



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2013 calendar year, or tax year beginning** 07/01, 2013, and ending 06/30, 2014

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization MASSACHUSETTS NURSES FOUNDATION, INC.	<b>D</b> Employer identification number 04-2740257
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 340 TURNPIKE STREET	<b>E</b> Telephone number (781 ) 281-4625
	City or town, state or province, country, and ZIP or foreign postal code CANTON, MA 02021	<b>F</b> Group Exemption Number

**G** Accounting Method  Cash  Accrual Other (specify) ▶ **H** Check  if the organization is not required to attach Schedule B

**I Website:** ▶ **J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) (insert no) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF)

**K** Form of organization  Corporation  Trust  Association  Other

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 103,738.

**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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	52,291.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	403.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	0
	<b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</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)	<b>6b</b>	51,044.	
<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>	16,424.	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	34,620.	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>	0	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	87,314.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	73,000.
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	8,800.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	246.
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	9,058.
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	91,104.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-3,790.	
<b>Net Assets</b>	<b>19</b> 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)	<b>19</b>	291,308.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	12,052.
	<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	299,570.

For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)

SCANNED DEC 29 2014

JSA  
3E1008 1 000

P  
13

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments . . . . ATTACHMENT 5 . . . . .	291,308.	22	299,570.
23 Land and buildings . . . . .	0	23	0
24 Other assets (describe in Schedule O) . . . . .	0	24	0
25 Total assets . . . . .	291,308.	25	299,570.
26 Total liabilities (describe in Schedule O) . . . . .	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	291,308.	27	299,570.

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

What is the organization's primary exempt purpose? ATTACHMENT 6  
 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

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

28 SCHOLARSHIPS AND GRANTS WERE PROVIDED TO SEVERAL INDIVIDUALS ----- ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	73,000.
29 ----- ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 ----- ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) . . . . .	32	73,000.

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JEANNINE WILLIAMS PRESIDENT	1.00	0	0	0
TINA RUSSELL TREASURER	1.00	0	0	0
FRANCIS EATON SECRETARY	1.00	0	0	0
KATHY BELBIN DIRECTOR	1.00	0	0	0
DONNA DUDIK DIRECTOR	1.00	0	0	0
MARY EATON DIRECTOR	1.00	0	0	0
VIRGINIA JACILDO DIRECTOR	1.00	0	0	0
MAUREEN MOGAN DIRECTOR	1.00	0	0	0
FRAN PIASECKI DIRECTOR	1.00	0	0	0
KAREN GAVIGAN DIRECTOR	1.00	0	0	0

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 [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b 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
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of PHYLLIS SHELDON Telephone no. 781-821-4625 Located at 340 TURNPIKE STREET CANTON, MA ZIP + 4 02021
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42c At any time during the calendar year, did the organization maintain an office outside the US? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	Yes	No
				X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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 . . . . .	47	Yes	No
				X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	X	
b	If "Yes," was the related organization a section 527 organization? . . . . .	49b		X

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 title of each employee	(b) 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
NONE				

f Total number of other employees paid over \$100,000 . . . . . ▶   
 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. . . ▶

52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. . . . .  Yes  No

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

Sign Here	Signature of officer <i>Jeannine Williams</i>	Date <i>11/25/14</i>
	Type or print name and title <i>Jeannine Williams</i>	

Paid Preparer Use Only	PnnT/Type preparer's name ANTHONY T CARIDEO JR, CPA	Preparer's signature <i>Anthony T. Carideo</i>	Date <i>11/10/14</i>	Check <input type="checkbox"/> if self-employed	PTIN P00171579
	Firm's name ▶ WOLF & COMPANY, PC	Firm's EIN ▶ 04-2689883		Phone no 617-439-9700	
	Firm's address ▶ 99 HIGH STREET, 21ST FLOOR BOSTON, MA 02110				

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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.

OMB No 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> MASSACHUSETTS NURSES FOUNDATION, INC.	<b>Employer identification number</b> 04-2740257
--------------------------------------------------------------------------	-----------------------------------------------------

**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)(vii). (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 to 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-Non-functionally integrated
- 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 it 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? 

	Yes	No
11g(i)	<input type="checkbox"/>	<input type="checkbox"/>
  - (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>
- 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 col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

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

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number and Description. Rows include: 14 Public support percentage for 2013; 15 Public support percentage from 2012 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2013; 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 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.

**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 year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	58,627	75,782	92,180	79,963	52,291	358,843
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 . . . . .	53,984	47,680	36,732	59,428	51,044	248,868
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
6 Total. Add lines 1 through 5 . . . . .	112,611	123,462	128,912	139,391	103,335	607,711
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
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 . . . . .						0
c Add lines 7a and 7b. . . . .						0
8 Public support (Subtract line 7c from line 6) . . . . .						607,711

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6. . . . .	112,611	123,462	128,912	139,391	103,335	607,711
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	5,719	3,656	3,387	1,532	403	14,697
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
c Add lines 10a and 10b . . . . .	5,719	3,656	3,387	1,532	403	14,697
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) ATCH 1. . . . .		222				222
13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .	118,330	127,340	132,299	140,923	103,738	622,630
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 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	97.60%
16 Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	16	95.73%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	2.36%
18 Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .	18	4.24%

- 19a **33 1/3% support tests - 2013.** 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 - 2012.** 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 ▶

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
MISCELLANEOUS INCOME		222				222.
<b>TOTALS</b>		<u>222</u>				<u>222</u>



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1		(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		GOLF TOURNAMENT		AUCTION	2.	
		(event type)		(event type)	(total number)	
Revenue	1	Gross receipts	44,500.	1,844.	4,700.	51,044.
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	44,500.	1,844.	4,700.	51,044.
Direct Expenses	4	Cash prizes		13.	2,048.	2,061.
	5	Noncash prizes				
	6	Rent/facility costs	14,363.			14,363.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through 9 in column (d)				
11	Net income summary Subtract line 10 from line 3, column (d)					34,620.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				
	8	Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MASSACHUSETTS NURSES FOUNDATION, INC.

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

2013

Open to Public  
Inspection

Employer identification number

04-2740257

FORM 990EZ, SCHEDULE B

CONTRIBUTIONS

THERE WAS NO DONOR WHO MADE A CONTRIBUTION IN AN AGGREGATED AMOUNT OF  
\$5,000 OR MORE DURING THE TAX YEAR. THEREFORE, NO SCHEDULE B IS  
ATTACHED.

FORM 990EZ, PART V, LINE 34

ARTICLE 2 CORPORATE PURPOSE

INSERT NEW AMENDMENTS AS LETTERS (C) AND (D) AND RE-LETTER CURRENT (C)  
AND (D) AS (E) AND (F) AND CONTINUE RE-LETTERING THROUGH THE REST OF  
ARTICLE 2 AS FOLLOWS:

(C) TO ESTABLISH A FUND TO ASSIST MEMBERS THROUGH EDUCATION, TRAINING AND  
PRACTICE DEVELOPMENT AS MAY BE PERMITTED BY SECTION 501(C)(3) OF THE  
INTERNAL REVENUE CODE;

(D) TO ESTABLISH A FUND TO ASSIST MEMBERS WITH DISASTER AND/OR  
CATASTROPHE RELIEF AS MAY BE PERMITTED BY SECTION 501(C)(3) OF THE  
INTERNAL REVENUE CODE;

(E) TO EXPEND FUNDS FOR RESEARCH IN THE PUBLIC INTEREST IN ANY BRANCH OF  
NURSING, THE RESULTS OF WHICH WILL BE MADE FREELY AVAILABLE TO THE

Name of the organization

MASSACHUSETTS NURSES FOUNDATION, INC.

Employer identification number

04-2740257

GENERAL PUBLIC AT NO CHARGE OR AT A NOMINAL CHARGE NOT IN EXCESS OF THE COST OF DISTRIBUTION;

(F) TO CAUSE TO BE PUBLISHED AND TO DISTRIBUTE ADDRESSES, REPORTS, TREATISES AND OTHER LITERARY WORKS ON NURSING SUBJECTS;

(G) TO ACQUIRE AND MAINTAIN A BUILDING TO HOUSE THE ACTIVITIES OF THE CORPORATION INCLUDING THE MAINTENANCE OF A LIBRARY, APPROPRIATE ARCHIVES, AND RESEARCH CENTER, AND THE EXHIBITION OF RARE BOOKS AND DOCUMENTS, OBJECTS OF ART AND ITEMS OF HISTORICAL INTEREST HAVING NURSING SIGNIFICANCE;

(H) TO RECEIVE OUTRIGHT OR IN TRUST AND TO HOLD, BUY, SELL, INVEST AND REINVEST IN CASH, SECURITIES AND OTHER PERSONAL PROPERTY AND REAL PROPERTY WITHIN THE LIMITS PERMITTED BY LAW.

FORM 990EZ, PART VI, LINE 49A

TRANSFER TO RELATED ENTITY:

BOOKKEEPING AND OTHER CLERICAL SERVICES WERE PROVIDED BY MASSACHUSETTS NURSES ASSOCIATION. A FEE OF \$7,777 WAS PAID FOR THESE SERVICES.

Name of the organization

MASSACHUSETTS NURSES FOUNDATION, INC.

Employer identification number

04-2740257

ATTACHMENT 1FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DIVIDEND INCOME	403.
TOTAL	<u>403.</u>

ATTACHMENT 2FORM 990EZ, PART I - FUNDRAISING EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
GOLF TOURNAMENT	44,500.	14,363.	30,137.
AUCTION	1,844.	13.	1,831.
RAFFLES & MISCELLANEOUS	4,700.	2,048.	2,652.
TOTALS	<u>51,044.</u>	<u>16,424.</u>	<u>34,620.</u>

ATTACHMENT 3FORM 990EZ, PART I - OTHER EXPENSES

TRAVEL	57.
ADMIN SERVICES	7,777.
INSURANCE	790.
FEEES	303.
MISC EXPENSES	131.
TOTAL	<u>9,058.</u>

ATTACHMENT 4FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCESINCREASES IN FUND BALANCES

UNREALIZED GAINS ON INVESTMENTS	12,052.
TOTAL	<u>12,052.</u>

Name of the organization <b>MASSACHUSETTS NURSES FOUNDATION, INC.</b>	Employer identification number <b>04-2740257</b>
--------------------------------------------------------------------------	-----------------------------------------------------

ATTACHMENT 5

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	197,851.	193,676.
INVESTMENTS - SECURITIES	93,457.	105,894.
<b>TOTALS</b>	<u><u>291,308.</u></u>	<u><u>299,570.</u></u>

ATTACHMENT 6

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

THE FOUNDATION 1) PROVIDES SCHOLARSHIPS, GRANTS AND LOANS TO NURSES AND STUDENTS OF NURSING, 2) SUPPORTS RESEARCH WHICH IS SIGNIFICANT TO THE PROFESSION OF NURSING, 3) SUPPORTS PUBLICATIONS ON NURSING SUBJECTS, 3) ESTABLISH CENTER FOR NURSING AND 5) ADMINISTER SCHOLARSHIP FUNDS FOR ALUMNI ASSOCIATIONS AND SCHOOLS OF NURSING.

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS P

ATTACHMENT 7

IN EXCESS OF \$5,000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

SCHOLARSHIPS

340 TURNPIKE STREET

CANTON, MA 02021

NONE

INDIVIDUAL

SCHOLARSHIPS

73,000

TOTAL CONTRIBUTIONS PAID

73,000