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Form **990-EZ**

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)

OMB No 1545-1150

2010**Open to Public****Inspection**Department of the Treasury
Internal Revenue Service

- 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.

A For the 2010 calendar year, or tax year beginning 07/01/10, and ending 06/30/11**B** Check if applicable

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organizationCOALITION OF ADVANCED PRACTICE
NURSES OF INDIANA

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

P O BOX 87925

Room/suite

City or town, state or country, and ZIP + 4

CANTON MI 48187

D Employer identification number

35-2066433

E Telephone number

734-536-1930

F Group Exemption
Number**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ☐**H** Check ☒ if the organization is not
required to attach Schedule B**I** Website: www.capni.org**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 ☒

Revenue	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	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	117,019	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	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	26,335
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	47,932
	17	Total expenses. Add lines 10 through 16	17	74,267
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	42,752
	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	70,863
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	113,615

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.

Expenses

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

28 ANNUAL CONFERENCE AND EDUCATIONAL WORKSHOPS FOR MEMBERS AND OTHERS IN THE NURSING PROFESSION			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	21,225	
29 NETWORKING AND DISSEMINATION OF INFORMATION RELATED TO THE PROFESSION			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	26,124	
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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	(a) 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	0
DEBRA BEDWELL 2310 HAWTHORN PL INDIANAPOLIS IN 46062	PRESIDENT 4.00	0	0	0
ANGELA LYON 5037 WEST BAY RD INDIANAPOLIS IN 46168	SECRETARY 4.00	0	0	0
SUSAN LEE 4734 E DONINGTON DR BLOOMINGTON IN 47401	TREASURER 5.00	0	0	0
SHARON TAYLOR 2727 WESTLEIGH DR INDIANAPOLIS IN 46268	REGIONAL REP 2.00	0	0	0
HEATHER RICH 3008 BOWFIELD W LAFAYETTE IN 47906	REGIONAL REP 2.00	0	0	0
SHERI STOHLER 6280 S 625 W PELDLETON IN 46168	REGIONAL REP 2.00	0	0	0
DEBORAH TANNEHILL 3302 RIVULET RUN FT WAYNE IN 46818	REGIONAL REP 2.00	0	0	0
SUE SPIVEY 616 N GRANDISON RD CHARLOTTESVILLE IN 46117	PRES ELECT 4.00	0	0	0
CATHY COOPER 4541 MOHR ESTATES S DR NEW PALESTINE IN 46163	REGIONAL REP 2.00	0	0	0
NATALIE EDDY 2056 POKEBERRY CT VALPARAISO IN 46385	REGIONAL REP 0.00	0	0	0
JANE FRARY 2288 BRIARCLIFF DR NEWBURGH IN 47630	REGIONAL REP 2.00	0	0	0
CECILIA CASSIDY 6910 N MAPLE GROVE RD BLOOMINGTON IN 47404	REGIONAL REP 2.00	0	0	0

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	0	22
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	0	25 0
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)	0	27 0

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?

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.

Expenses

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

28	(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	28a
29	(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	29a
30	(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	▶	32

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

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

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
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)		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?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	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		X
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?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter 39a		
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		
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		X
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)?		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.?		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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X
c Did the organization receive any payments for indoor tanning services during the year?		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		

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

	Yes	No
45		X
45a		X
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 ☐

- 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"

	Yes	No
47		
48		
49a		
49b		

(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	Signature of officer <u>Susan Lee</u> Date <u>11/16/11</u>				
	Type or print name and title <u>TREASURER</u>				
Paid Preparer Use Only	Print/Type preparer's name <u>LINDA WILSON, CPA</u>	Preparer's signature <u>Linda Wilson CPA</u>	Date <u>11/16/11</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00171290</u>
	Firm's name ▶ <u>Cadick Williams McAllister Ford, LLC</u>			Firm's EIN ▶ <u>27-4194084</u>	
	Firm's address ▶ <u>2905 East 46th Street</u> <u>Indianapolis, IN 46205-2408</u>			Phone no <u>317-549-3091</u>	
	May the IRS discuss this return with the preparer shown above? See instructions ▶ <input type="checkbox"/> Yes <input type="checkbox"/> 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

2010Open to Public
InspectionName 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