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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)

► 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

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 11-01-2010, and ending 10-31-2011

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

C Name of organization MISSISSIPPI ASSOCIATION OF STUDENT NURSES		D Employer identification number 64-0602001
Number and street (or P O box, if mail is not delivered to street address) Room/suite 31 WOODGREEN PLACE		E Telephone number (601) 898-0670
City or town, state or country, and ZIP + 4 MADISON, MS 39110		F Group Exemption Number ►

G Accounting method  Cash  Accrual Other (specify) ► \_\_\_\_\_I Website: ► [WWW.MSSTUDENTNURSES.ORG](http://WWW.MSSTUDENTNURSES.ORG)J Tax-Exempt status (check only one) —  501(c)(3)  501(c)( 6 ) (insert no)  4947(a)(1) or  527H 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 ► \$ 63,409

**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	60,642
	3 Membership dues and assessments	3	2,367
	4 Investment income	4	
	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	
Expenses	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 exceed \$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)	6e	
	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	
	8 Other revenue (describe in Schedule O)	8	400
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	63,409
	10 Grants and similar amounts paid (list in Schedule O)	10	
Net Assets	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	789
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	2,921
	16 Other expenses (describe in Schedule O)	16	56,205
	17 Total expenses. Add lines 10 through 16	17	59,915
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,494
	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	45,919
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	49,413

**Part II Balance Sheets**Check if the organization used Schedule O to respond to any question in this Part II 

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year
<b>22 Cash, savings, and investments</b>	45,919	<b>22</b> 49,413
<b>23 Land and buildings</b>	23	
<b>24 Other assets (describe in Schedule O)</b>	24	
<b>25 Total assets</b>	45,919	<b>25</b> 49,413
<b>26 Total liabilities (describe in Schedule O)</b>	0	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	45,919	<b>27</b> 49,413

**Part III Statement of Program Service Accomplishments**Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

THE ASSOCIATION'S PURPOSE IS TO ASSUME RESPONSIBILITY FOR CONTRIBUTING TO NURSING EDUCATION IN ORDER TO PROVIDE FOR THE HIGHEST QUALITY HEALTH CARE, TO PROVIDE PROGRAMS REPRESENTATIVE OF FUNDAMENTAL AND CURRENT PROFESSIONAL INTEREST AND CONCERNS, AND TO AID IN THE DEVELOPMENT OF THE WHOLE PERSON, HIS/HER PROFESSIONAL ROLE, AND HIS/HER RESPONSIBILITY FOR THE HEALTH CARE OF THE PEOPLE IN ALL WALKS OF LIFE

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

<b>28 TO PROVIDE INFORMATION TO NURSING STUDENTS</b> NUMBER OF CLIENTS SERVED 828 (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> 0
<b>29</b>  (Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b>  (Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31 Other program services (describe in Schedule O)</b> (Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a)		<b>32</b>

**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 <i>(If not paid, enter -0-.)</i>	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

**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 33  Yes  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  Yes  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 35a  Yes  No

**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? 35b  Yes  No

**b** If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions) 36  Yes  No

**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  Yes  No

**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 37b  Yes  No

**b** Did the organization file **Form 1120-POL** for this year? 38a  Yes  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? 38b  Yes  No

**b** If "Yes," complete Schedule L, Part II and enter the total amount involved 39a  Yes  No

**39** *Section 501(c)(7) organizations.* Enter 39b  Yes  No

**a** Initiation fees and capital contributions included on line 9 40a  Yes  No

**b** Gross receipts, included on line 9, for public use of club facilities 40b  Yes  No

**40a** *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 40c  Yes  No

**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 40d  Yes  No

**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 40e  Yes  No

**d** *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization 40f  Yes  No

**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 40g  Yes  No

**41** List the states with which a copy of this return is filed 41  Yes  No

**42a** The organization's books are in care of 42a  Yes  No

THE ORGANIZATION Telephone no (601) 898-0670  
31 WOODGREEN PLACE  
Located at 42b  Yes  No

MADISON, MS ZIP + 4 39110

**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)? 42c  Yes  No

If "Yes," enter the name of the foreign country 42d  Yes  No

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.? 42e  Yes  No

If "Yes," enter the name of the foreign country 42f  Yes  No

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here 43  Yes  No

and enter the amount of tax-exempt interest received or accrued during the tax year

**44a** Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44a  Yes  No

**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  Yes  No

**c** Did the organization receive any payments for indoor tanning services during the year? 44c  Yes  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 O 44d  Yes  No

	Yes	No
44a	<input type="checkbox"/>	<input type="checkbox"/>
44b	<input type="checkbox"/>	<input type="checkbox"/>
44c	<input type="checkbox"/>	<input type="checkbox"/>
44d	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ	45	No
45a 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 must be completed instead of Form 990-EZ	45a	No
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	No

**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.

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	
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
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

50(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

51(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.

<b>Sign Here</b>	***** Signature of officer <u>LANEY BROCK SECRETARY/TREASURER</u> Type or print name and title	2012-05-14 Date
	Preparer's signature  M SUSAN PHILLIPS CPA	Date
<b>Paid Preparer's Use Only</b>	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4  CARR RIGGS & INGRAM LLC P O BOX 2418 RIDGEYLAND, MS 39158-2418	EIN <input type="checkbox"/>
		Phone no <input type="checkbox"/> (601) 853-7050

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



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group  
**B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes  No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)	
	Yes	No	Amount	
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
<b>a</b> Volunteers?				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
<b>c</b> Media advertisements?				
<b>d</b> Mailings to members, legislators, or the public?				
<b>e</b> Publications, or published or broadcast statements?				
<b>f</b> Grants to other organizations for lobbying purposes?				
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?				
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
<b>i</b> Other activities? If "Yes," describe in Part IV				
<b>j</b> Total lines 1c through 1i				
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	No
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	Yes
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	No

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> )	2a	
<b>a</b> Current year	2b	
<b>b</b> Carryover from last year	2c	
<b>c</b> Total	3	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

**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.

**2010****Open to Public  
Inspection****Name of the organization**

MISSISSIPPI ASSOCIATION OF STUDENT NURSES

**Employer identification number**

64-0602001

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISCELLANEOUS AMOUNT 400

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONVENTION AND SEMINARS AMOUNT 36,069 DESCRIPTION TRAVEL AMOUNT 16,668 DESCRIPTION BANK CHARGES AMOUNT 6 DESCRIPTION MISCELLANEOUS AMOUNT 64 DESCRIPTION BOARD MEETINGS AMOUNT 307 DESCRIPTION GIFTS AMOUNT 562 DESCRIPTION NSNA/MNA AMOUNT 2,529 TOTAL TO FORM 990-EZ, LINE 16 56,205

## TY 2010 Transfers Personal Benefits Contracts Declaration

**Name:** MISSISSIPPI ASSOCIATION OF STUDENT NURSES

**EIN:** 64-0602001

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 64-0602001  
**Name:** MISSISSIPPI ASSOCIATION OF STUDENT NURSES

**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
SAM SELF 31 WOODGREEN PLACE MADISON, MS 39110	PRESIDENT 2 00	0	0	0
CONNIE TRAN 31 WOODGREEN PLACE MADISON, MS 39110	FIRST VICE PRESIDENT 2 00	0	0	0
ANNA M EVANS 31 WOODGREEN PLACE MADISON, MS 39110	SECOND VICE PRESIDENT 2 00	0	0	0
JESSIE STRENGTH 31 WOODGREEN PLACE MADISON, MS 39110	SECRETARY/TREASURER 2 00	0	0	0
GREG TISDALE 31 WOODGREEN PLACE MADISON, MS 39110	BOARD MEMBER 2 00	0	0	0
CARLA NEELY 31 WOODGREEN PLACE MADISON, MS 39110	BOARD MEMBER 2 00	0	0	0
DONALD GARRETT 31 WOODGREEN PLACE MADISON, MS 39110	BOARD MEMBER 2 00	0	0	0
EMILY HUTTO 31 WOODGREEN PLACE MADISON, MS 39110	BOARD MEMBER 2 00	0	0	0
CARYN ROSAMOND 31 WOODGREEN PLACE MADISON, MS 39110	BOARD MEMBER 2 00	0	0	0
ANNA FAIRLY 31 WOODGREEN PLACE MADISON, MS 39110	BOARD MEMBER 2 00	0	0	0
SARAH STONER 31 WOODGREEN PLACE MADISON, MS 39110	BOARD MEMBER 2 00	0	0	0
LINDY SILLS 31 WOODGREEN PLACE MADISON, MS 39110	BOARD MEMBER 2 00	0	0	0