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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. 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  
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**A For the 2010 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**  
**PROVENDER ALLIANCE**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**22835 JENNIE ROAD**  
 City or town, state or country, and ZIP + 4  
**LYONS, OR 97358**

**D Employer identification number**  
**93-0834495**

**E Telephone number**  
**(503) 859-3600**

**F Group Exemption Number** ▶

**G Accounting Method:**  Cash  Accrual Other (specify) ▶

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

**I Website:** ▶ **WWW.PROVENDER.ORG**

**J Tax-exempt status** (check only one) —  501(c)(3)  501(c) ( **6** ) ◀ (insert no.)  4947(a)(1) or  527

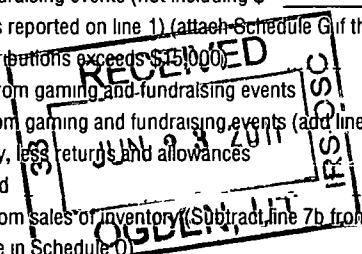
**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a 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** ▶ \$ **129,257.**

## 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	Expenses	Net Assets
1 Contributions, gifts, grants, and similar amounts received	10 Grants and similar amounts paid (list in Schedule O)	18 Excess or (deficit) for the year (Subtract line 17 from line 9)
2 Program service revenue including government fees and contracts	11 Benefits paid to or for members	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)
3 Membership dues and assessments	12 Salaries, other compensation, and employee benefits	20 Other changes in net assets or fund balances (explain in Schedule O)
4 Investment income	13 Professional fees and other payments to independent contractors	21 Net assets or fund balances at end of year. Combine lines 18 through 20
5a Gross amount from sale of assets other than inventory	14 Occupancy, rent, utilities, and maintenance	
5b Less: cost or other basis and sales expenses	15 Printing, publications, postage, and shipping	
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16 Other expenses (describe in Schedule O)	
6 Gaming and fundraising events	17 Total expenses. Add lines 10 through 16	
6a Gross income from gaming (attach Schedule G if greater than \$15,000)		
6b 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)		
6c Less: direct expenses from gaming and fundraising events		
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a Gross sales of inventory, less returns and allowances		
7b Less: cost of goods sold		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8 Other revenue (describe in Schedule O)		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		



SCANNED JUL 1 2011

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

Form **990-EZ** (2010)

032171  
02-02-11

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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

X

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

Table with columns Yes, No and row 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)

Table with columns Yes, No and row 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?

Table with columns Yes, No and row 35a

b If "Yes," has it filed a tax return on Form 990-T for this year?

Table with columns Yes, No and row 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

Table with columns Yes, No and row 36

37 a 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?

Table with columns Yes, No and row 37b

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?

Table with columns Yes, No and row 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b N/A

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39a N/A

b Gross receipts, included on line 9, for public use of club facilities

39b N/A

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 N/A ; section 4912 N/A ; section 4955 N/A

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or 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

Table with columns Yes, No and row 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

N/A

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

N/A

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

Table with columns Yes, No and row 40e

41 List the states with which a copy of this return is filed. NONE

42 a The organization's books are in care of SUSAN SCHECHTER

Telephone no. (503) 859-3600

Located at 22835 JENNIE ROAD, LYONS, OR

ZIP + 4 97358

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)?

Table with columns Yes, No and row 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.?

Table with columns Yes, No and row 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 N/A

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

Table with columns Yes, No and row 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

Table with columns Yes, No and row 44b

c Did the organization receive any payments for indoor tanning services during the year?

Table with columns Yes, No and row 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

Table with columns Yes, No and row 44d

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		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		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		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		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		
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
N/A				

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." **N/A**

(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: B. Crumell Date: 06/17/2011  
 Type or print name and title: James B. Averill, Treasurer

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KATHERINE DEYOUNG, CPA</b>	Preparer's signature <u>Katherine DeYoung</u>	Date <u>6/10/11</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ <b>PRACTICAL BUSINESS SERVICES INC.</b>		Firm's EIN ▶		
Firm's address ▶ <b>119 S 16TH STREET - P.O. BOX 1240 PHILOMATH, OR 97370-1240</b>		Phone no. <b>541-929-2811</b>			

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**

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Name of the organization

**PROVENDER ALLIANCE**

Employer identification number

**93-0834495**

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

<b>DESCRIPTION OF PROPERTY:</b>	<b>AMOUNT:</b>
<b>INTEREST</b>	<b>1,199.</b>

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

<b>DESCRIPTION OF OTHER REVENUE:</b>	<b>AMOUNT:</b>
<b>JOURNAL ADVERTISING</b>	<b>10,741.</b>

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

<b>DESCRIPTION OF OTHER EXPENSES:</b>	<b>AMOUNT:</b>
<b>CONFERENCE EXPENSE: ADVERTISING / FOOD / LODGING / SPEAKER FEES / SUPPLIES</b>	<b>55,943.</b>
<b>TELEPHONE &amp; INTERNET</b>	<b>2,856.</b>
<b>WEBSITE</b>	<b>650.</b>
<b>BOARD OF DIRECTORS MEETING ROOMS</b>	<b>1,000.</b>
<b>BOARD MEALS AND TRAVEL</b>	<b>4,217.</b>
<b>BOARD SUPPLIES</b>	<b>58.</b>
<b>OTHER BOARD EXPENSE</b>	<b>325.</b>
<b>MARKETING</b>	<b>1,413.</b>
<b>CREDIT CARD FEES</b>	<b>2,463.</b>
<b>ACCOUNTING</b>	<b>515.</b>
<b>DUES &amp; SUBSCRIPTIONS</b>	<b>100.</b>
<b>INSURANCE</b>	<b>860.</b>
<b>SUPPLIES</b>	<b>1,451.</b>
<b>PAYROLL TAXES</b>	<b>3,134.</b>
<b>MISCELLANEOUS</b>	<b>192.</b>

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

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PROVENDER ALLIANCE

Employer identification number

93-0834495

TOTAL TO FORM 990-EZ, LINE 16

75,177.

FORM 990-EZ, PART I, LINE 21, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:

AMOUNT:

184.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	726.	1,164.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL TAXES AND CREDIT CARDS PAYABLE	2,162.	3,182.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EDUCATION, OUTREACH AND NETWORKING FOR THE NATURAL FOODS COMMUNITY.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

## Part IV – List of Officers, Directors, Trustees, and Key Employees

(A) Name and Address	(B) Title and average number of hours per week devoted to position	(C) Compensation	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
Brad Averill P.O. Box 1471 Eugene, OR 97440	Board Member/Treasurer 1 hr/wk for 12 months	\$-	\$-	\$-
Evelyn Hall 2855 N.W. Grant Corvallis, OR 97330	Board Member 1 hr/wk for 12 months	\$75.00	\$-	\$96.00
Brad Lerch P O Box 21123 Eugene, OR 97402	Board Member 1 hr/wk for 9 months	\$75.00	\$-	\$300.00
Stephen Markham 7826 NE 140th PI Bothell, WA 98011	Board Member 1 hr/wk for 9 months	\$75.00	\$-	\$275.00
Melissa Minton 1899 Mendocino Ave. Santa Rosa, CA 95401	Board member/Secretary 1 hr/wk for 12 months	\$25.00	\$-	\$40.00
Michelle O'Connor 237 N 1st St Ashland, OR 97520	Board Member 1 hr/wk for 9 months	\$75.00	\$-	\$634.00
Vicki Reich P.O. Box 9485 Moscow, ID 83843	Board Member/President 1 hr/wk for 12 months	\$-	\$-	\$432.27
Susan Schechter 22835 Jennie Rd. Lyons, OR 97358	Key Employee 40 hr/wk for 12 months	\$32,999.96	\$-	\$285.00
TOTAL		\$33,324.96		\$2,062.27