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A For the 2010 calendar year, or tax year beginning 01-01-2010

PO BOX 97993

C Name of organization

MANAGERS ASSOCIATION

NEVADA PROFESSIONAL FACILITY

As Filed Data -

Number and street (or P O box, if mail is not delivered to street address) Room/suite

DLN: 93492132016651

D Employer identification number

94-3169442

E Telephone number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

Initial return

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

and ending 12-31-2010

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Form **990-EZ** (2010)

<u>L</u> ⊤	emina	ited					
_		ed return ion pending	City or town, state or country, and ZIP + 4 LAS VEGAS, NV 89193		F Group Exemptio Number ►	n	
		ting method	Cash Accrual Other (specify) ►	_	I Check ► 🔽 i	f the o	organization is not
J Tax	-Exem	npt status(check	only one)— 501(c)(3) 501(c)(6) ◀(insert no) 4947(a)(1) or	527	required to att (Form 990, 99	ach S	chedule B
\$5	0,000	0 A Form 990	inization is not a section 509(a)(3) supporting organization and in FZ or Form 990 return is not required though Form 990-N (e-poto file a return, be sure to file a complete return				
L Add	l lines !		line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or	ıf total asset	s (Part II, line 25, coli ► \$	umn (B) below) are \$500,000 or 191,831
Pa	art I		e, Expenses, and Changes in Net Assets or Fund Book e organization used Schedule O to respond to any question in the		(See the instruct	ions fo	or Part I)
	1	Contributions	s, gifts, grants, and similar amounts received			1	64,168
	2	Program serv	vice revenue including government fees and contracts			2	7,785
	3	Membership	dues and assessments			3	62,214
	4	Investmentı	ncome			4	
	5a	Gross amour	nt from sale of assets other than inventory	5a			
<u>a</u>	ь	Less cost o	rother basis and sales expenses	5b			
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from	line 5a)		5c	
9 8	6	Gaming and f	fundraising events				
	а	Gross income fr	om gamıng (attach Schedule G ıf greater than \$15,000) 🕏	6a	7,630		
	b	reported on I	e from fundraising events (not including \$ 50,034 of contribution ine 1) (attach Schedule G if the sum of such gross income and contributions in the sum of such gross in the sum of such gross income and grown in the sum of such gross in the sum of such grows in the sum of sum of such grows in the sum of sum of such grows in the sum of such grows in the sum of such grow		•		
	С	Less direct	expenses from gaming and fundraising events	6с	57,664		
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6	b and subt	ract line 6c)	6d	
	7a	Gross sales	of inventory, less returns and allowances	7a			
	ь	Less cost of	fgoods sold	7b			
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7 b from line 7 a)			7c	
	8	Other revenu	ue (describe in Schedule O)			8	
	9	Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	134,167
	10	Grants and s	ımılar amounts paıd (lıst ın Schedule O)			10	48,600
	11	Benefits paid	to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	
φ 6	13	Professional	fees and other payments to independent contractors			13	13,224
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	
EX.	15	Printing, pub	lications, postage, and shipping			15	1,599
	16	Other expens	ses (describe in Schedule O)			16	39,533
	17	Total expens	es. Add lines 10 through 16			17	102,956
£,	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			18	31,211
9.5.S	19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (r	nust agree	with		
Net Assets		end-of-year f	figure reported on prior year's return)			19	50,912
ž	20	Other change	es in net assets or fund balances (explain in Schedule O) .			20	
	21	Net assets o	r fund balances at end of year Combine lines 18 through 20		•	21	82,123

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Form 990-EZ (2010)					Page 2
Part II Balance Sheets					
Check if the organization use	d Schedule O to respond to	any question in t	hıs Part II		<u></u>
(Caatha matuu	tions for Doub II)		(A) D		(D) 5 - 1 - (
·	tions for Part II)		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .			54,912	22	82,123
23 Land and buildings				23	
24 Other assets (describe in Schedule O)	•		24	
25 Total assets			54,912	25	82,123
26 Total liabilities (describe in Schedule	0)		4,000	26	
27 Net assets or fund balances (line 27 o	f column (B) must agree wit	:h line 21) .	50,912	27	82,123
Part IIII Statement of Program	Service Accomplishm	nents	<u></u>		Expenses
Check if the organization use	d Schedule O to respond to	any question in t	this Part III .	١,	equired for section 501 (3) and 501(c)(4)
What is the organization's primary exempt				1 ' '	ganizations and section
ASSOCIATION OF PROFESSIONAL FAC				49	47 (a)(1) trusts,
Describe what was achieved in carrying or describe the services provided, the number		• •	•	opt	tional for others)
program title					
28 MONTHLY MEETINGS PROVIDE VAR					
DEVELOPMENTS AND TRENDS IN THE (Grants \$) If th	INDUSTRIAL/OFFICE PRO is amount includes foreign o				
· · · · · · · · · · · · · · · · · · ·	is amount includes loreign t	grants, check her	· · · · · · ·	28a	
29					
(Grants \$) If th	ıs amount ıncludes foreıgn ç	grants, check hei	re ► 厂	29a	
30					
(Grants \$) If th	ıs amount ıncludes foreıgn ç	grants, check hei	re ▶ ┌	30a	
31 O ther program services (describe in Sc	:hedule O)				
(Grants \$) If th	ıs amount ıncludes foreıgn ç	grants, check hei	re ▶ ┌	31a	
32 Total program service expenses (add lir	nes 28a through 31a) .		.	32	
Part IV List of Officers, Directors, Tr	ustees, and Key Employees.	List each one even i	f not compensated (See the ins	tructio	ns for Part IV)
Check if the organization use		1			<u>) </u>
(a) Name and address	(b) Title and average	(c) Compensa	1 , ,		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid enter -0)	· ' ' ' '		
	TT. TTTT TO POSITION	22. 31	, activida dompeno		Time Enomanded
See Additional Data Table					

ra	Check of the ergonystion used Schedule O to respond to any question in the Bort 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		No
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		No
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			
а	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		No
Ь	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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 🔭 37a			
b	Did the organization file Form 1120-POL for this year?	37b		No
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		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 , section 4912 , section 4955			
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	40Ь		
С	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			
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	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		No
	List the states with which a copy of this return is filed	. (3.6	2) 700	
42a	The organization's books are in care of ► <u>KATRINA BRUCE</u> Telephone no 6725 VIA AUSTI PKWY STE 250	• <u>(70</u>	(2) /98	-5156
		► _ 8	9119	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	ICS	No
	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		No
	If "Yes," enter the name of the foreign country			
	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			▶Γ
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?			
		44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule 0			

Form 990)-EZ (2010)						N	Page 4
					. (1) (4 =) = . 7.5		Yes	No
	any related organization a controlle s, Form 990 and Schedule R must be		_	fsection 512	2(b)(13)? <i>If</i>	45		Νο
	l the organization receive any payn aning of section 512(b)(13)? <i>If 'Ye</i>		•			45a		No
	the organization engage, directly and the organization engage, directly and the organization of the organi			ehalf of or In	opposition to	46		No
Part V	I Section 501(c)(3) orga	nizations and sect	ion 4947(a)(1) non	exempt c	haritable tri		nlv.	NO
	All section 501(c)(3) organ 47-49b and 52.			_			-	stions
	Check if the organization used	Schedule O to respond	to any question in this P	Part VI .		<u></u>		<u></u>
							Yes	No
47 Dıd	the organization engage in lobbyir	ng activities? If "Yes," c	omplete Schedule C, Pai	rt II		47		
48 Is t	the organization a school described	d in section 170(b)(1)(A	(II)? If "Yes," complete S	Schedule E		48		
49a Dıd	the organization make any transfe	ers to an exempt non-ch	arıtable related organızat	tion?		49a		
b If"	Yes," was the related organization	a section 527 organiza	tion?			49b		
	mplete this table for the organization				•		•	
	ployees) who each received more t	(b) Title and average			ributions to		e) Expe	ns e
	ne and address of each employee paid more than \$100,000	hours per week devoted to position	(c) Compensation		enefit plans & ompensation	a	count a	and
		devoted to position		deterred c	ompensation	Othe	i unowe	1110.03
F0(6) -								
50(f) T	otal number of other employees pa	ıd over \$100,000 .				•		
51 Coi	mplete this table for the organization	on's five highest comper		ractors who e		►	an \$10	0,000
51 Cor	mplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
51 Cor	mplete this table for the organization	on's five highest comper n If there is none, enter	"None"				an \$10	
51 Cor	mplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
51 Cor	mplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
51 Cor	mplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
51 Cor	mplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
51 Cor	mplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
51 Cor	mplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
51 Con of c (a)	mplete this table for the organization compensation from the organization Name and address of each indeper	on's five highest comper n If there is none, enter ndent contractor paid mi	"None " ore than \$100,000					
51 Cor of c (a)	mplete this table for the organization	on's five highest comper If there is none, enter Indent contractor paid manager ontractors each receivi	"None " ore than \$100,000 ng over \$100,000 .	(b) Type	of service	(c) C	ompen	sation
51 Cor of c (a) 51(d) To 52 E	mplete this table for the organization compensation from the organization Name and address of each independent of other independent of	on's five highest comper on If there is none, enter indent contractor paid mi dent contractor paid mi contractors each receiving	"None " ore than \$100,000 ng over \$100,000 .	(b) Type	of service	(c) C	ompen	sation
51 Cor of c (a) 51(d) To 52 Cor Jnder per	mplete this table for the organization compensation from the organization Name and address of each independent of the organization otal number of other independent of the organization complete Schenust attach a completed Schedule	on's five highest compendent of there is none, enterndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organizatio	(b) Type	of service (a)(1) nonexen	npt cha	aritable (es	trusts No
51 Con of control (a) 51(d) To 52 Control (a) Under per mowledge	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization otal number of other independent of the organization complete. Schemust attach a completed Schedule and belief, it is true, correct, and complete of the organization of the organization complete.	on's five highest compendent of there is none, enterndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organizatio	(b) Type	of service (a)(1) nonexen	npt cha	aritable (es	trusts No
51 Con of control (a) 51(d) To 52 Control (a)	mplete this table for the organization compensation from the organization Name and address of each independent of the organization otal number of other independent of the organization complete Schenust attach a completed Schedule nalties of perjury, I declare that I have e and belief, it is true, correct, and coe.	on's five highest compendent of there is none, enterndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organizatio	(b) Type	of service (a)(1) nonexen	npt cha	aritable (es	trusts No
51 Con of con (a) 51(d) To 52 In nowledge mowledge	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization otal number of other independent of the organization complete. Schemust attach a completed Schedule and belief, it is true, correct, and complete of the organization of the organization complete.	on's five highest compendent of there is none, enterndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organizatio	(b) Type	of service (a)(1) nonexen	npt cha	aritable (es	trusts No
51 Con of co (a) 51(d) To 52 Con Juder per mowledge mowledge	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization of the organization complete. Old the organization complete Schemust attach a completed Schedule nalties of perjury, I declare that I have and belief, it is true, correct, and coe. ****** Signature of officer PETE RICCIARDO PRESIDENT	on's five highest compendent of there is none, enterndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organizatio	(b) Type ons and 4947 edules and stais based on a	of service (a)(1) nonexen	npt cha	aritable (es	trusts No
51 Con of co (a) 51(d) To 52 Con Juder per chowledge chowledge Sign	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization complete. Old the organization complete Schemust attach a completed Schedule malties of perjury, I declare that I have and belief, it is true, correct, and coe. ****** Signature of officer PETE RICCIARDO PRESIDENT Type or print name and title	on's five highest compendent of there is none, enterndent contractor paid mondent contractor paid mondent contractors each received and the second of the complete. Declaration of property of the property of the complete of	"None " ore than \$100,000 Ing over \$100,000 on 501(c)(3) organization cluding accompanying scheparer (other than officer)	(b) Type ons and 4947 cons and states and states based on a	(a)(1) nonexen	npt cha	aritable /es st of my prepare	trusts No r has an
51 Connection (a) 51(d) Total (a) 51(d) Total (a) 52 Connection (a) Juder per mowledge mo	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization of the organization complete. Old the organization complete Schemust attach a completed Schedule nalties of perjury, I declare that I have and belief, it is true, correct, and coe. ****** Signature of officer PETE RICCIARDO PRESIDENT	on's five highest compendent of the second modern contractor paid modern contractor paid modern contractors each received a contractor of the second contractor of the second contractor of property of the second contractor of the second	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Type ons and 4947 edules and states based on a	of service (a)(1) nonexen	npt chapt chapt the best which	aritable /es st of my prepare	trusts No r has an
51 Con of control (a) 51(d) To 52 Control (a)	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization complete. Old the organization complete Schemust attach a completed Schedule complete of the organization complete of the organization complete of the organization complete. In alties of perjury, I declare that I have and belief, it is true, correct, and complete of the organization complete or	on's five highest compendent of the second modern contractor paid modern contractor paid modern contractors each received a contractor of the second contractor of the second contractor of property of the second contractor of the second	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Type ons and 4947 edules and state is based on a	of service (a)(1) nonexen definition of 1-04-18 e	npt chapt chapt the best which	aritable /es st of my prepare	trusts No
51 Conof of Conomic (a) 51(d) To 52 Conomic (a) Under per knowledge knowledge (b) Sign Here	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization complete. Old the organization complete Schemust attach a completed Schedule malties of perjury, I declare that I have e and belief, it is true, correct, and complete schemust attach a	on's five highest compendent on If there is none, enterndent contractor paid monomeration of the contractors each receiving the contractors and the contractors of the contractors are examined this return, incomplete. Declaration of processing the contractors are examined this return, incomplete.	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Type ons and 4947 edules and states based on a	of service	npt chapt chapt the best which	aritable /es st of my prepare	trusts No

DLN: 93492132016651

OMB No 1545-0047

Employer identification number

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

NEVADA PROFESSIONAL FACILITY MANAGERS ASSOCIATION 94-3169442 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization col (i) control of contributions? Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))
₽	1	Gross receipts	84,41	1	(**************************************	84,411
Reveilue	2	Less Charitable	34,37	7		34,377
4	3	Gross income (line 1 minus line 2)	50,034	4		50,034
	4	Cash prizes	32	5		325
မာ	5	Non-cash prizes	17,55	2		17,552
Expenses	6	Rent/facility costs	27,01	5		27,015
ă	7	Food and beverages				
Drea	8	Entertainment				
Δ	9	Other direct expenses .	5,14	2		5,142
	10	Direct expense summary Add lin			🛌	50,034
Par	11 † 1111	Net income summary Combine lii Gaming. Complete if the or			ort IV line 19 or reno	rted more than
		\$15,000 on Form 990-EZ, lir		163 to 101111 990, Fa		Ted more than
Revenue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue			7,630	7,630
မှာ	2	Cash prizes				
Expenses	3	Non-cash prizes			7,630	7,630
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Γ Yes % Γ No	┌ Yes %	Γ Yes % Γ No	
	7	Direct expense summary Add lines	s 2 through 5 in column ((d)		7,630
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)		
9	Ente	er the state(s) in which the organiza	ation operates gaming ac	tivities See Additional D	ata TableNV	
a b	a Is the organization licensed to operate gaming activities in each of these states?					
	LIC	ENSE NOT REQUIRED SINCE ON				
10a b		re any of the organization's gaming l Yes," Explain			the tax year?	· · Fyes V No

11	Does the orga	anızatıon operate ga	ming activities with nonmembe	rs?		Yes	▼ No
12	Is the organiz	zatıon a grantor, ber	eficiary or trustee of a trust or	a member of a partnership or othe	r entity		
	formed to adr	nınıster charıtable g	amıng?			· Fyes	✓ No
13	Indicate the p	percentage of gamın	g activity operated in				
а	The organizat	tion's facility			13a		
b	An outside fa	cılıty			13b	100	000 %
14	Provide the n records	ame and address of	the person who prepares the or	ganızatıon's gamıng/specıal even	ts books and		
	Name 🟲	KATRINA BRUCE					
	Address 🟲	6725 VIA AUSTI LAS VEGAS, NV					
15a	_		·	om the organization receives gam	_		
	revenue? .					· Fyes	▼ No
b	If "Yes," ente	r the amount of gan	iing revenue received by the or	ganızatıon 🟲 \$	and the		
	amount of gai	mıng revenue retaın	ed by the third party 🏲 \$				
С	If "Yes," ente	er name and address					
	Name 🟲						
	Address 🟲						
16	Gaming mana	ager information					
	Name 🟲						
	Gaming mana	ger compensation	* \$				
	Description o	fservices provided	>				
	Director/o		Employee	Independent contracto	or		
17	Mandatory di			d			
а				distributions from the gaming proc	eeds to		_
		te gaming license?				Yes	✓ No
Ь				outed to other exempt organization	ns or spent		
Dar	_		activities during the tax year	* \$ on for responses to question o	on Schedule G	(500	
		ctions.)		——————————————————————————————————————	m Scriedule G	(566 	
	Ider	ntıfıer	ReturnReference	F	Explanation		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492132016651

OMB No 1545-0047

2010

Open to Public Inspection

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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization NEVADA PROFESSIONAL FACILITY MANAGERS ASSOCIATION Employer identification number

94-3169442

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMTS PAID TO ORGANIZATIONS	FORM 990-EZ, PART I, LINE 10	NEVADA CHILDHOOD CANCER FOUNDATION CHARITABLE 06/08/2010 2235 E FLAMINGO RD LAS VEGAS, NV 89119 30,500 0 0 FINDING AUTISTIC SOLUTIONS FOR TOMO CHARITABLE 06/08/2010 9435 W TROPICANA AVE, STE 102 11 LAS VEGAS, NV 89147 14,500 0 0

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES TRADE SHOW MARKETING EXP 474 OFFICE 51 BANK SERVICE CHARGES 2,603 POSTAGE 725 INSURANCE 350 BOARD EXPENSES 4,660 MEMBER APPRECIATION 2,301 MISCELLANEOUS 1,579 BREAKFAST MEETINGS 25,314 WEBSITE 315 PRESIDENT'S EXPENSES 1,161 TOTAL 39,533

ldentifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	SCHOLARSHIPS 4,000 0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492132016651

TY 2010 Compensation Explanation

Name: NEVADA PROFESSIONAL FACILITY

MANAGERS ASSOCIATION

EIN: 94-3169442

Person Name	Explanation
PETE RICCIARDO	
ANTHONY WILLIAMS	
KENT MILLER	
ROBERT JONES	
NA SRIN HOUSTON	
JIM CAVANESS	
MATTHEW ZANIEWSKI	
MARK KELLER	
TRAVIS WEST	

Software ID: Software Version:

EIN: 94-3169442

Name: NEVADA PROFESSIONAL FACILITY

MANAGERS ASSOCIATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
PETE RICCIARDO D PO BOX 97993 LAS VEGAS, NV 89193	PRESIDENT 2 00	0		
ANTHONY WILLIAMS DO BOX 97993 LAS VEGAS, NV 89193	PAST PRESIDE 2 00	0		
KENT MILLER PO BOX 97993 LAS VEGAS, NV 89193	AFFILIATE ME 2 00	0		
ROBERT JONES DO BOX 97993 LAS VEGAS, NV 89193	TREASURER 2 00	0		
NASRIN HOUSTON PO BOX 97993 LAS VEGAS, NV 89193	SECRETARY 2 00	0		
JIM CAVANESS PO BOX 97993 LAS VEGAS, NV 89193	DIRECTOR 2 00	0		
MATTHEW ZANIEWSKI DO BOX 97993 LAS VEGAS, NV 89193	DIRECTOR 2 00	0		
MARK KELLER DO BOX 97993 LAS VEGAS, NV 89193	DIRECTOR 2 00	0		
TRAVIS WEST TO PO BOX 97993 LAS VEGAS, NV 89193	ASSOCIATE ME 2 00	0		