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A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NEVADA PROFESSIONAL FACILITY MANAGERS ASSOCIATION		D Employer identification number 94-3169442
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite P O BOX 97993		E Telephone number
Name change				F Group Exemption Number
Initial return		City or town, state or country, and ZIP + 4 LAS VEGAS, NV 891937993		
Terminated				
Amended return				
Application pending				

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: WWW.NPFMA.COM		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)(6) ☐ (insert no.) 4947(a)(1) or ☐ 527		

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	\$	170,700
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Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue	1	Contributions, gifts, grants, and similar amounts received		1	54,744	
	2	Program service revenue including government fees and contracts		2	9,405	
	3	Membership dues and assessments		3	44,980	
	4	Investment income		4		
	5a	Gross amount from sale of assets other than inventory	5a		5c	
	b	Less cost or other basis and sales expenses	5b			
	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 ☒			6c	25,047
	a	Gross revenue (not including \$ 41,184 of contributions reported on line 1) ☒	6a	61,571		
	b	Less direct expenses other than fundraising expenses	6b	36,524		
	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	7a		7c	
	b	Less cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe ☒)		8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ☒		9	134,176		
Expenses	10	Grants and similar amounts paid (attach schedule) ☒		10	38,561	
	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	13,124	
	14	Occupancy, rent, utilities, and maintenance		14		
	15	Printing, publications, postage, and shipping		15	4,562	
	16	Other expenses (describe ☒)		16	60,647	
	17	Total expenses. Add lines 10 through 16 ☒		17	116,894	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	17,282	
	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	33,630	
	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	50,912	

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	34,825	22 54,912
23	Land and buildings		23
24	Other assets (describe _____)		24
25	Total assets	34,825	25 54,912
26	Total liabilities (describe _____)	1,195	26 4,000
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	33,630	27 50,912

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? ASSOCIATION OF PROFESSIONAL FACILITY MANAGERS			
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, and other relevant information for each program title			
28 MONTHLY MEETINGS PROVIDE VARIOUS RESOURCES TO INFORM MEMBERS OF THE LATESTS DEVELOPMENTS AND TRENDS IN THE INDUSTRIAL/OFFICE PROPERTY MANAGEMENT FIELD (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	
29 THE ASSOCIATION PUTS ON AN ANNUAL GOLF TOURNAMENTS WHICH BENEFITS CHARITABLE ORGANIZATIONS IN THE COMMUNITY (Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ☐		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 instructions for Part IV)				
(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 & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions 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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
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	No
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	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ ALTERNATIVE MANAGEMENT Telephone no ▶ (702) 798-5156 6725 VIA AUSTI PKWY STE 250 Located at ▶ LAS VEGAS, NV ZIP + 4 ▶ 89119		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
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	No
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	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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	No

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
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	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 & deferred compensation	(e) Expense account and other allowances

50(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

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	***** Signature of officer		2010-06-22 Date		
	PETE RICCIARDO, PRESIDENT Type or print name and title				
Paid Preparer's Use Only	Preparer's signature  DIANNA RUSSO		Date 2010-11-04	Check if self-employed ☒	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4  HOULDSWORTH RUSSO & COMPANY PC 8675 S EASTERN AVE STE A LAS VEGAS, NV 891232839				EIN 
					Phone no  (702) 269-9992
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
NEVADA PROFESSIONAL FACILITY
MANAGERS ASSOCIATION

Employer identification number

94-3169442

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ 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.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events
- 2a

Did the organization have a 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 activities?

☐ 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. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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	(b) Event #2	(c) Other Events	(d) Total Events
			GOLF TOURNAMENT			(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	90,450			90,450
	2	Less Charitable contributions	41,184			41,184
3	Gross income (line 1 minus line 2)		49,266			49,266
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs	32,024			32,024
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				32,024
	11	Net income summary Combine lines 3, column d, and line 10. ▶				17,242

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				10,205	10,205
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes			4,500	4,500
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶						4,500
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶						5,705

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities NV		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	No
b	If "No," Explain LICENSE NOT REQUIRED SINCE ONLY 1 RAFFLE OPERATED PER YEAR		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	No
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	No
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?	12	No

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	
b	An outside facility	13b	100 000 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ▶ <u>ALTERNATIVE MANAGEMENT</u>			
Address ▶ <u>6725 VIA AUSTI PKWY STE 250</u> <u>LAS VEGAS, NV 89119</u>			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		No
c	If "Yes," enter name and address		
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?		17a
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____		No

TY 2009 Compensation Explanation

Name: NEVADA PROFESSIONAL FACILITY
MANAGERS ASSOCIATION

EIN: 94-3169442

Person Name	Explanation
PETE RICCIARDO	
ANTHONY WILLIAMS	
DAVID GILDERSLEEVE	
ROBERT JONES	
NASRIN HOUSTON	
JIM CAVANESS	
MATTHEW ZANIEWSKI	
MARK KELLER	

TY 2009 Grants and Similar Amounts Paid Schedule

Name: NEVADA PROFESSIONAL FACILITY
MANAGERS ASSOCIATION

EIN: 94-3169442

Item No.	1
Class of Activity	
Donee's Name	ASSISTANCE LEAGUE OF LAS VEGAS
Donee's Address	6646 W CHARLESTON BLVD LAS VEGAS, NV 89146
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	NEVADA CHILDHOOD CANCER FOUNDATION
Donee's Address	2235 E FLAMINGO RD LAS VEGAS, NV 89119
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	
Donee's Name	PROGRESSIVE CHOICES
Donee's Address	2880 W MEADE AVE STE 203 LAS VEGAS, NV 89102
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule

Name: NEVADA PROFESSIONAL FACILITY
MANAGERS ASSOCIATION
EIN: 94-3169442

Description	Amount
GOLF TOURNAMENT	
SUPPLIES	338
SHIRTS	8,297
PING SUPPLIES	1,476
FRAMES	78
TOURNEY SERVICES	4,400
TROPHIES	3,595
PRIZES	3,141
INSURANCE	1,583
TEE SIGNS	1,215
ADVERTISEMENT	2,127
EXPENSES	
TRADE SHOW MARKETING EXP	875
OFFICE	228
INSURANCE	1,456
BANK SERVICE CHARGES	330
BOARD EXPENSES	3,469
LICENSES AND PERMITS	100
MEALS	1,419
MEMBER APPRECIATION	2,508
MERCHANT FEES	1,829
MISCELLANEOUS	343
POSTAGE AND DELIVERY	546
PROGRAM EXPENSES	19,004
TRADE SHOW EXPENSES	2,000
WEBSITE	290

TY 2009 Other Liabilities Schedule

Name: NEVADA PROFESSIONAL FACILITY
MANAGERS ASSOCIATION
EIN: 94-3169442

Description	Beginning of Year Amount	End of Year Amount
SCHOLARSHIP FUND	1,195	4,000
	1,195	4,000

Additional Data

Software ID:

Software Version:

EIN: 94-3169442

Name: NEVADA PROFESSIONAL FACILITY
MANAGERS ASSOCIATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	(E) Expense account and other allowances
PETE RICCIARDO  PO BOX 97993 LAS VEGAS, NV 891937993	PRESIDENT 0	0		
ANTHONY WILLIAMS  PO BOX 97993 LAS VEGAS, NV 891937993	PAST PRES 0	0		
DAVID GILDERSLEEVE  PO BOX 97993 LAS VEGAS, NV 891937993	VICE PRES 0	0		
ROBERT JONES  PO BOX 97993 LAS VEGAS, NV 891937993	TREASURER 0	0		
NASRIN HOUSTON  PO BOX 97993 LAS VEGAS, NV 891937993	SECRETARY 0	0		
JIM CAVANESS  PO BOX 97993 LAS VEGAS, NV 891937993	DIRECTOR 0	0		
MATTHEW ZANIEWSKI  PO BOX 97993 LAS VEGAS, NV 891937993	DIRECTOR 0	0		
MARK KELLER  PO BOX 97993 LAS VEGAS, NV 891937993	DIRECTOR 0	0		