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Retroactive Reinstatement

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

OMB No. 1545-1150

2010

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A For the 2010 calendar year, or tax year beginning		January 1	, 2010, and ending	December 31	, 2010
<input type="checkbox"/> 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 National Society of Allied Health Number and street (or P.O. box, if mail is not delivered to street address) 2401 Corpcrew Avenue City or town, state or country, and ZIP + 4 Norfolk, Virginia 23504-3993		D Employer identification number 52-2296290	
E Telephone number 757-823-2366				F Group Exemption Number ►	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► _____				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ► www.nsah.org					
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Check ► <input checked="" type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.					
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 10,850					
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>					
Revenue	1 Contributions, gifts, grants, and similar amounts received			1	0
	2 Program service revenue including government fees and contracts			2	0
	3 Membership dues and assessments	RECEIVED		3	10,850
	4 Investment income			4	0
	5a Gross amount from sale of assets other than inventory	MAR 3 7 2016	5a	5c	0
	b Less: cost or other basis and sales expenses	ACCOUNT MANAG	5b		0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		0
	6 Gaming and fundraising events				
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b				
c Less: direct expenses from gaming and fundraising events	6c				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d		0	
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		0	
8 Other revenue (describe in Schedule O)		8		0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9		10,850	
Expenses	10 Grants and similar amounts paid (list in Schedule O)			10	0
	11 Benefits paid to or for members			11	0
	12 Salaries, other compensation, and employee benefits			12	0
	13 Professional fees and other payments to independent contractors			13	355
	14 Occupancy, rent, utilities, and maintenance			14	0
	15 Printing, publications, postage, and shipping			15	1,500
	16 Other expenses (describe in Schedule O)			16	12,450
	17 Total expenses. Add lines 10 through 16		17		14,305
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-3,455
	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	11,034
	20 Other changes in net assets or fund balances (explain in Schedule O)			20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		21		7,579

For Paperwork Reduction Act Notice, see the separate Instructions.

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	11,034	22 7,579
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	11,034	25 7,579
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	11,034	27 7,579

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III. (Required for section

What is the organization's primary exempt purpose? **Improve health status of disadvantaged populations**

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	Annual conference is held to discuss health issues regarding involving keynote speaker, workshops, and plenary sessions with invited speakers and presentations.		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	9,450
29	Recognition of accomplishments banquet for historically black college and university (HBCU) for students, administration and staff in the department of Allied Health.		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	3,000
30	National Society of Allied Health Journal which addresses key issues and concerns impacting people of color.		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	1,500
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	0
32	Total program service expenses (add lines 28a through 31a)	32	13,950

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this 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
Gene Gary-Williams c/o NSAH	Executive Director	0	0	0
2401 Corpcrew Avenue, Norfolk, VA 23504-3993				
Barbara W. Mosley c/o NSAH	President	0	0	0
2401 Corpcrew Avenue, Norfolk, VA 23504-3993				
Denise Chapman c/o NSAH	Past President	0	0	0
2401 Corpcrew Avenue, Norfolk, VA 23504-3993				
Desmond M. Coverley c/o NSAH	President Elect	0	0	0
2401 Corpcrew Avenue, Norfolk, VA 23504-3993				
Gloria Lawson Rogers	Secretary	0	0	0
2401 Corpcrew Avenue, Norfolk, VA 23504-3993				
Mildred Fuller c/o NSAH	Treasurer	0	0	0
2401 Corpcrew Avenue, Norfolk, VA 23504-3993				
Rosemary Theriot c/o NSAH	NSAH Journal Editor	0	0	0
2401 Corpcrew Avenue, Norfolk, VA 23504-3993				

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V.

- 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 ✓
- 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)? 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
- 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 tax year 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:
- 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 ► 0 ; section 4912 ► 0 ; section 4955 ► 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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. ► **None**

42a The organization's books are in care of ► **Dr. Mildred K. Fuller** Telephone no. ► **757-823-2366**
 Located at ► **2401 Corpew Avenue, Norfolk, Virginia** ZIP + 4 ► **23504-3993**

- 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 and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a ✓
- b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b ✓
- c Did the organization receive any payments for indoor tanning services during the year? 44c ✓
- d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d ✓

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45	✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
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."		

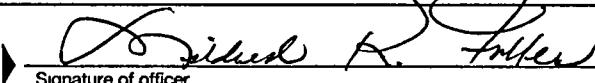
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f	Total number of other employees paid over \$100,000 ►
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 . . . ►
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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.

Sign Here			Date 3-14-2016
	Signature of officer	Dr. Mildred K. Fuller	
	Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010
**Open to Public
Inspection**

Name of the organization
National Society of Allied Health

Employer Identification number
52-2296290

**1. Annual conference is held to discuss health issues regarding involving keynote speaker, workshops, and plenary sessions with invited
speakers and presentations.**

**2. Recognition of accomplishments banquet for historically black college and university (HBCU) for students, administration and staff in the
department of Allied Health.**

3. National Society of Allied Health Journal which addresses key issues and concerns impacting people of color.