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# Form 990-PF

# **Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

2010

Treated às à Private Foundation Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2010, or tax year beginning , 2010, and ending G Check all that apply Initial return Initial Return of a former public charity Final return Amended return Address change Name change Name of foundation Employer identification number Helen E. Popa Masters in Nursing & District Three Ohio Nurses Association 03-0428686 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see the instructions) 5669 Mahoning Avenue (330) 799-4199 City or town State ZIP code C If exemption application is pending, check here Youngstown OH 44515 D 1 Foreign organizations, check here Check type of organization |X | Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated Fair market value of all assets at end of year J Accounting method X Cash under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination **►** \$ 160,218. (Part I, column (d) must be on cash basis ) under section 507(b)(1)(B), check here Part I | Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not neces-sarily equal the amounts in column (a) purposes (cash basis only) (see the instructions)) Contributions, gifts, grants, etc, received (att sch) 2 Ck ► X if the foundn is **not** req to att Sch B Interest on savings and temporary cash investments Dividends and interest from securities 8,053. 8,053. 8,053 5a Gross rents **b** Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) SCANNED AUG. 2'3' 2011 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances **b** Less Cost of goods sold c Gross profit/(loss) (att sch) 11 Other income (attach schedule) See Line 11 Stmt 132 132 132 12 Total. Add lines 1 through 11 8,185. 8,185 8,185. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting (ees-(attach-sch) c Other profifees (attach sch) Interest 17 Taxes(attach schedule() see instr.)
Dearectation (attach 2011 18 sch) and depletion 20 Occupancy Ě Travel, conferences, and meetings 21 22 Printing and publications Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 0. Total expenses and disbursements. Add lines 24 and 25 0. Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 8,185. 8,185 **b** Net investment income (if negative, enter 0) 8,185. C Adjusted net income (if negative, enter -0-)

Form	990-	PF (2010) Helen E. Popa Masters in Nursing % District Three Ohio	o Nurses Assoc	03-04	28686 Page <b>2</b>
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year		of year	
		(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	l .	Cash — non-interest-bearing	39,113.	16,485	16,485.
		Savings and temporary cash investments			
	3	Accounts receivable			,
		Less allowance for doubtful accounts			
	4	Pledges receivable			الديدي د د محمد
	_	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
٨	7	Other notes and loans receivable (attach sch)			· · · · · · · · · · · · · · · · · · ·
A S E T		Less allowance for doubtful accounts			_
S	8	Inventories for sale or use			_
	9	Prepaid expenses and deferred charges			
S	10 a	a Investments — U.S. and state government obligations (attach schedule)			
	1	h Investments — corporate stock (attach schedule) L-10b Stmt	142,929.	173,742	143,733.
	•	c Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis		5	
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans		<del> </del>	
	13	Investments — other (attach schedule)			
	14	Land, buildings, and equipment basis ▶	X	*	
		Less accumulated depreciation (attach schedule)			
	15			<del></del>	
	16	Total assets (to be completed by all filers — see instructions Also, see page 1, item I)	182,042.	190,227	160,218.
L	17		102,042.	130,221	100,210.
ļ	18	Grants payable			
A B	19	• •			
ŀ	20	Loans from officers, directors, trustees, & other disqualified persons		<del></del>	
ī	21	Mortgages and other notes payable (attach schedule)		- <del></del>	
T	1	Other liabilities (describe ► )			
Ē		·			
<u> </u>	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
N F E U T N	24	Unrestricted			
ŤŇ	25	Temporarily restricted			
D	26	Permanently restricted			
A S S A E L T		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. $X$			
EL	27	Capital stock, trust principal, or current funds			1
SN	28	Paid-in or capital surplus, or land, building, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds	182,042.	190,227	
RS	30	Total net assets or fund balances (see the instructions)	182,042.	190,227	
	31	Total liabilities and net assets/fund balances (see the instructions)	182,042.	190,227	
Parl		Analysis of Changes in Net Assets or Fund Balanc	es		
1	Total end-	I net assets or fund balances at beginning of year – Part II, colum of-year figure reported on prior year's return)	nn (a), line 30 (must agre	ee with	182,042.
		r amount from Part I, line 27a		2	8,185.
		increases not included in line 2 (itemize)		3	7,233
4	Add	lines 1, 2, and 3	- <b>-</b>	4	190,227.
5	Decre	ases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) -	- Part II, column (b), line	e 30 <b>6</b>	190,227.

Par	(a) List and describe	cosses for Tax on Investment the kind(s) of property sold (e.g., rese, or common stock, 200 shares MLC	al estate	( <b>b)</b> How acquir P — Purchas D — Donatio	se (month, day, year)	(d) Date sold (month, day, year)
1 a						
b						
С						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	
a	<del></del>				<del></del>	
				-		
d						<del></del>
	<del></del>	ng gain in column (h) and owned by t	he foundation on 12/31/69		(I) Gains (Col	umn /h\
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (over column (j), if any	(i) y	gain minus column ( than -0-) <b>or</b> Losses (f	k), but not less
a	<del></del>					
<u>b</u>						
c				-		
	Capital gain net income or (net	capital loss) — If gain, also	enter in Part I, line 7 er -0- in Part I, line 7			
3	Net short-term capital gain or (	oss) as defined in sections 1222(5) a	<del>-</del>	-	2	
3		, , ,	_			
	if gain, also enter in Part I, line in Part I, line	8, column (c) (see the instructions)	If (loss), enter -0-		3	
Par	t V Qualification Under	Section 4940(e) for Reduced	Tax on Net Investme	nt Incom	ne	
	es,' the foundation does not quali	ion 4942 tax on the distributable among the figure of the distributable among the figure of the distributable among the distri	plete this part		Yes	☐ No
ı		each column for each year, see the		iny entries		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse	ets	<b>(d)</b> Distribution (column (b) divided)	
	2009		· · · · · · · · · · · · · · · · · · ·	0.		0.000000
	2008			0.		0.000000
	2007	0.				
	2006					
	2005	<u> </u>		_		
2	Total of line 1, column (d)				2	0.00000
3		e 5-year base period – divide the tota has been in existence if less than 5			3	0.00000
4	Enter the net value of nonchar	table-use assets for 2010 from Part X	, line 5		4	0
_	Marikania lang 4 harilang 2				_	0
5	Multiply line 4 by line 3				5	0
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)		-	6	82
7	Add lines 5 and 6			-	7	82
8	Enter qualifying distributions fro	·			8	· · · · · · · · · · · · · · · · · · ·
	If line 8 is equal to or greater the Part VI instructions	nan line 7, check the box in Part VI, I	ine 1b, and complete that pa	irt using a	1% tax rate See th	e

Form	990-PF (2010) Helen E Popa Masters in Nursing & District Three Ohio Nurses Assoc 03-04286		Р	age <b>4</b>
Par		ructions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here    And enter 'N/A' on line 1		wa	
ь	Democks founded 19 1 19 19 19 19 19 19 19 19 19 19 19 1		4	<i>-</i> 1
_	check here and enter 1% of Part I, line 27b			64.
c	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)	ж <sup>4</sup> ,	×	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
3	Add lines 1 and 2		1	64.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		1	64.
6	Credits/Payments Credits/Payments	٧.		
а	2010 estimated tax pmts and 2009 overpayment credited to 2010	. *		
b	Exempt foreign organizations — tax withheld at source 6b			1.2
	Tax paid with application for extension of time to file (Form 8868)	4 , **	g (	, .
d	Backup withholding erroneously withheld 6d		* , '	* (
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		1	64.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0.
11	Enter the amount of line 10 to be Credited to 2011 estimated tax			
Par	t VII-A: Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b		X
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	*	,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 %
	: Did the foundation file Form 1120-POL for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	** ***		
	(1) On the foundation \$ (2) On foundation managers \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	"		\$1°
	foundation managers \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If 'Yes,' attach a detailed description of the activities		" <b>ú</b>	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		-78	See
Ū	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Χ
	If 'Yes,' attach the statement required by General Instruction T	3	%; ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	* (\$,
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	3%	49h	-2.4
	By language in the governing instrument, or	58, 61,		305
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	z. Zel	¥:	a. Î
_	with the state law remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	X_	
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions)			
b	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	8b	 Х	
۵			- 1	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9	-	Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		Х
BAA		Form <b>99</b> 6	0-PF	(2010)

Forr	n 990-PF (2010) Helen E Popa Masters in Nursing & District Three Ohio Nurses Assoc  *VII-A* Statements Regarding Activities (Continued)	03-	042868	6	F	Page <b>5</b>
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	_	-	11		x
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address	applicatio	n <sup>2</sup>	13	Х	
14	The books are in care of ► Linda Warino Telephor		_(330)	533	-314	 42
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — Check here and enter the amount of tax-exempt interest received or accrued during the year		15			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other aubank, securities, or other financial account in a foreign country?	_		16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the nation for eight country.	me of the		2	- * * · ·	A
Par	t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required					1
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 :	a During the year did the foundation (either directly or indirectly)			, n ,	W 1007	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No	3,2	SAX 144 NAC 1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No	117		,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No		sa Soo	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	76		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	X No		* *	
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes	X No	, ; ,	15-2°, 700 10-2°, 700 10-3°, 700	
ł	b If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instruction organizations relying on a current notice regarding disaster assistance check here	ons)?	. 🗀	1 b	*. '-	
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?			- 2 1c		x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			***	*	- 3.
i	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	Yes	X No	. %	*	
	If 'Yes,' list the years ▶ 20 , 20 , 20 , 20				\$	
_ !	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a "(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a all years listed, answer 'No' and attach statement — see the instructions)	a)(2) a)(2) to		2 b	***	
	c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years h	ere		20	<b>.</b>	<del>                                     </del>
	► 20 , 20 , 20 , 20			,	ļ ¥	
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No	j"		
(	b If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to	i		*		
	determine if the foundation had excess business holdings in 2010)			3 b	-	
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		х
I	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of					
	the tax year beginning in 2010?			4b		X
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Part VII-B Statements Regarding Activit		1 4720 May Be Req	uired (continued)			
5a During the year did the foundation pay or incur	-					
(1) Carry on propaganda, or otherwise attemp	_		Yes X	No	· .	1
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	Yes X	No	1, ,			
(3) Provide a grant to an individual for travel,	•	·	Yes X	No		,
(4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see instru	ctions)	Yes X	No	-	
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	is, charitable, scientific, n of cruelty to children o	literary, or r animals?	Yes X	No		
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to qual a current notice regardi	ualify under the exception ng disaster assistance	ons	5b		. 3
Organizations relying on a current notice regar	ding disaster assistance	e check here	▶ [			_
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure response	ne foundation claim exer ibility for the grant?	mption from the	Yes	No		
If 'Yes,' attach the statement required by Regu	lations section 53 4945-	5(d)			ه. ا	>
6a Did the foundation, during the year, receive an on a personal benefit contract?	y funds, directly or indire	ectly, to pay premiums	Yes X	No		
<b>b</b> Did the foundation, during the year, pay premit	ums, directly or indirectly	y, on a personal benefit		6ь	X	
If 'Yes' to 6b, file Form 8870  7a At any time during the tax year, was the found:	ation a party to a probib	utad tay shaltar transact	2	, se		, m.,
<b>b</b> If yes, did the foundation receive any proceeds				No 7b		٠.,
Part VIII. Information About Officers, D						_
and Contractors	<u> </u>	·	, , ,		-,	
1 List all officers, directors, trustees, foundation	managers and their co	ompensation (see instru	uctions).			
(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) Expens other all	se account lowances	•
Linda Warino						_
6151 Leffingwell Road Canfield OH 44406	President 40.00	0.	0.		0	
						_
						_
2 Compensation of five highest-paid employee	- 4-41					_
2 Compensation of five highest-paid employee (a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expens	se account lowances	,
None			compensation			_
0						_
0						_
0						_
0						_
Total number of other employees paid over \$50,000	TEE 00306 0	7/22/10	•	Form Of	Non	

Form 990-PF (2010) Helen E. Popa Masters in Nursing & District Three Ohio Nurses Assoc 03-0  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	0428686 Page 7 d Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None	(c) sompensation
,	
Total number of others receiving over \$50,000 for professional services	None
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	- Amount
1	
2	
All other program-related investments. See instructions  3	
Total. Add lines 1 through 3	<b>•</b>
BAA	Form <b>990-PF</b> (2010

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Part X Minimum Investment Return (All domestic foundations must complete this part. F see instructions.)	oreign founda	tions,
7 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities	1 a	
<b>b</b> Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	0.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0.
6 Minimum investment return. Enter 5% of line 5	6	0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private open	erating foundat	
and certain foreign organizations check here ► and do not complete this p		
1 Minimum investment return from Part X, line 6	1	0.
2a Tax on investment income for 2010 from Part VI, line 5		
<b>b</b> Income tax for 2010 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2c	164.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	0.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	
<b>b</b> Program-related investments – total from Part IX-B	_1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
<b>b</b> Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	0

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Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

BAA

# Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2009	<b>(c)</b> 2009	<b>(d)</b> 2010
Distributable amount for 2010 from Part XI. line 7				
2 Undistributed income, if any, as of the end of 2010				0.
a Enter amount for 2009 only			0.	
<b>b</b> Total for prior years 20, 20, 20				
3 Excess distributions carryover, if any, to 2010				
a From 2005 0.				
<b>b</b> From 2006 0.				
<b>c</b> From 2007 0.		,		
<b>d</b> From 2008 0.				
<b>e</b> From 2009 0 .				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from Part				
XII, line 4 ► \$				
a Applied to 2009, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-W-T	W0.444
<ul> <li>Treated as distributions out of corpus (Election required — see instructions)</li> </ul>				
<b>d</b> Applied to 2010 distributable amount				
e Remaining amount distributed out of corpus	0.			<del></del>
5 Excess distributions carryover applied to 2010				
(If an amount appears in column (d), the same amount must be shown in column (a))				
(2)				
6 Enter the net total of each column as	*2			
indicated below:				*
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed				₩
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2009 Subtract line 4a from				
line 2a Taxable amount — see instructions			- 0.	
f Undistributed income for 2010 Subtract lines				
4d and 5 from line 1. This amount must be				_
distributed in 2011  7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
,				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.			
	<u> </u>			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9		- 12		
a Excess from 2006 0.				
<b>b</b> Excess from 2007 0 .				
c Excess from 2008 0.				
<b>d</b> Excess from 2009 0.				
e Excess from 2010 0.				

Orm 990-PF (2010) Helen E. Popa Masters in N Part XIV Private Operating Foundation				<u>03-0428686</u>	N/A
1a If the foundation has received a ruling or d					N/A
is effective for 2010, enter the date of the	ruling		_	•	
<b>b</b> Check box to indicate whether the foundation		ating foundation de T		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year (a) 2010	(b) 2000	Prior 3 years	(+D 2007	(a) T-4-4
investment return from Part X for each year listed	(a) 2010	<b>(b)</b> 2009	(c) 2008	<b>(d)</b> 2007	(e) Total
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income	(0)	1	<u> </u>		<u>-</u>
Part XV Supplementary Information assets at any time during the	(Complete this	part only if the	e organization h	ad \$5,000 or mor	e in
Information Regarding Foundation Managers a List any managers of the foundation who is close of any tax year (but only if they have b List any managers of the foundation who described the second secon	nave contributed more to contributed more to contributed more to contribute more of contributed more to contribute more contributed more to contribute more contributed more to contribute more	the stock of a corp	section 507(d)(2))	-	
a partnership or other entity) of which the	foundation has a 10	% or greater intere	st	.y . g. p	
		ū.		~ <del>~</del>	· <del>-</del> -
2 Information Regarding Contribution, Gran	nt Gift Loan Schol	arshin etc Progra	me:		
Check here X if the foundation only requests for funds If the foundation make complete items 2a, b, c, and d	nakes contributions	to preselected char	ritable organizations	and does not accept nizations under other	unsolicited conditions,
a The name, address, and telephone number	er of the person to w	hom applications s	hould be addressed		
	·				
<b>b</b> The form in which applications should be	submitted and inform	mation and materia	ls they should includ	e	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geograpl	nical areas, charita	ble fields, kinds of in	nstitutions, or other fa	ctors

3 Grants and Contributions	Paid During the Yea	r or Approved for Futu	re Payment		
Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor		Purpose of grant or contribution	Amount
Name and address (hom	e or business)	substantial contributor	recipient		
a Paid during the year None N/A N/A	ОН 44515		0	None	0.
				3:	a
<b>b</b> Approved for future paym	ent				
Total				▶ 3	b

#### Part XVI-A. Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated t	ousiness income	Excluded by	section 512, 513, or 514	(0)
1 Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	(e) Related or exempt function income (see the instructions)
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					8,053.
5 Net rental income or (loss) from real estate				· · · · · · · · · · · · · · · · · · ·	
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a Capital Gain Distributions					90.
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)					8,143.
13 Total. Add line 12, columns (b), (d), and (e)				13	8,143.
See worksheet in line 13 instructions to verify calculated	ons )				

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions)							
4	Provides	loans	for	nurses	going	into	accredited	graduate programs
		<del></del>						
	L .							
-	-	-			-	-		
						-·		
					<u>_</u>		<u></u>	
							<del></del>	
		_						
							<u></u>	
							·	
	1							

# Form 990-PF (2010) Helen E. Popa Masters in Nursing & District Three Ohio Nurses Assoc 03-0428686 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the							I I	Yes	No
describe	organization directly ed in section 501(c) o to political organizat	of the Code (oth	ngage in any of the following wi ner than section 501(c)(3) orga	ith any oth anizations)	er organization or in section 527	1		-100	
•			a noncharitable exempt organiz	zation of					
(1) Cash							1a (1)	, İ	_ X _
	er assets						1a (2)		<u>X</u>
	ansactions						14 (2)		
	es of assets to a nor	ncharitable exer	not organization				16(1)		Х
1_1			ble exempt organization				1b (2)		<u>X</u>
* *	ntal of facilities, equi						1 b (3)		X
	mbursement arrange	•	a55C15				1b (3)		X
• •	ins or loan guarantee								<u>x</u>
1_1	<u>-</u>		p or fundraising solicitations				1 b (5) 1 b (6)		<u>x</u>
			ts, other assets, or paid emplo					-	<u>^</u>
Containing	or racinities, equipm	lent, maining hat	s, other assets, or paid emplo	yees			1c		
the good	ds, other assets, or s	services given b	complete the following schedule by the reporting foundation. If t low in column <b>(d)</b> the value of	the foundat	tion received less	than fair marke	t value in	of	
(a) Line no	(b) Amount involved		of noncharitable exempt organization		Description of transf			nement	
\		Top manie			, 2000 paon or dalla	, manadona, a	unaining airai	-gomont	
							<del></del>		
		<del>                                     </del>							
		<del>  -</del>					<del></del>		
		<del> </del>	····	<del></del>		· <del></del>	<del></del>		
		<del> </del>			<del></del>				
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<del></del>					<del></del>				
		<del>_</del>							
						<del></del>			
					- <del></del>				
	·								
			ated with, or related to, one or	more tax-e	xempt organizati	ons	₩.	, $\square$	No
describe	ed in section 501(c)	of the Code (otl	her than section 501(c)(3)) or	in section !	527?		X Yes	, <sub>—</sub>	
describe b If 'Yes,'	ed in section 501(c) complete the follow	of the Code (otl				Description of r		, LJ	
describe b If 'Yes,'	ed in section 501(c)  complete the follow  Name of organizat	of the Code (oth ring schedule ition	(b) Type of organizati		(c)	Description of r	relationship		
describe b If 'Yes,'	ed in section 501(c) complete the follow	of the Code (oth ring schedule ition	(b) Type of organizati				relationship		grees
describe b If 'Yes,'	ed in section 501(c)  complete the follow  Name of organizat	of the Code (oth ring schedule ition	(b) Type of organizati		(c)		relationship		grees
describe b If 'Yes,'	ed in section 501(c)  complete the follow  Name of organizat	of the Code (oth ring schedule ition	(b) Type of organizati		(c)		relationship		grees
describe b If 'Yes,'	ed in section 501(c)  complete the follow  Name of organizat	of the Code (oth ring schedule ition	(b) Type of organizati		(c)		relationship		grees
describe b If 'Yes,' (a) Ohio Nurse	ed in section 501(c) complete the follow a) Name of organizate S Association Di	of the Code (oth	(b) Type of organizati	ion -	Created for loan	ns to nurses gol	relationship ng into gradi	late de	
describe b If 'Yes,' (a) Ohio Nurse	ed in section 501(c) complete the follow a) Name of organizate S Association Di	of the Code (oth	(b) Type of organizati	ion -	Created for loan	ns to nurses gol	relationship ng into gradi	late de	
describe b If 'Yes,' (a) Ohio Nurse Under	ed in section 501(c) complete the follow a) Name of organizate S Association Di	of the Code (oth	(b) Type of organizati	ion -	Created for loan	the best of my knowle	relationship ng into gradu	late de	
describe b If 'Yes,' (a) Ohio Nurse Under correct	ed in section 501(c) complete the follow a) Name of organizate S Association Di	of the Code (oth	(b) Type of organizati	ion -	Created for loan	the best of my knowle	relationship ng into gradu	late de	
describe b If 'Yes,' (a) Ohio Nurse Under	ed in section 501(c) complete the follow a) Name of organizate s Association Di penalties of perjury, I decla t, and complete Declaratio	of the Code (othering schedule Ition Strict Three Itiare that I have examine of preparer (other	(b) Type of organizati	ion -	Created for loar	the best of my knowle	relationship ng into gradi	late de	
describe b If 'Yes,' (a) Ohio Nurse  Under correct  Sign Here	ed in section 501(c) complete the follow a) Name of organizate s Association Di penalties of perjury, I decla t, and complete Declaratio	of the Code (othering schedule ition strict Three ition strict Three ition iting it is a second of preparer (other iting it is a second of its is a secon	(b) Type of organizati	g schedules ar	Created for loar	the best of my knowledge  Title	relationship ng into gradu edge and belief,	late de	
describe b If 'Yes,'  Gohio Nurse  Under correct  Here	penalties of perjury, I declar, and complete Declaration	of the Code (othering schedule atton strict Three are that I have example of preparer (other are that I have ex	(b) Type of organization 501 (c) 6  Sined this return, including accompanying than taxpayer or fiduciary) is based on the sine of the sine	g schedules ar	Created for loar	the best of my knowledge  Title  Check if X i	relationship ng into gradu edge and belief,	late de	
describe b If 'Yes,' Gohio Nurse  Sign Here	penalties of perjury, I declar, and complete Declaration  penalties of perjury, I declar, and complete Declaration  print/Type preparer's na  Eric A. Cla	of the Code (othering schedule Ition strict Three Ition strict Three Ition Iti	(b) Type of organization of the state of the	g schedules ar	Created for loar and to the formula of which preparer has been been been been been been been bee	the best of my knowle any knowledge  Title  Check if X is self-employed	relationship ng into gradu edge and belief,	late de	
describe b If 'Yes,'  Ghio Nurse  Sign Here  Paid Preparer	penalties of perjury, I declar, and complete Declaration  penalties of perjury, I declar, and complete Declaration  penalties of perjury, I declar, and complete Declaration  penalties of officer or truster  print/Type preparer's nate of the complete Declaration  Eric A. Cla  Firm's name	of the Code (othering schedule Ition strict Three Ition strict Three Ition strict Three Ition It	(b) Type of organization of the second of th	g schedules ar	Created for loar and to the formula of which preparer has been been been been been been been bee	the best of my knowledge  Title  Check if X i	relationship ng into gradu edge and belief,	late de	
describe b If 'Yes,' Gohio Nurse  Sign Here	penalties of perjury, I declar, and complete Declaration  penalties of perjury, I declar, and complete Declaration  penalties of officer or trusted  print/Type preparer's na  Eric A. Cla  Firm's name  Firm's address	of the Code (othering schedule Ition strict Three Ition strict Three Ition strict Three Ition It	(b) Type of organization of the state of the	g schedules a all information	Created for loar and to the company of which preparer has been been been been been been been bee	the best of my knowledge  Title  Check if X is self-employed	relationship ng into gradu edge and belief,	uate de	

Form 990-PF, Page 1, Part I, Line 11

### Line 11 Stmt

Other income:	Rev/Exp Book	Net Inv Inc	Adj Net Inc
Capital Gain Distributions	90.	90.	90.
Unrealized Gain	42.	42.	42.
Total	132.	132.	132.

Form 990-PF, Page 2, Part II, Line 10b

### L-10b Stmt

	End of Year		
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value	
Annaly Capital Management Inc	11,183.	10,752.	
Hospitality Properties REIT Trust	17,777.	9,216.	
American High Income Trust-Class A	30,157.	26,591.	
Capital Income BLDR-Class A	33,172.	31,401.	
Income Fund of America-Class A	41,736.	34,149.	
Alpine Total Dynamic Dividend Fund	10,403.	2,960.	
BAC Capital Trust V PFD 6%	9,365.	8,676.	
National City Capital GTD Trust II PFD 6.625%	9,969.	9,992.	
Wells Fargo Capital VII Trups 5.85%	9,980.	9,996.	
Total	173,742.	143,733.	