Preparer's Use Only	Preparer's signature <i>Barbara L Wardwell, PA</i> Firm's name (or yours if self-employed), address, and ZIP + 4 Barbara L. Wardwell, CPA 335 West First Street Reno NV 89503	Date 05/07/10	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions) (775) 324-3455
	EIN 89503		Phone no (775) 324-3455	

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Form 990-EZ, Part I, Line 8

Other Revenue Statement

Other revenue (describe)

UNREALIZED GAINS ON INVESTMENTS	108.
CREDIT CARD ROYALTIES	8,202.

Total	8,310.
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Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Depreciation	0.
ANA DELEGATION	521.
BOARD MEETING EXPENSES	2,233.
MEMBERSHIP MARKETING	2,881.
SEMINARS & WORKSHOPS	3,993.

Total	9,628.
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Form 990-EZ
Part II

Other Assets and Liabilities

2009

Name as Shown on Return

Nevada Nurses Association

Employer Identification No

88-0088846

Line 24 - Other Assets:	Beginning of Year	End of Year
Accounts receivable	5,955.	4,349.
Prepaid expenses	734.	575.
Office furniture & equipment-net of deprec.	0.	0.
Totals to Form 990-EZ, Part II, line 24	6,689.	4,924.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Credit card payable	159.	20.
Accounts payable	2,294.	4,196.
Due to SIG-APN	549.	549.
Totals to Form 990-EZ, Part II, line 26	3,002.	4,765.

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

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

OMB No 1545-0172

2009Attachment
Sequence No **67**

Name(s) shown on return

Nevada Nurses Association

Identifying number

88-0088846

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 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	0.

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	
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

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	0.
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)

24a Do you have evidence to support the business/investment use claimed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b 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.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
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						
	Yes	No	Yes	No	Yes	No
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).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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.)		
Note: 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	