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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		July 1	, 2009, and ending	June 30	, 2010
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization King County Nurses Association Inc. Number and street (or P O box, if mail is not delivered to street address) 4649 Sunnyside Ave N.		D Employer identification number 91-0282054	
		Room/suite 224		E Telephone number 206 545-0603	
		City or town, state or country, and ZIP + 4 Seattle, WA 98103-6955		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) ► **217,841**

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

I Website: ►

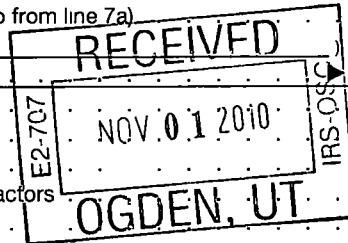
J Tax-exempt status (check only one) — 501(c) (3) ► (insert no) 4947(a)(1) or 527

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 ► \$

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	15,211	
	2	Program service revenue including government fees and contracts	2	7,285	
	3	Membership dues and assessments	3	178,759	
	4	Investment income	4	2,283	
	5a	Gross amount from sale of assets other than inventory	5a	14,298	
	b	Less: cost or other basis and sales expenses	5b	9,627	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	4,671	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a		
b	Less direct expenses other than fundraising expenses	6b			
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c			
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less: cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe ► VISA class action suit award)	8	5		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	208,214		
Expenses	10	Grants and similar amounts paid (attach schedule)	10	16,000	
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12	92,295	
	13	Professional fees and other payments to independent contractors	13	4,750	
	14	Occupancy, rent, utilities, and maintenance	14	8,536	
	15	Printing, publications, postage, and shipping	15	15,415	
	16	Other expenses (describe ► Ins., fees, supplies, dues, travel, meetings, depreciation, donations)	16	31,771	
	17 Total expenses. Add lines 10 through 16		17	168,767	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	39,447	
	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	190,992	
	20	Other changes in net assets or fund balances (attach explanation)	20	6,955	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	237,394	



(See the instructions for Part II.)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	145,056	22	192,432
23	Land and buildings	181	23	91
24	Other assets (describe ► Dues receivable, prepaid expenses)	50,014	24	49,182
25	Total assets	195,251	25	241,705
26	Total liabilities (describe ► Payroll service fee, supplies, vacation payable)	4,259	26	4,311
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	190,992	27	237,394

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

Cat No 10642I

Form 990-EZ (2009)

7P

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? Nursing and Community Health Education				
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 Nursing Education - please see attached schedule.				
(Grants \$ 15,000) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> 28a 104,826				
29 Community Involvement - please see attached schedule.				
(Grants \$ 1,000) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> 29a 40,585				
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) 32 145,411				
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
Susan Vermeulen - 4649 Sunnyside Ave N. #224 Seattle, WA 98103	Exec. Director 30 hrs/wk	55,990	2,699	0
Pamela Newsom Seattle, Wa 98133	President 2-4 hrs/wk	0	0	0
Jennifer Graves Seattle, WA 98103	Vice President 0-3 hrs/wk	0	0	0
Elizabeth Dunphy Mill Creek, WA 98012	Secretary 0-3 hrs/wk	0	0	0
Maureen Niland Seattle, WA 98116	Treasurer 0-3 hrs/wk	0	0	0
Judith Albers Bothell, WA 98012	Member	0	0	0
Rose Franzmeier Renton, WA 98058	Member	0	0	0
Jim Hunziker Vashon, WA 98070	Member	0	0	0
Antwinett Lee Lynnwood, WA 98087	Member	0	0	0
Frankie Manning Bellevue, WA 98006	Member	0	0	0
Angel Mathis Seattle, WA 98122	Member	0	0	0
Anne Poppe Lake Stevens, WA 98258	Member	0	0	0
Alison Pyle Seattle, WA 98155	Member	0	0	0
Shannon Roosma-Goldstein Seattle, WA 98118	Member	0	0	0
Barbara West Lynnwood, WA 98046	Member	0	0	0

Part V Other 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	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0	37a	0
b Did the organization file Form 1120-POL for this year?	37b	✓
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	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39	
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 ► 40a 0 , section 4912 ► 40a 0 , section 4955 ► 40a 0	40a	0
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	40c	0
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	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	✓
41 List the states with which a copy of this return is filed. ► Washington		
42a The organization's books are in care of ► King County Nurses Association Telephone no. ► 206-545-0603 Located at ► 4649 Sunnyside Ave N. #224 Seattle, WA ZIP + 4 ► 95103-6955		
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)?	42b	✓
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
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 ► 43 <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
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	✓

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."		

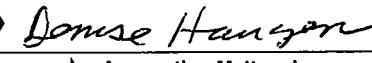
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ► **None**

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

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

d Total number of other independent contractors each receiving over \$100,000 ► **None**

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 Susan A. Vermeulen, Executive Director Type or print name and title		10-25-10 Date
	Preparer's signature  Date 10-27-10 Check if self-employed <input type="checkbox"/> Preparer's identifying number (See instructions) 91-1611718 Firm's name (or yours if self-employed), address, and ZIP + 4 Accounting Matters Inc. 11212 NE 143rd Place Kirkland, WA 98034-1018 EIN 91-1611718 Phone no 206-719-5681		
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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.

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Employer identification number

King County Nurses Association Inc.

91 | 0282054

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 a 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)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 it 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?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s).

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

For Pr

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 any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

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)						
11 Total support. 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33½ % support test—2009. If the organization did not check the box on line 13, and line 14 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33½ % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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 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 any "unusual grants")	139,452	149,307	153,251	172,417	193,970	808,397
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,713	6,765	7,405	4,030	7,285	30,198
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	144,165	156,072	160,656	176,447	201,255	838,595
7a Amounts included on lines 1, 2, and 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 \$5,000 or 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 Public support (Subtract line 7c from line 6.)						838,595

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	144,165	156,072	160,656	176,447	201,255	838,595
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,817	4,336	4,305	3,961	2,283	19,702
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	4,817	4,336	4,305	3,961	2,283	19,702
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	6	0	0	5	11
13 Total support. (Add lines 9, 10c, 11, and 12)	148,982	160,414	164,961	180,408	203,543	858,308
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	97 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	3 %
19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 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 Private foundation. 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.

The \$5.00 in 2009 is an award from a class action suit against VISA. The \$6.00 in 2006 is a VISA litigation award.

NAME KING COUNTY NURSES ASSOCIATION

ID NO 91-0282054

STATEMENT 990EZ

YEAR ENDED 6/30/10

PART I
LINE 5

SCHEDULE OF GAINS FROM SALE OF ASSETS OTHER THAN INVENTORY

INVESTMENTS	Ending Value	Beginning Value	(Loss) Gain
Fannie Mae PFD	323	395	(72)
Pall Corp	7,475	5,312	2,163
Royal Bank of Scotland	6,500	3,920	2,580
	<u>14,298</u>	<u>9,627</u>	<u>4,671</u>

NAME: KING COUNTY NURSES ASSOCIATION

I.D. NO. 91-0282054

STATEMENT 990EZ

YEAR END 6/30/10

PART I

Line 10

Scholarship Recipients Awarded in 2009-10

<u>Name</u>	<u>School</u>	<u>Scholarship Amount</u>
Lauren Bickle	Seattle Central Community College	\$1,500
Jennifer Brown	University of Washington	\$1,500
Lucie Caslavská	University of Washington-Bothell	\$1,500
Allison Gienger	University of Washington	\$1,500
Andrew Grossman	University of Washington	\$1,500
Jessica Guenser	Seattle University	\$1,500
Ignace Hounwanou	Bellevue College	\$1,500
Amanda Ibisa	Seattle University	\$1,500
Kelly McKittrick	University of Washington	\$1,500
Daniel Moore	University of Washington	\$1,500
TOTAL Scholarships		\$15,000

Mini Grant for a Community Based Project Awarded to:

Antwinett Lee Lynnwood, WA 98087-6340 For High Point Community H1N1 Flu Project	\$500.00
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Angel Mathis Seattle, WA 98122 For University of Washington Diversity Nursing Camp	\$500.00
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TOTAL Mini GRANTS	\$1,000
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NAME. KING COUNTY NURSES ASSOCIATION

ID NO 91-0282054

STATEMENT 990EZ

YEAR ENDED: 6/30/10

PART I

LINE 20 - OTHER CHANGES IN NET ASSETS

Unrealized Gain on Investments	6,955
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NAME: KING COUNTY NURSES ASSOCIATION

I.D. NO. 91-0282054

STATEMENT 990EZ
PART III

YEAR END: 6/30/10

Part III Statement of Program Service Accomplishments

Primary exempt purpose: Nursing and Community Health Education

a. Nursing Education:

*Organized conferences/events including "Understanding Homelessness," "Pandemic Influenza H1N1," and "Seasonal Affective Disorder," "Teaching Nursing Skills Using Human Patient Simulators," "Advanced Power Point," "Nurse Legal Consultant Case Management Skills." District Meeting focused on Helping the Homeless in King County. The Spring Banquet/Annual Meeting honored nurses and scholarship students.

Total served at conferences/events: 300 persons.

*Published and distributed 3,000 copies of newsletter each quarter.

*Published bi-monthly email newsletter.

*Honored two outstanding nurses with awards.

*Implemented a nursing student involvement project at the nine area schools of nursing including: Seattle University, Seattle Pacific University, Bellevue Community College, Seattle Central Community College, Highline Community College, Northwest College, Shoreline Community College, University of Washington, University of Washington-Bothell.

*Distributed ten scholarships totaling \$15,000.00 for student nurses.

b. Community Health Involvement:

*Provided financial support (\$3,000.00 total) to the following charitable organizations through direct donations: Food Lifeline, Treehouse, Mary Mahoney Professional Nurses Association, the Filipino Nurses Association, Solid Ground, Noel House, The Market Foundation, the Washington State Nurses Foundation, One4One, First Place, Youth Care, and Northwest Harvest. Donated \$3,000 to the March of Dimes for the Nurse of the Year.

TOTAL DONATIONS: \$6,000.00

*Provided a \$500 mini grant to KCNA member Angel Mathis for a diversity camp for nursing students at the University of Washington.

*Provided a \$500 mini grant to KCNA member Antwinett Lee for a H1N1 awareness health project in the High Point neighborhood.

TOTAL Mini Grants: \$1,000.00

*Donated 200 cold kits to Real Change for the homeless vendors.

*Co-sponsored a community blood drive with Puget Sound Blood Center.

*Encouraged members to volunteer with other community organizations by posting opportunities in quarterly newsletter.