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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 (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** 6/1/2010 , **and ending** 5/31/2011

B Check if applicable
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
THE FRIENDS OF NURSING

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
C/O JUANITA TATE, PO BOX 1142

City or town | state or country | ZIP + 4
SILVERTHORNE | CO | 80498

D **Employer identification number**
74-2377071

E Telephone number
970-468-2571

F Group Exemption Number ▶

G Accounting Method: [X] Cash [ ] Accrual Other (specify) ▶

I **Website:** ▶ www.friendsofnursing.org

J **Tax-exempt status** (check only one) — [X] 501(c)(3) [ ] 501(c) ( ) ◀ (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 . . . . . ▶ $ 172,708

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 . . . . . [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	47,045
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	6,929
	5a	Gross amount from sale of assets other than inventory	5a 108,789		
	b	Less: cost or other basis and sales expenses	5b 118,936		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	-10,147
	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 9,945		
	c	Less: direct expenses from gaming and fundraising events	6c 5,262		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	4,683
	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	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	48,510
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	60,000
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	2,400
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	1,547
	16	Other expenses (describe in Schedule O)		16	4,110
	17	**Total expenses.** Add lines 10 through 16	▶	17	68,057
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-19,547
	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	297,850
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	38,536
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶	21	316,839

For Paperwork Reduction Act Notice, see the separate instructions.
(HTA)

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 X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	297,400	22	316,374
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	450	24	465
25	**Total assets**	297,850	25	316,839
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	297,850	27	316,839

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 ☐

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

What is the organization's primary exempt purpose? EDUCATIONAL SCHOLARSHIPS

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 SCHOLARSHIP GRANTS TO STUDENTS IN REGISTERED NURSING PROGRAMS IN COLORADO COLLEGES AND UNIVERSITIES. 23 SCHOLARSHIPS WERE AWARDED DURING THE FISCAL YEAR.

(Grants $ 60,000) If this amount includes foreign grants, check here ▶ ☐ 28a 68,057

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses.** (add lines 28a through 31a) ▶ 32 68,057

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
PHYLLIS GRAHAM-DICKERSON 19155 E. PRENTICE CENTENNIAL CO 80015	Title PAST PRES Hr/WK 1.00	0		
MARYJO COAST 11380 GRAPE CIR THORNTON CO 80233	Title PRESIDENT Hr/WK 1.00	0		
JAN JURASIC 1723 S. EVERETT ST. LAKEWOOD CO 80232	Title PRES-ELECT Hr/WK 1.00	0		
PAM STOECKEL 6023 W. WARREN CT LAKEWOOD CO 80227	Title 1ST VP Hr/WK 1.00	0		
CRIS FINN 18025 SUNBURST DR MONUMENT CO 80132	Title 2ND VP Hr/WK 1.00	0		
KATHLEEN WHALEN 8516 COORS LOOP ARVADA CO 80003	Title SECRETARY Hr/WK 1.00	0		
JUANITA TATE PO BOX 23821 SILVERTHORNE CO 80498	Title TREASURER Hr/WK 1.00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		

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

			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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		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. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	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?	38a		X
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			
40 a	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	40b		X
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 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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		X
41	List the states with which a copy of this return is filed. ▶ _____			
42 a	The organization's books are in care of ▶ JUANITA TATE Telephone no. ▶ 970-468-2571			
	Located at ▶ PO BOX 2381 City SILVERTHORNE ST CO ZIP + 4 ▶ 80498			
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		X
	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		X
	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			
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	44a		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	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		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	44d		

			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	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		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
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
Name None Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			

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
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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

▶ Juanita S. Tate — Signature of officer — Date 09/25/2011

▶ JUANITA S. TATE, PRESIDENT ELECT — Type or print name and title

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Naomi Hull	Naomi Hull	9/22/2011	☐	P00544291
Firm's name ▶ Hull & Associates, P.C.			Firm's EIN ▶ 84-1215980	
Firm's address ▶ 780 Simms St., Ste. 200, Golden, CO 80401			Phone no (303) 202-2702	

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
THE FRIENDS OF NURSING	74-2377071

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0			0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
4 **Total.** Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0			0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
11 **Total support.** Add lines 7 through 10						0

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15	Public support percentage from 2009 Schedule A, Part II, line 14	15	0.00%

16a **33 1/3% support test–2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test–2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test–2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test–2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")	51,837	32,625	34,931	78,900	47,045	245,338
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0	0	0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 **Total.** Add lines 1 through 5	51,837	32,625	34,931	78,900	47,045	245,338
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						245,338

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	51,837	32,625	34,931	78,900	47,045	245,338
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,441	19,700	8,047	6,627	6,929	54,744
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	13,441	19,700	8,047	6,627	6,929	54,744
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	31,357	16,437	29,127	29,893	4,683	111,497
13 **Total support.** (Add lines 9, 10c, 11, and 12)	96,635	68,762	72,105	115,420	58,657	411,579

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	59.61%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	51.53%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	13.30%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	13.08%

19a **33 1/3% support tests–2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests–2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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	Employer identification number
THE FRIENDS OF NURSING	74-2377071

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Jeffrey Louritt 217 1/2 San Juan Ave Alamosa CO 81101, Cash Grant: 3,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Onawa Pelham 1123 3rd St. Alamosa CO 81101, Cash Grant: 2,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Erin Goelze 8627 NW Greenbriar Dr. Vancouver WA 98665, Cash Grant: 2,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Linnea Gingerich 1712 Alexander Cir. Pueblo CO 81001, Cash Grant: 3,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Andy Brown 6515 Delmonico Dr. #212 Colorado Springs CO 80919, Cash Grant: 2,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Kayla McDonald 912 Sequoya Dr. Pueblo West CO 81007, Cash Grant: 2,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Marsha Hutton 350 Gunnison Ave., Apt. 2 Grand Junction CO 81501, Cash Grant: 3,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Jami Rose Doerr 3505 North 12th St. D-3 Grand Junction CO 81506, Cash Grant: 2,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Nicholas Mockeridge 12150 Washington Center Pkwy #6-206 Thornton CO 80241, Cash Grant: 3,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Aubrey Milosevic 6871 Lionshead Pkwy Littleton CO 80124, Cash Grant: 2,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Julianne Costa 1220 Clayton St. Denver CO 80206, Cash Grant: 3,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Michelle Morales 5710 W. 73rd Ave Arvada CO 80003, Cash Grant: 3,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Brenda Case-Cook 18250 Afton Hollow Lane Richmond TX 77469, Cash Grant: 3,000, Relationship:

Name of the organization	Employer identification number
THE FRIENDS OF NURSING	74-2377071

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Peter Brooks 4086 Poplar St. San Diego CA 92105, Cash Grant. 3,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Melissa Camacho 4426 Flintridge Dr. Colorado Springs CO 80918, Cash Grant: 3,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Ashley Almeyda 1440 Acacia Dr Colorado Springs CO 80907, Cash Grant: 2,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Jessica Pray-Homes 124 Badger Lake Cir Divide CO 80814, Cash Grant: 3,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Paula Ruedbusch 3313 Sam Houston Cir. Ft. Collins CO 80526, Cash Grant: 3,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Todd Lessley 1132 Madison St. Denver CO 80206, Cash Grant: 3,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Amanda Bennett 3246 S. Walden Ct., Unit A Aurora CO 80013, Cash Grant: 2,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Rachel Rose Jackson 1017 Cranford Pl Greeley CO 80631, Cash Grant: 3,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Kristen Hall 2115 Donna Ct. Loveland CO 80537, Cash Grant: 2,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Rachel Dozier 925 Columbia Rd, Apt 623 Ft. Collins CO 80525, Cash Grant: 3,000, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: INVESTMENT AND BANKING FEES: 2,822

Form 990-EZ, Part I, Line 16, Other Expenses: INSURANCE: 683

Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE SUPPLIES: 126

Form 990-EZ, Part I, Line 16, Other Expenses: MARKETING: 441

Form 990-EZ, Part I, Line 16, Other Expenses: LICENSES AND PERMITS: 38

Form 990-EZ, Part I, Line 20, Net Assets: Unrealized gain on investments: 38,536

Form 990-EZ, Part II, Line 24, Other Assets: PREPAID EXPENSES: Beginning of year: 450, End of year: 465

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Form 990-EZ Part V Line 34 The Organization's Bylaws were updated during the fiscal year to remove the Communication's committee and its chair position; this committee was found not to be necessary under the current workings of the board of directors. A standing rule was also added such the Budget and Finance committee of the board of directors will review the 990 prior to filing.