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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)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

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
NORTHWEST ORGANIZATION OF NURSE EXECS
300 ELLIOTT AVE WEST #300
SEATTLE, WA 98119

D Employer Identification Number

91-1165662

E Telephone number

206-285-0102

G Gross receipts \$ 548,504.

F Name and address of principal officer SEE ATTACHED LIST OF EXECUTIV
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☒ No
If 'No,' attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) 4947(a)(1) or 527

J Website: NWONE.ORG

H(c) Group exemption number

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of Formation 1987

M State of legal domicile WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities <u>TO ADVANCE THE LEADERSHIP CONTRIBUTION OF NURSES IN CREATING HEALTH CARE SOLUTIONS TO SERVE THE COMMUNITY AT LARGE</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	3 15		
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 0		
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 0		
6 Total number of volunteers (estimate if necessary)	6 0		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.		
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 570,946.	Current Year 545,283.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-32.	3,221.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	570,914.	548,504.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	190,978.	217,082.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	251,571.	318,740.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	442,549.	535,822.
19 Revenue less expenses Subtract line 18 from line 12	128,365.	12,682.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 390,954.	End of Year 456,267.
	21 Total liabilities (Part X, line 26)	26,836.	79,467.
	22 Net assets or fund balances Subtract line 21 from line 20	364,118.	376,800.

Part II Signature Block

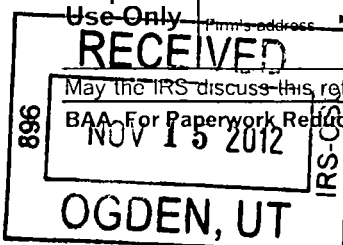
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: Gladys M Campbell Date: 11/12/12
Type or print name and title: Gladys M Campbell PRESIDENT / CEO

Paid Preparer Use Only
Print/Type preparer's name: SIMON DADOUN Preparer's signature: Simon Dadoun Date: 11/07/12 Check ☐ if self-employed PTIN: P01265534
Firm's name: SIMON DADOUN & CO, P.S. Firm's EIN: 91-1117549
Firm's address: 14670 NE 8TH, STE 115 Phone no: (425) 454-6299
BELLEVUE, WA 98007-4127

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.



Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1 Briefly describe the organization's mission

TO ADVANCE THE LEADERSHIP CONTRIBUTION OF NURSES IN CREATING HEALTH CARE SOLUTIONS TO
SERVE THE COMMUNITY AT LARGE

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

If 'Yes,' describe these new services on Schedule O

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If 'Yes,' describe these changes on Schedule O

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ☐) (Expenses \$ 466,494. including grants of \$) (Revenue \$)
EXPANDING MEMBERSHIP, PROVIDING COMMUNICATION, EDUCATION & LEADERSHIP ON MATTERS
RELATING TO NURSING CARE4b (Code ☐) (Expenses \$ including grants of \$) (Revenue \$)4c (Code ☐) (Expenses \$ including grants of \$) (Revenue \$)

- 4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)4e Total program service expenses ► 466,494.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. 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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		X
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a	7
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2 a	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2 b	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3 b	
4 a 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)?	4 a	X
b If 'Yes,' enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9 a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders.	11 a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11 b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13 a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b	
c Enter the amount of reserves on hand.	13 c	
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b	

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	15	
1 b Enter the number of voting members included in line 1a, above, who are independent.		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	X	
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.		X
13 Did the organization have a written whistleblower policy?		X
14 Did the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers of key employees of the organization		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed. NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
GLADYS M CAMPBELL 300 ELLIOTT AVE WEST STE 300 SEATTLE WA 98119 206-285-0102

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SEE ATTACHED LIST OF EX PRESIDENT	0							0.	0.	0.
(2) GLADYS M CAMPBELL EXEC DIRECTOR CEO	40	X						81,138.	0.	0.
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____										
(16) _____										
(17) _____										
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
1 b Sub-total								81,138.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								81,138.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b 241,260.				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 304,023.				
	g Noncash contributions included in lns 1a-1f \$					
	h Total. Add lines 1a-1f		545,283.			
PROGRAM SERVICE REVENUE	2 a MEMBER PROGRAMS	Business Code 623000				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		3,221.	3,221.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISC. INCOME						
b GENERAL MEMBERSHIP MTGS						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		548,504.	3,221.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	81,138.	81,138.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	124,170.	124,170.		
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	11,774.	11,774.		
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	11,863.		11,863.	
d Lobbying	14,215.		14,215.	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	670.		670.	
g Other				
12 Advertising and promotion	11,772.		11,772.	
13 Office expenses				
14 Information technology	7,917.		7,917.	
15 Royalties				
16 Occupancy				
17 Travel	5,608.	5,608.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,508.	8,508.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	817.		817.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24c expenses on Schedule O.)				
a PROGRAMS TO MEMBERS	222,642.	222,642.		
b BUSINESS CONSULTANT	7,910.		7,910.	
c BANK SERVICE FEES	5,329.		5,329.	
d DONATION RUCKELSHAUS CONSULTING	5,000.	5,000.		
e All other expenses	16,489.	7,654.	8,835.	
25 Total functional expenses. Add lines 1 through 24e	535,822.	466,494.	69,328.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1 Cash — non-interest-bearing	385,415.	1	252,881.	
	2 Savings and temporary cash investments		2	30,000.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9	39,230.	
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a	12,457.		
	b Less accumulated depreciation	10b	12,457.	10c	
	11 Investments — publicly traded securities	5,539.	11	134,156.	
	12 Investments — other securities. See Part IV, line 11		12		
	13 Investments — program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	390,954.	16	456,267.		
LIABILITIES	17 Accounts payable and accrued expenses	7,681.	17	32,772.	
	18 Grants payable		18		
	19 Deferred revenue	19,155.	19	46,695.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	-	22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	26,836.	26	79,467.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27 Unrestricted net assets	148,405.	27	161,400.	
	28 Temporarily restricted net assets	215,713.	28	215,400.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	364,118.	33	376,800.	
	34 Total liabilities and net assets/fund balances	390,954.	34	456,267.	

BAA

Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	548,504.
2	Total expenses (must equal Part IX, column (A), line 25)	2	535,822.
3	Revenue less expenses Subtract line 2 from line 1	3	12,682.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	364,118.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	376,800.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- 2b Were the organization's financial statements audited by an independent accountant?
- c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	X	
2b		X
2c		X
3a		X
3b		

BAA

Form 990 (2011)

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

2011

Open to Public Inspection

Name of the organization

NORTHWEST ORGANIZATION OF NURSE EXECS

Employer identification number

91-1165662

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 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 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?

- (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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants'.)	126,561.	384,933.	216,737.			728,231.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	126,561.	384,933.	216,737.	0.	0.	728,231.
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)						0.
6 Public support. Subtract line 5 from line 4						728,231.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	126,561.	384,933.	216,737.	0.	0.	728,231.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,000.	256.	1,338.			2,594.
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.) SEE PART IV	600.	5,847.	2,962.			9,409.
11 Total support. Add lines 7 through 10						740,234.
12 Gross receipts from related activities, etc (see instructions)					12	0.
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 ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3% support test — 2010. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2011. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2010. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2011

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 yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a **33-1/3% support tests – 2011.** 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 – 2010.** 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 ▶ ☐

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

NORTHWEST ORGANIZATION OF NURSE EXECS

Employer identification number

91-1165662

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS TO BE REVIEWED IN CONJUNCTION WITH THE REVIEW OF THE FINANCIAL
STATEMENTS

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

UPON WRITTEN REQUEST

2011

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 2

NORTHWEST ORGANIZATION OF NURSE EXECS

91-1165662

11/07/12

07 40AM

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2011	2010	2009	2008	2007
OTHER INCOME			2,962.	-1,713.	600.
TOTAL	\$ 0.	\$ 0.	\$ 2,962.	\$ -1,713.	\$ 600.

2011

FEDERAL WORKSHEETS

PAGE 1

CLIENT 2

NORTHWEST ORGANIZATION OF NURSE EXECS

91-1165662

11/07/12

07 40AM

FORM 990, PART IX, LINE 24E
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
AFFILIATION FEES AONE	500.		500.	
CONTINUING EDUCATION	4,462.		4,462.	
DUES AND MEMBERSHIPS	366.		366.	
LEADERSHIP TRAINING PROGRAM	2,629.	2,629.		
LEARNING COLLABORATIVES	4,852.	4,852.		
LICENSES AND PERMITS	140.		140.	
MISCELLANEOUS	192.		192.	
PRINTING AND PUBLICATIONS	173.	173.		
RECORD STORAGE	420.		420.	
SUPPLIES	2,755.		2,755.	
TOTAL	\$ 16,489.	\$ 7,654.	\$ 8,835.	\$ 0.

12/31/11

2011 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 2

NORTHWEST ORGANIZATION OF NURSE EXECs

91-1165662

11/07/12

07 40AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	CUR 179 BONUS	PCT BUS	COST/ BASIS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC BAL DEPR	SALVAGE /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
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FORM 990/990-PF

COMPUTER AND ACCESSORIES

4	DICTAPHONE	10/01/86				816					816		S/L	HY	5	0
5	TELEPHONE SYSTEM	3/15/89				415					415		S/L	HY	5	0
6	MAC COMPUTER	6/30/96				3,425					3,425		S/L	HY	5	0
7	450 PC	9/24/99				2,447					2,447		S/L	HY	5	0
8	HP COMPUTER & SOFTWARE	12/12/05				1,619					1,619		S/L	MQ	5	0

TOTAL COMPUTER AND ACCESSO

8,722	0	0	0	0	0	8,722					8,722					0
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FURNITURE AND FIXTURES

1	COMPUTER TABLE & CHAIR	3/15/89				1,028					1,028		S/L	HY	7	0
2	BURL WARDROBE	2/12/90				578					578		S/L	HY	7	0
3	DESK, CHAIR, CREDENZA	12/26/91				2,129					2,129		S/L	HY	7	0

TOTAL FURNITURE AND FIXTURE

3,735	0	0	0	0	0	3,735					3,735					0
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TOTAL DEPRECIATION

12,457	0	0	0	0	0	12,457					12,457					0
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GRAND TOTAL DEPRECIATION

12,457	0	0	0	0	0	12,457					12,457					0
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**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns***Enter filer's identifying number, see instructions**

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	NORTHWEST ORGANIZATION OF NURSE EXECS	<input checked="" type="checkbox"/> 91-1165662
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	300 ELLIOTT AVE WEST #300	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	SEATTLE, WA 98119	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► GLADYS M CAMPBELL

Telephone No ► 206-285-0102 FAX No ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 20 11 or
 - ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the extended due date for filing the return. See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	NORTHWEST ORGANIZATION OF NURSE EXECS	<input checked="" type="checkbox"/> 91-1165662
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	SIMON DADOUN & CO, P.S. 14670 NE 8TH, STE 115	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	BELLEVUE, WA 98007-4127	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ☒ GLADYS M CAMPBELL
Telephone No ☒ 206-285-0102 FAX No ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15, 2012

5 For calendar year 2011, or other tax year beginning _____, 20____, and ending _____, 20____

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension ADDITIONAL INFORMATION IS NEEDED TO COMPLETE THE TAX RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Gladys M Campbell Title PRESIDENT / CEO Date 11/10/12

BAA

FIF20502L 07/29/11

Form 8868 (Rev 1-2012)



*Transformational Leaders
for Transformational Times*

Northwest Organization of Nurse Executives

300 Elliott Ave West, Suite 300

Seattle, WA 98119

2012 Officers and Board of Directors, NWONE Staff & Regional Council Chairs

President Cheryl Nester Wolfe COO Salem Hospital 880 Oak Street Salem, OR 97301 Phone: 503-561-5425 Fax: 503-561-4844 E-Mail: cheryl.nesterwolfe@salemhospital.org Term Ends: December 31, 2013	President Elect
Immediate Past President & Chair, Nominations Committee Patricia Cochrell Executive VP/COO Harrison Medical Center 2520 Cherry Ave. Bremerton, WA 98310 Phone: 360-744-6506 Fax: 360-744-6515 E-Mail: patty.cochrell@harrisonmedical.org Term Ends: December 31, 2013	Vice President Jane Hutcheson Hospital Administrator Group Health Cooperative/ Central Hospital 310 15 th Ave E, CNB-140 Seattle, WA 98122 Phone: 206-326-3041 Fax: 206-326-2837 E-Mail: hutcheson.j@ghc.org Term Ends: December 31, 2013
Secretary/Treasurer & Chair, Finance Committee Thom Hightower Manager, Acute Care Services St. Elizabeth Hospital 1450 Battersby Ave. Enumclaw, WA 98022 Phone: 360-310-0726 E-Mail: thightower@techline.com Term Ends: December 31, 2013	Secretary/Treasurer Elect Meredith Gould Assoc. Chief Nursing Officer Seattle Children's 4800 Sandpoint Way N.E. Seattle, WA 98145 Phone: 206-987-6203 E-Mail: Meredith.gould@seattlechildrens.org Term Ends: December 31, 2013

At Large Board Members

At Large Board Members Karen McHenry Director of Systems Virginia Mason MC Neuroscience Institute 1100 Ninth Ave. Seattle, WA 98111 Phone: 206-341-0745 E-Mail: Karen.mchenry@vmmc.org Term Ends: December 31, 2012	At Large Board Member Susan Heath Senior VP & CNO Seattle Children's Seattle, WA 98145 Phone: 206-987-2012 Fax: 206-987-3830 E-Mail: susan.heath@seattlechildrens.org Term Ends: December 31, 2012
At Large Board Member Virginia Lundquist Clinical Educator Providence Portland Medical Center 4805 NE Glisan St. Portland, OR 97213 Phone: 503-215-6262 E-Mail: Virginia.lundquist@providence.org Term Ends: December 31, 2012	At Large Board Member Carol Wilson Lean Consultant GPD Group Health Cooperative 201 16 th Ave. E. Seattle, WA 98112 Phone: 425-503-8427 E-Mail: Wilson.c@ghc.org Term Ends: December 31, 2012
At Large Board Member and Representative to WCN Peg Currie CNO Providence Sacred Heart Medical Center and Children's Hospital 5633 N. Lidgerwood St. Spokane, WA 99220 Phone: 509-474-3937 Fax: 509-474-4925 E-Mail: peggy.currie@providence.org Term Ends: December 31, 2012	At Large Board Member and Representative to WCN Kim Williams CNE Providence Regional Medical Ctr. Everett 1321 Colby Ave. Everett, WA 98206 Phone: 425-216-4047 Fax: 425-216-4051 E-Mail: kim.williams@providence.org Term Ends: December 31, 2012
At Large Board member – NWONE Representative to WSHA Marcia Johnson VP, Patient Care Services MultiCare Good Samaritan Hospital 401 15th Avenue S.E. P.O. Box 1247 Puyallup, WA 98371 Phone: 253-697-1851 Fax: 253-697-5392 E-Mail: marcia.johnson@goodsamhealth.org Term Ends: December 31, 2013	At Large Board Member Representative to OAHHS Quality Committee Jane Hanson CNO Providence Medford Medical Center 111 Crater Lake Ave. Medford, OR 97504 Phone: 541-732-5194 E-Mail: jane.hanson@providence.org Term Ends: December 31, 2012

At Large Board Member, Academic Representative Joanne Warner Dean & Professor University of Portland School of Nursing 5000 N. Willamette Blvd., MSC-153 Portland, OR 97203 Phone: 503-943-7509 Fax: 503-943-7729 E-Mail: warner@up.edu Term Ends: December 31, 2012	At Large Board Member, CNEWS Lin Murphy Chair, Nursing Department Gonzaga University 502 E Boone Avenue AD 38 Spokane, WA 99258 Phone: 509-313-6644 Fax: 509-313-5827 E-Mail: murphy1@gonzaga.edu Term Ends: December 31, 2013
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Commission Chairs

Chair, Commission on Healthcare Policy, Washington Julie Zarn Director, Emergency/Trauma Services Providence Regional Medical Center Everett Box 1147 Everett, WA 98206 Phone: 425-261-3024 Fax: 425-261-3170 E-Mail: julie.zarn@providence.org Term Ends: December 31, 2013	Chair, Commission on Healthcare Policy, Oregon Pam Steinke CNE St. Charles Medical Center 2500 N.E. Neff Road Bend, OR 97701 Phone: 541-706-5840 Fax: 541-693-5867 E-Mail: psteinke@stcharleshealthcare.org Term Ends: December 31, 2013
Chair, Commission on Education Jennifer Graves Nurse Executive Swedish Medical Center/ Ballard 5300 Tallman Ave. N.W. Seattle, WA 98107 Phone: 206-781-6278 Fax: 206-781-6155 E-Mail: Jennifer.graves@swedish.org Term Ends: December 31, 2013	Chair, Commission on Nursing Practice Tracey Kasnic VP Patient Care Services Central Washington Hospital 1201 S. Miller St. Wenatchee, WA 98807 Phone: 509-665-6016 Fax: 509-665-6017 E-Mail: tkasnic@cwhs.com Term Ends: December 31, 2012
Chair, Commission on Member Support Services Jan Iverson CNE Skagit Valley Hospital 1415 Kincaid St. Mount Vernon, WA 98273 Phone: 360-428-2190 Fax: 509-428-8273 E-Mail: jiverson@skagitvalleyhospital.org Term Ends: December 31, 2012	

Council Representatives

Northwest Hospital Council (WA) Regional Council Representative to NWONE Board: Jan Iverson CNE Skagit Valley Hospital 1415 Kincaid St. Mount Vernon, WA 98273 Phone: 360-428-2190 Fax: 509-428-8273 E-Mail: jiverson@skagitvalleyhospital.org	Pierce/Kitsap Hospital Council (WA) Regional Council Representative to NWONE Board: Diane Fetzner Senior Branch Manager Favorite Healthcare Staffing, Inc. 2115 56 th St., #401 Tacoma, WA 98409 Phone: 253-475-2112 E-Mail: dfetzner@favoritestaffing.com
Seattle Hospital Council (WA) Regional Council Representative to the NWONE Board: Linda Latta Associate CNO Seattle Children's 4800 Sand Point Way N.E. Seattle, WA 98145 Phone: 206-987-4633 Fax: 206-987-5139 E-Mail: linda.latta@seattlechildrens.org	South Central Hospital Council (WA) Regional Council Representative to NWONE Board: Winnie Warren Director of Women & Children's Services Central Washington Hospital 1201 S. Miller St. Wenatchee, WA 98807 Phone: 509-664-3455 Fax: 509-665-6128 E-Mail: Winnie.warren@cwhs.com
Southeast Hospital Council (WA) Regional Council Representative to NWONE Board: Jeannie Eylar Chief Clinical Officer Pullman Regional Hospital 835 S.E. Bishop Blvd. Pullman, WA 99163 Phone: 509-336-7405 Fax: 509-332-4242 E-Mail: Jeannie.eylar@pullmanregional.org	Southwest Hospital Council (WA) Regional Council Representative to NWONE Board: Vacant
Central Hospital Council (OR) Regional Council Representative to NWONE Board: Pam Steinke CNE St. Charles Medical Center 2500 N.E. Neff Road Bend, OR 97701 Phone: 541-706-5840 Fax: 541-693-5867 E-Mail: psteinke@stcharleshealthcare.org	Eastern Hospital Council (OR) Regional Council Representative to NWONE Board: Vacant

Portland Hospital Council (OR)	Southern Hospital Council (OR)
Regional Council Representative to NWONE Board: Martie Moore CNO Providence St. Vincent Medical Center 9205 SW Barnes Road Portland, OR 97225 Phone: 503-216-2320 Fax: 503-216-2468 E-Mail: martie.moore@providence.org	Regional Council Representative to NWONE Board: Anne Shevlin Director, Nursing Practice & Operations Rogue Valley Medical Center 2825 E. Barnett Road Medford, OR 97504 Phone: 541-789-4376 E-Mail: ashevlin@asante.org
Willamette Council (OR)	
Regional Council Representative to NWONE Board: Joe DaFoe Director of Nursing Salem Hospital 880 Oak St. Salem, OR 97301 Phone: 503-561-5200 Fax: 503-362-4984 E-Mail: joe.dafoe@salemhospital.org	

NWONE Staff

CEO, NWONE & ONLC Representative Gladys Campbell 300 Elliott Ave. W., Suite 300 Seattle, WA 98119 Phone: 206-216-2544 Cell: 503-422-8236 Fax: 206-283-6122 E-Mail: gladysc@wsha.org	
Manager of Operations, NWONE Wendy Ray 300 Elliott Ave. W., Suite 300 Seattle, WA 98119 Phone: 206-216-2516 Fax: 206-577-1940 E-Mail: wendyr@wsha.org	Manager of Development, NWONE & Staff to the NWONE Board Erika Wilczek 300 Elliott Ave. W., Suite 300 Seattle, WA 98119 Phone: 206-577-1825 Fax: 206-577-1921 E-Mail: erikaw@wsha.org

Council Chairs

Northwest Hospital Council (WA) Regional Council Chair: Michelle Sand CNO & Asst. Admin of Patient Care Services Cascade Valley Hospital and Clinics 330 S. Stillaguamish Avenue Arlington, WA 98223 Phone: 360-618-7814 Fax: 509-435-0513 E-Mail: michellesa@cascadevalley.org	Pierce/Kitsap Hospital Council (WA) Regional Council Chair: Diane Fetzner Senior Branch Manager Favorite Healthcare Staffing, Inc. 2115 56 th St., #401 Tacoma, WA 98409 Phone: 253-475-2112 E-Mail: dfetzner@favoritestaffing.com
Seattle Hospital Council (WA) Regional Council Co-Chairs: Linda Latta Associate CNO Seattle Children's 4800 Sand Point Way N.E. Seattle, WA 98145 Phone: 206-987-4633 Fax: 206-987-5139 E-Mail: linda.latta@seattlechildrens.org Cathe Clapp Director of Clinical Education Swedish Edmonds 21601 76 th Ave. West Edmonds, WA 98026 Phone: 425-640-4178 E-Mail: cclapp@stevenshospital.org	South Central Hospital Council (WA) Regional Council Co-Chairs: Lori Murray VP for Nursing Services Yakima Valley Memorial Hospital 2811 Tieton Dr. Yakima, WA 98902 Phone: 509-249-5175 Fax: 509-966-2833 E-Mail: lori.murray@yvmh.org Winnie Warren Director of Women & Children's Services Central Washington Hospital 1201 S. Miller St. Wenatchee, WA 98807 Phone: 509-664-3455 Fax: 509-665-6128 E-Mail: Winnie.warren@cwhs.com
Southeast Hospital Council (WA) Regional Council Chair: Jeannie Eylar Chief Clinical Officer Pullman Regional Hospital 835 S.E. Bishop Blvd. Pullman, WA 99163 Phone: 509-336-7405 Fax: 509-332-4242 E-Mail: Jeannie.eylar@pullmanregional.org	Southwest Hospital Council (WA) Regional Council Co-Chair: Vacant

Central Hospital Council (OR)	Eastern Hospital Council (OR)
Regional Council Chair: Karen McGuire CNO Pioneer Memorial Hospital 1201 N. Elm Prineville, OR 97754 Phone: 541-447-6254 E-Mail: kmcguire@stcharleshealthcare.org	Regional Council Chair: Molly Rhea Director of Nursing Pioneer Memorial Home/Hospice P.O. Box 9 Heppner, OR 97836 Phone: 541-676-2947 Fax: 541-676-9017 E-Mail: rheamo@mocohd.org
Portland Hospital Council (OR)	Southern Hospital Council (OR)
Regional Council Co-Chairs: Virginia Lundquist Clinical Educator Providence Portland Medical Center 4805 NE Glisan St. Portland, OR 97213 Phone: 503-215-6262 E-Mail: Virginia.lundquist@providence.org Gladys Campbell CEO NWONE 300 Elliott Ave. W., Suite 300 Seattle, WA 98119 Phone: (206) 285-0102 E-Mail: galdysc@wsha.org	Regional Council Chair: Anne Shevlin Director, Nursing Practice & Operations Rogue Valley Medical Center 2825 E. Barnett Road Medford, OR 97504 Phone: 541-789-4376 E-Mail: ashevlin@asante.org
Willamette Council (OR)	
Regional Council Chair: Joe DaFoe Director of Nursing Salem Hospital 880 Oak St. Salem, OR 97301 Phone: 503-561-5200 Fax: 503-362-4984 E-Mail: joe.dafoe@salemhospital.org	