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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 07/01/10, and ending 06/30/11

B Check if applicable

C Name of organization

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

COALITION OF ADVANCED PRACTICE
NURSES OF INDIANA

D Employer identification number

35-2066433

Number and street (or P O box, if mail is not delivered to street address)
P O BOX 87925

Room/suite

E Telephone number

734-536-1930

City or town, state or country, and ZIP + 4
CANTON MI 48187F Group Exemption
Number ►G Accounting Method Cash Accrual Other (specify) ►H Check ► if the organization is notI Website: ► www.capni.org

required to attach Schedule B

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

(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 ► \$ 117,019

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

| | | |
|---|----|---------|
| 1 Contributions, gifts, grants, and similar amounts received | 1 | |
| 2 Program service revenue including government fees and contracts | 2 | 49,525 |
| 3 Membership dues and assessments | 3 | 59,064 |
| 4 Investment income | 4 | 8,430 |
| 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 | 6a | |
| a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6b | |
| b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6c | |
| c Less: direct expenses from gaming and fundraising events | 6d | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 7a | |
| 7a Gross sales of inventory, less returns and allowances | 7b | |
| b Less: cost of goods sold | 7c | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 8 | |
| 8 Other revenue (describe in Schedule O) | 9 | 117,019 |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 10 | |
| 10 Grants and similar amounts paid (list in Schedule O) | 11 | |
| 11 Benefits paid to or for members | 12 | |
| 12 Salaries, other compensation, and employee benefits | 13 | 26,335 |
| 13 Professional fees and other payments to independent contractors | 14 | |
| 14 Occupancy, rent, utilities, and maintenance | 15 | |
| 15 Printing, publications, postage, and shipping | 16 | 47,932 |
| 16 Other expenses (describe in Schedule O) | 17 | 74,267 |
| 17 Total expenses. Add lines 10 through 16 | 18 | 42,752 |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 19 | 70,863 |
| 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) | 20 | |
| 20 Other changes in net assets or fund balances (explain in Schedule O) | 21 | 113,615 |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | | |

For Paperwork Reduction Act Notice, see the separate Instructions.

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Form 990-EZ (2010)

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

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 68,271 | 22 111,023 |
| 23 Land and buildings | 0 | 23 |
| 24 Other assets (describe in Schedule O) | 2,592 | 24 2,592 |
| 25 Total assets | 70,863 | 25 113,615 |
| 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) | 70,863 | 27 113,615 |

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

What is the organization's primary exempt purpose?

See Schedule O

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, or other relevant information for each program title.

28 ANNUAL CONFERENCE AND EDUCATIONAL WORKSHOPS FOR MEMBERS AND OTHERS IN THE NURSING PROFESSION

(Grants \$) If this amount includes foreign grants, check here ► 28a 21,225

29 NETWORKING AND DISSEMINATION OF INFORMATION RELATED TO THE PROFESSION

(Grants \$) If this amount includes foreign grants, check here ► 29a 26,124

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 47,349**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 |
|--|--|--|---|--|
| MARCIA PLANT JACKSON P O BOX | INDIANAPOLIS IN 46220 | PUBLIC AFFAIRS 4.00 | 0 | 0 |
| DEBRA BEDWELL 2310 HAWTHORN PL | NOBLESVILLE IN 46062 | PRESIDENT 4.00 | 0 | 0 |
| ANGELA LYON 5037 WEST BAY RD | PLAINFIELD IN 46168 | SECRETARY 4.00 | 0 | 0 |
| SUSAN LEE 4734 E DONINGTON DR | BLOOMINGTON IN 47401 | TREASURER 5.00 | 0 | 0 |
| SHARON TAYLOR 2727 WESTLEIGH DR | INDIANAPOLIS IN 46268 | REGIONAL REP 2.00 | 0 | 0 |
| HEATHER RICH 3008 BOWFIELD | W LAFAYETTE IN 47906 | REGIONAL REP 2.00 | 0 | 0 |
| SHERI STOHLER 6280 S 625 W | PELDLETON IN 46168 | REGIONAL REP 2.00 | 0 | 0 |
| DEBORAH TANNEHILL 3302 RIVULET RUN | FT WAYNE IN 46818 | REGIONAL REP 2.00 | 0 | 0 |
| SUE SPIVEY 616 N GRANDISON RD | CHARLOTTESVILLE IN 46117 | PRES ELECT 4.00 | 0 | 0 |
| CATHY COOPER 4541 MOHR ESTATES S DR | NEW PALESTINE IN 46163 | REGIONAL REP 2.00 | 0 | 0 |
| NATALIE EDDY 2056 POKEBERRY CT | VALPARAISO IN 46385 | REGIONAL REP 0.00 | 0 | 0 |
| JANE FRARY 2288 BRIARCLIFF DR | NEWBURGH IN 47630 | REGIONAL REP 2.00 | 0 | 0 |
| CECILIA CASSIDY 6910 N MAPLE GROVE RD | BLOOMINGTON IN 47404 | REGIONAL REP 2.00 | 0 | 0 |

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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

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

34 Were any significant changes made to the organizing or governing documents? If "Yes," attached 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)

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?

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

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

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?

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?

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

39 Section 501(c)(7) organizations Enter

a 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

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

41 List the states with which a copy of this return is filed ► **IN**

42a The organization's books are in care of ► **SUSAN LEE**

Telephone no ►

4734 E DONINGTON DR

Located at ► **BLOOMINGTON**

IN

ZIP + 4

► **47401**

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. ► _____

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.?

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**

| | Yes | No |
|-----|-----|----|
| 42b | X | |
| 42c | X | |

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

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

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

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

| | Yes | No |
|-----|-----|----|
| 44a | X | |
| 44b | X | |
| 44c | X | |
| 44d | | |

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

| | Yes | No |
|-----|-----|----|
| 45 | X | |
| 45a | X | |
| 46 | 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 instructions)

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

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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

| | Yes | No |
|-----|-----|----|
| 47 | | |
| 48 | | |
| 49a | | |

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 |
|--|--|------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 | ► <i>Susan Lee, President</i> | | Date |
| | Signature of officer | | TREASURER |
| | ► SUSAN LEE | | |
| | Type or print name and title | | |
| Paid Preparer Use Only | Print/Type preparer's name LINDA WILSON, CPA | Preparer's signature <i>Linda N. Wilson CPA</i> | Date 11/16/11 |
| | Firm's name ► Cadick Williams McAllister Ford, LLC | | Check <input type="checkbox"/> if self-employed |
| | Firm's address ► 2905 East 46th Street Indianapolis, IN 46205-2408 | | PTIN P00171290 |
| | | Firm's EIN ► 27-4194084 | Phone no 317-549-3091 |

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 | COALITION OF ADVANCED PRACTICE NURSES OF INDIANA | Employer identification number 35-2066433 |
|--------------------------|---|--|

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

| Description | Amount |
|-------------|--------|
|-------------|--------|

Expenses

| | |
|-----------------------------|-----------|
| FOOD AND REFRESHMENTS | \$ 1,444 |
| CONFERENCE FACILITY EXPENSE | \$ 18,981 |
| HONORARIA | \$ 800 |
| OFFICE EXPENSE | \$ 154 |
| BANK & INVESTMENT FEES | \$ 2,509 |
| SECRETARIAL SUPPORT | \$ 9,740 |
| DUES & SUBSCRIPTIONS | \$ 250 |
| POSTAGE | \$ 11,044 |
| MISCELLANEOUS | \$ 352 |
| TAXES - FEDERAL | \$ 1,688 |
| PRINTING | \$ 498 |
| SUPPLIES | \$ 472 |
| Total | \$ 47,932 |

Form 990-EZ, Part II, Line 24 - Other Assets

| Description | Beg. of Year | End of Year |
|-------------|--------------|-------------|
| DEPOSITS | \$ 2,592 | \$ 2,592 |
| Total | \$ 2,592 | \$ 2,592 |

Form 990-EZ, Part III - Primary Exempt Purpose

TO PROMOTE AND ENHANCE SKILLS OF ADVANCED PRACTICE NURSES

IN INDIANA