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Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

2009

► 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 4/01 , 2009, and ending 3/31 , 2010

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type.  
See Specific Instructions.

C  
New Mexico Nurse Practitioner  
Council, Inc.  
PO Box 40682  
Albuquerque, NM 87196-0682

D Employer identification number

85-0447285

E Telephone number

505.298.4797

F Group Exemption  
Number

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

G Accounting method.  Cash  Accrual  
Other (specify) ►

I Website: ► N/A

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  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 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 ► \$ 48,512.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	8,868.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	12,146.
4 Investment income	4	4.
5a Gross amount from sale of assets other than inventory	5a	
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)	5c	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
b Less direct expenses other than fundraising expenses	6c	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a Gross sales of inventory, less returns and allowances	7b	
b Less cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	27,494.
8 Other revenue (describe ► See Statement 1)	9	48,512.
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	
10 Grants and similar amounts paid (attach schedule)	11	
11 Benefits paid to or for members	12	
12 Salaries, other compensation, and employee benefits	13	16,349.
13 Professional fees and other payments to independent contractors	14	
14 Occupancy, rent, utilities, and maintenance	15	
15 Printing, publications, postage, and shipping	16	22,950.
16 Other expenses (describe ► See Statement 2)	17	39,299.
17 Total expenses. Add lines 10 through 16	18	9,213.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	53,209.
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)	20	
20 Other changes in net assets or fund balances (attach explanation)	21	62,422.
21 Net assets or fund balances at end of year Combine lines 18 through 20		

## 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 ► \_\_\_\_\_)
- 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
53,209.	22 62,422.
	23
	24
53,209.	25 62,422.
0.	26 0.
53,209.	27 62,422.

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

Form 990-EZ (2009)

24

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b> (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)
What is the organization's primary exempt purpose? <u>See Statement 3</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		

28	Promote standards of nursing practice, nursing education, and nursing services in the practice of the nurse practitioner role.		
	(Grants \$ 8,868.) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a 37,599.
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 37,599.

**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
Philomena Marcus P.o> Box 40682 Albuquerque, NM 87196-0682	President elect 0	0.	0.	0.
Cheryl Brubaker PO Box 40682 Albuquerque, NM 87196-0682	President 0	0.	0.	0.
Kathy Lopez Bushnell P.O. Box 40682 Albuquerque, NM 87196-0682	Secretary 0	0.	0.	0.
Jim Guvann P.O. Box 40682 Albuquerque, NM 87196-0682	Director 0	0.	0.	0.
Debora Bear P.O. Box 40682 Albuquerque, NM 87196-0682	Treasurer 0	0.	0.	0.
Carol Lee Taylor P.O. Box 40682 Albuquerque, NM 87196-0682	Director 0	0.	0.	0.
Marsha Souers P.O. Box 40682 Albuquerque, NM 87196-0682	Director 0	0.	0.	0.
Amanda Conley P.O. Box 40682 Albuquerque, NM 87196-0682	Director 0	0.	0.	0.
Darla Scarrow P.O. Box 40682 Albuquerque, NM 87196-0682	Director 0	0.	0.	0.
Chris Brickley P.O. Box 40682 Albuquerque, NM 87196-0682	Director 0	0.	0.	0.
Lesley Mortimer P.O. Box 40682 Albuquerque, NM 87196-0682	Director 0	0.	0.	0.
Magaretha Jenness P.O. Box 40682 Albuquerque, NM 87196-0682	Director 0	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	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.	35a	X
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?	35b	
b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	36	X
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	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 <b>or</b> 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	N/A
39 Section 501(c)(7) organizations. Enter.	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
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 ► <u>N/A</u> , section 4912 ► <u>N/A</u> , section 4955 ► <u>N/A</u>	40a	N/A
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 ► <u>0.</u>	40c	0.
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► <u>0.</u>	40d	0.
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 ► <u>None</u>		

**42a** The organization's books are in care of ► Debora Bear Telephone no ► 505.917.4582  
 Located at ► P.O. Box 40682 Albuquerque NM ZIP + 4 ► 87196-0682

**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	Yes	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	Yes	No

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

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 ►  N/A  
43 N/A

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.

		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	
	b 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.'

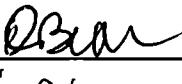
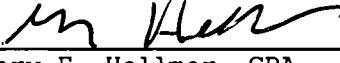
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
-----	-----	-----	-----	-----
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f 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
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-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

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.		
	► 	Date	13 August 2010
	► Signature of officer	► Type or print name and title	►
Paid Preparer's Use Only	Preparer's signature ► 	Date 8/10/10	Check if self employed ► <input checked="" type="checkbox"/> Preparer's Identifying Number (See instructions) P00872342
	Firm's name (or yours if self employed), address, and ZIP + 4 ► Gary E. Hellmer, CPA 5808 McLeod NE, Suite 0 Albuquerque, NM 87109	EIN ► 85-0341476	Phone no ► (505) 884-5965

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

BAA

►  Yes  No

Form 990-EZ (2009)

**Statement 1**  
**Form 990-EZ, Part I, Line 8**  
**Other Revenue**

Symposium	\$ 24,648.
News letter	2,846.
Total	<u>\$ 27,494.</u>

**Statement 2**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Bank charges	\$ 508.
Dues and subscriptions	400.
Licenses and fees	35.
Mailings	1,148.
Miscellaneous	1,402.
Office expense	1,195.
Symposium	12,312.
Technical support - web site	5,950.
Total	<u>\$ 22,950.</u>

**Statement 3**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

Unite nurse practitioners in the state of New Mexico for the purpose of maintaining a Council dedicated to the constant endeavor of promoting excellence in practice for the better and safer care of patients.  
Represent nurse practitioners in New Mexico and advocate for issues related to the profession as well as issues related to the quality of patient care.  
Exchange knowledge, experience, and ideas for the purpose of continuing education.  
Hold meetings for the advancement of the purposes of the Council.  
Lawfully cooperate with other professional associations, health care facilities, universities, industries, technical societies, research organizations, and governmental agencies in matters affecting the purposes of the Council.