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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

2011**Open to Public Inspection****A For the 2011 calendar year, or tax year beginning**, 2011, and ending**B** Check if applicable:

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

C MINNESOTA ORGANIZATION OF LEADERS
IN NURSING
2550 UNIVERSITY AVE W S350
ST PAUL, MN 55114

D Employer identification number

41-1797109

E Telephone number

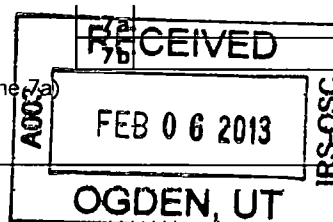
(651) 659-1424

F Group Exemption Number**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) _____**I** Website: ► MOLN.ORG**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 501(c) (6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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. ► \$ 191,833.**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	140,030.
3	Membership dues and assessments	3	48,848.
4	Investment income	4	365.
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		
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	2,590.
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,590.
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	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	191,833.
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	39,350.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	2,232.
16	Other expenses (describe in Schedule O)	16	98,386.
17	Total expenses. Add lines 10 through 16	17	139,968.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	51,865.
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	132,993.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	19,310.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	204,168.



SEE SCHEDULE O

BAA For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2011)

SCANNED FEB 27 2013

RECEIVED

EXPENSES

ASSETS

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.

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	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	133,493.	22 204,668.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	133,493.	25 204,668.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	500.	26 500.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	132,993.	27 204,168.

Part III	Statement of Program Service Accomplishments (see the instrs for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III ☐

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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? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 SEE SCHEDULE Q

(Grants \$) If this amount includes foreign grants, check here

28 a

87,354.

(Grants \$) If this amount includes foreign grants, check here

29a

(Grants \$) If this amount includes foreign grants, check here

30 a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31 a

32 Total program service expenses (add lines 28a through 31a)

32

87,354.

Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)		01/30/2017
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Check if the organization used Schedule O to respond to any question in this Part IV

X

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract 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	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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c	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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.	37a	
b Did the organization file Form 1120-POL for this year?	37b	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?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A , section 4955 N/A		
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	
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 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
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 NONE		

42a The organization's books are in care of **THE ORGANIZATION** Telephone no **(651) 659-1424**
 Located at **2550 UNIVERSITY AVE W, STE 350-S ST. PAUL MN** ZIP + 4 **55114**

	Yes	No
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: _____	42b	X
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: _____	42c	X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	Yes	No
44a 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	
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	X
b 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)	45b	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

	Yes	No
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 or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

e 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

e 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 <i>Diane Nuoman</i>		Date <i>1-31-2013</i>		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>Marc Colin</i>	Date <i>1/24/13</i>	Check <input type="checkbox"/> if self-employed	PTIN <i>P00560855</i>
	Firm's name	CARPENTER EVERT & ASSOCIATES			Firm's EIN
	Firm's address	7760 FRANCE AVE. S. #940			Phone no
	BLOOMINGTON, MN 55435			(952) 931-0085	

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

2011

**Open to Public
Inspection**

Name of the organization **MINNESOTA ORGANIZATION OF LEADERS
IN NURSING**

Employer identification number
41-1797109

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

**FACILITATING THE PROFESSIONAL DEVELOPMENT OF NURSING LEADERS. THIS IS ACHIEVED
THROUGH DISTRICT AND STATEWIDE MEETINGS AND CONFERENCES.**

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CONFERENCES

**TWO CONFERENCES WERE HELD DURING THE YEAR TO PROVIDE EDUCATIONAL OPPORTUNITIES FOR
LEADERS IN THE NURSING PROFESSIONS. THE TOTAL ATTENDANCE AT THESE EVENTS WAS 210
NURSES.**

COMMUNICATIONS

**THE ORGANIZATION PRODUCED THREE NEWSLETTERS DURING THE YEAR THAT PROVIDED
EDUCATIONAL MATERIALS FOR THEIR MEMBERS.**

MEMBERSHIP AND ADVOCACY

**TO ORGANIZATION PROVIDED ADVOCACY, PUBLIC RELATIONS, AND RESOURCE DEVELOPMENT
SERVICES FOR THE ORGANIZATIONAL MEMBERSHIP OF 245.**

MINNESOTA ORGANIZATION OF LEADERS
IN NURSING

41-1797109

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK AND CREDIT CARD FEES	\$	5,934.
BOARD EXPENSE		6,645.
CONFERENCES, CONVENTIONS, AND MEETINGS		72,195.
DUES		685.
EQUIPMENT RENTAL		4,555.
MISCELLANEOUS		2,361.
NEWSLETTERS		824.
OFFICE EXPENSES		1,991.
SCHOLARSHIPS		1,000.
SPONSORSHIPS		300.
TRAVEL		1,896.
TOTAL	\$	<u>98,386.</u>

FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CORRECTION OF ERROR	\$	19,310.
TOTAL	\$	<u>19,310.</u>

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 500.	\$ 500.
TOTAL	<u>\$ 500.</u>	<u>\$ 500.</u>

FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
VICTORIA KORYNTA 2550 UNIVERSITY AVE W S350 ST. PAUL, MN 55114	DIRECTOR 2	\$ 0.	\$ 0.	0.
KAREN BRILL 2550 UNIVERSITY AVE W S350 ST. PAUL, MN 55114	PAST PRESIDENT 2	0.	0.	0.
SARAH HELD 2550 UNIVERSITY AVE W S350 ST. PAUL, MN 55114	TREASURER 2	0.	0.	0.

MINNESOTA ORGANIZATION OF LEADERS
IN NURSING

41-1797109

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
GINGER MALONE 2550 UNIVERSITY AVE W S350 ST. PAUL, MN 55114	PRESIDENT 2	\$ 0.	\$ 0.	\$ 0.
JUDY SANTIAGO 2550 UNIVERSITY AVE W S350 ST. PAUL, MN 55114	DIRECTOR 2	0.	0.	0.
PAULA MESKAN 2550 UNIVERSITY AVE W S350 ST. PAUL, MN 55114	DIRECTOR 2	0.	0.	0.
LINDA GFRERER 2550 UNIVERSITY AVE W S350 ST. PAUL, MN 55114	DIRECTOR 2	0.	0.	0.
JOANN PESEK 2550 UNIVERSITY AVE W S350 ST. PAUL, MN 55114	DIRECTOR 2	0.	0.	0.
MARGARET KALINA 2550 UNIVERSITY AVE W S350 ST. PAUL, MN 55114	DIRECTOR 2	0.	0.	0.
MARILYN SORENSON 2550 UNIVERSITY AVE W S350 ST. PAUL, MN 55114	DIRECTOR 2	0.	0.	0.
KAREN MACDONALD 2550 UNIVERSITY AVE W S350 ST. PAUL, MN 55114	SECRETARY 2	0.	0.	0.
PENNY BEATTIE 2550 UNIVERSITY AVE W S350 ST. PAUL, MN 55114	DIRECTOR 2	0.	0.	0.
KATHY DILLON 2550 UNIVERSITY AVE W S350 ST. PAUL, MN 55114	DIRECTOR 2	0.	0.	0.
LYNN JOHNSON 2550 UNIVERSITY AVE W S350 ST. PAUL, MN 55114	DIRECTOR 2	0.	0.	0.
MIKE SKOBBA 2550 UNIVERSITY AVE W S350 ST. PAUL, MN 55114	DIRECTOR 2	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.