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Form **990-EZ**Department of the Treasury
Internal Revenue Service**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)

- 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**Open to Public Inspection****A For the 2010 calendar year, or tax year beginning , 2010, and ending**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization CARSON TAHOE HOSPITAL EMPLOYEES ASSOCIATION Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 638 City or town, state or country, and ZIP + 4 CARSON CITY NV 89702	D Employer identification number 88-6021298 E Telephone number (775) 445-8506 F Group Exemption Number
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G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►**I Website:** ► **C-THEA.COM****J** Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 501(c) (9) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ 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. ► \$ **78,804.****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 ☒

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	78,384.
	4 Investment income	4	297.
	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 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		
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 in Schedule O)	8	123.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	78,804.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	20,370.
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	62,510.
	14 Occupancy, rent, utilities, and maintenance	14	2,546.
	15 Printing, publications, postage, and shipping	15	973.
	16 Other expenses (describe in Schedule O)	16	2,174.
	17 Total expenses. Add lines 10 through 16	17	88,573.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,769.	
ASSETS	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	185,948.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	176,179.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

P 21

Part II	Balance Sheets. (see the instructions for Part II.)
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Check if the organization used Schedule O to respond to any question in this Part II

X

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	185,948.	22 175,642.
23	Land and buildings	0.	23 0.
24	Other assets (describe in Schedule O) <u>See L-24 Stmt</u>)	0.	24 537.
25	Total assets	185,948.	25 176,179.
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)	185,948.	27 176,179.

Part III	Statement of Program Service Accomplishments (see the instrs for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? LEGAL REPRESENTATION FOR CTH EMPLOYEES

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.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	SETTLE EMPLOYEE GRIEVANCES, MAINTAIN EMPLOYEE PAY SCHEDULE, AND INSURANCE COVERAGE		
	(Grants \$) If this amount includes foreign grants, check here	☐	28 a
29			
	(Grants \$) If this amount includes foreign grants, check here	☐	29 a
30			
	(Grants \$) If this amount includes foreign grants, check here	☐	30 a
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	☐	31 a
32	Total program service expenses (add lines 28a through 31a)	☐	32

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

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

[illegible]

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 ☐

	Yes	No
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	X
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	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, 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?	35 a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b	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	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.		
b Did the organization file Form 1120-POL for this year?	37 b	X
38 a 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?	38 a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39 a		
b Gross receipts, included on line 9, for public use of club facilities 39 b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40 a , section 4912 40 a , section 4955 40 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 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 40 b		
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 40 c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40 d		
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 40 e		X
41 List the states with which a copy of this return is filed 41		

42 a The organization's books are in care of **DIANE BARNDT, TREASURER** Telephone no **(775) 445-8506**
 Located at **PO BOX 638** **CARSON CITY** NV ZIP + 4 **89702**

	Yes	No
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 42 b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
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 42 c		X

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**

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 a		X
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 44 b		X
c Did the organization receive any payments for indoor tanning services during the year? 44 c		X
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 44 d		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
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 inst)	45a	X
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	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 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 and deferred compensation	(e) Expense account and other allowances

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

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 ☐ Yes ☐ 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	Signature of officer <i>DIANE BARNETT</i>		Date <i>5/4/11</i>		
	Type or print name and title <i>DIANE BARNETT</i>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>Michael L Mead</i>	Date <i>05/03/11</i>	Check ☒ if self-employed	PTIN <i>P00185448</i>
	Firm's name	Firm's address		Firm's EIN	Phone no
	<i>SIERRA FINANCIAL</i>	<i>309 EAST JOHN STREET, STE 2 CARSON CITY NV 89706</i>		<i>26-3617788</i>	<i>(775) 885-7500</i>

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

CARSON TAHOE HOSPITAL EMPLOYEES ASSOCIATION

Employer identification number

88-6021298

Pt V, Line 35 VENDING LEASE INCOME LESS THAN \$1000

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

VENDING INCOME 123.

Total 123.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

SEE STATEMENT 2,174.

Total 2,174.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
ADJ IN FUND BALANCE		537.
Total		537.

Supporting Statement of:

Form 990-EZ/Line 3

Description	Amount
MEMBERS DUES	78,384.
Total	<u>78,384.</u>

Supporting Statement of:

Form 990-EZ/Line 4

Description	Amount
SAVINGS	4.
CERTIFICATE OF DEPOSIT	246.
DIVIDENDS	47.
Total	<u>297.</u>

Supporting Statement of:

Form 990-EZ/Line 11

Description	Amount
GIFT CERTIFICATES	20,370.
Total	<u>20,370.</u>

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
LEGAL EXPENSE	61,105.
WEB DESIGNER	1,125.
TAX PREPARATION	280.
Total	<u>62,510.</u>

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
FLOORING REPAIR	585.

Continued

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
INSURANCE	1,961.
Total	<u>2,546.</u>

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
OFFICE EXPENSES	224.
PICTURES	120.
POST OFFICE BOX RENT	200.
PRINTING	429.
Total	<u>973.</u>

Supporting Statement of:

Form 990-EZ/Line 16, Amount-1

Description	Amount
EARLY WITHDRAWAL	17.
RETURN OF DUES	438.
MEETING/MEMBERSHIP MEALS	1,719.
Total	<u>2,174.</u>

Supporting Statement of:

Form 990-EZ/Line 22, Column (A)

Description	Amount
CHECKING BALANCE	7,432.
SAVINGS BALANCE	3,155.
CD BALANCE	41,272.
INVESTMENT BALANCE	134,089.
Total	<u>185,948.</u>

Supporting Statement of:

Form 990-EZ/Line 22, Column (B)

Description	Amount
SAVINGS/CHECKING	19,988.
CERTIFICATE OF DEPOSIT	21,518.
INVESTMENT ACCOUNT	134,136.
Total	<u>175,642.</u>