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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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.

OMB No 1545-1150

2014**Open to Public Inspection**

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable:
☐ Address change
☒ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
CARSON TAHOE HEALTHCARE EMPLOYEES ASSOCIATION
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 638
 City or town, state or province, country, and ZIP or foreign postal code
CARSON CITY NV 89702

D Employer identification number
88-6021298

E Telephone number
(775) 445-8855

F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **CTHEA.ORG**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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 ▶ \$ **88,118**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	88,070
	4	Investment income	4	48
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	88,118	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	63,789
	14	Occupancy, rent, utilities, and maintenance	14	1,917
	15	Printing, publications, postage, and shipping	15	317
	16	Other expenses (describe in Schedule O)	16	12,454
	17	Total expenses. Add lines 10 through 16	17	78,477
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,641
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	164,628
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	(1)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	174,268

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IRS-OSC

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2014)

SCANNED JUN 17 2015

14

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	164,628	22 174,268
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	164,628	25 174,268
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	164,628	27 174,268

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 ☐**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose? _____

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

28 SETTLE EMPLOYEE GRIEVANCES, REPRESENT EMPLOYEES IN COLLECTIVE BARGAINING		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

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

(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
TED WILKENS				
PRESIDENT	5.00			
TINA SLOBE				
VICE PRESIDENT	5.00			
JOYCE KOMUKA				
SECRETARY	5.00			
IRENE ALDRICH				
TREASURER	5.00			
TINA CHILL				
DIRECTOR	5.00			
DARRELL BAUGH				
DIRECTOR	5.00			
JEANETTE GREEN				
DIRECTOR	5.00			
OLLIE WILSON				
DIRECTOR	5.00			
KRYSTAL PULLMAN				
DIRECTOR	5.00			

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ TINA ALDRICH Telephone no. ▶ (775) 400-0080 Located at ▶ PO BOX 638 CARSON CITY NV ZIP + 4 ▶ 89702		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country. ▶	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		☐
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		☒

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

	Yes	No
47		
48		
49a		
49b		

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

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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

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."

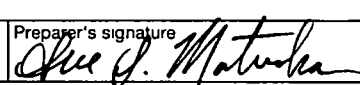
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 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 5-12-15 Date
Ted Wilkens, President Type or print name and title

Paid Preparer Use Only Print/Type preparer's name **Sue Matuska** Preparer's signature  Date **5-13-15** Check ☐ if self-employed PTIN **P01830889**
 Firm's name **Dyer, Lawrence, Flaherty, Donaldson & Prunty** Firm's EIN **(775) 885-1896**
 Firm's address **2805 Mountain Street, Carson City, NV 89703** Phone no. **(775) 885-1896**

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Employer identification number

Part I, line 16:

MEMBERSHIP BUILDING EXPENSES

GIFT CERTIFICATES: 12,200

FOOD: 254

TOTAL: 12,454

Part I, line 20 Fund adjustment for rounding discrepancy



DEAN HELLER
Secretary of State
204 North Carson Street, Suite 1
Carson City, Nevada 89701-4299
(775) 684 5708
Website: secretaryofstate.biz

Entity #
C2335-1972
Document Number
00000818084-39

Date Filed:
5/25/2006 8:24:33 AM
In the office of

Dean Heller

Dean Heller
Secretary of State

ABOVE SPACE IS FOR OFFICE USE ONLY

**Nonprofit Amendment
(After First Meeting)
(PURSUANT TO NRS 81 AND 82)**

**Certificate of Amendment to Articles of Incorporation
For Nonprofit Corporations
(NRS Chapters 81 and 82 - After First Meeting of Directors)**

1. Name of corporation:

Carson Tahoe Hospital Employees Association

2. The articles have been amended as follows (provide article numbers, if available):

To replace the name "Carson Tahoe Hospital Employees Association," wherever it occurs with the name "Carson Tahoe Healthcare Employees Association." (Title, Article I, and Acknowledgement). See Attachment "A"

3. The directors (or trustees) and the members, if any, and such other persons or public officers, if any, as may be required by the articles have approved the amendment. The vote by which the amendment was adopted by the directors and members, if any, is as follows: directors 6-0 and members n/a.*

4. Officer Signature (Required):

[Signature]
Signature

president
Title

*A majority of a quorum of the voting power of the members or as may be required by the articles; must vote in favor of the amendment. If any proposed amendment would alter or change any preference or any relative or other right given to any class of members, then the amendment must be approved by the vote, in addition to the affirmative vote otherwise required, of the holders of a majority of a quorum of the voting power of each class of members affected by the amendment regardless of limitations or restrictions on their voting power. An amendment pursuant to NRS 81.210 requires approval by a vote of 2/3 of the members.

FILING FEE: \$50.00

IMPORTANT: Failure to include any of the above information and submit the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State AM 81-82 After 2003
Revised on: 10/03/05

ARTICLES OF INCORPORATION OF THE
CARSON TAHOE HEALTHCARE EMPLOYEES ASSOCIATION

I.

The name of the Corporation is Carson Tahoe Healthcare Employees Association; formed pursuant to Nevada Revised Statue 81.00 thru 81.160.

...

ARTICLES OF INCORPORATION OF THE
CARSON TAHOE HEALTHCARE EMPLOYEES ASSOCIATION

F:\cases\cases05\05192\060501_Amnd.Articles.wpd

Attachment "A"

DEAN HELLER
Secretary of State

RENEE L. PARKER
*Chief Deputy
Secretary of State*

PAMELA RUCKEL
*Deputy Secretary
for Southern Nevada*

STATE OF NEVADA



OFFICE OF THE
SECRETARY OF STATE

CHARLES E. MOORE
Securities Administrator

SCOTT W. ANDERSON
*Deputy Secretary
for Commercial Recordings*

ELLYCK HSU
*Deputy Secretary
for Elections*

Filing Acknowledgement

May 25, 2006

Job Number
C20060531-0385

Corporation Number
C2335-1972

Filing Description
Amendment

**Document Filing
Number**
00000818084-39

Date/Time of Filing
May 25, 2006 08:24:33 AM

Corporation Name
CARSON TAHOE HEALTHCARE
EMPLOYEES ASSOCIATION

Resident Agent
TIMOTHY J CLARK

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recordings Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink, appearing to read "Dean Heller".

DEAN HELLER
Secretary of State

Commercial Recording Division
202 N. Carson Street
Carson City, Nevada 89701-4069
Telephone (775) 684-5708
Fax (775) 684-7138

DEAN HELLER
Secretary of State

RENEE L. PARKER
*Chief Deputy
Secretary of State*

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*Deputy Secretary
for Southern Nevada*

STATE OF NEVADA



OFFICE OF THE
SECRETARY OF STATE

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Securities Administrator

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*Deputy Secretary
for Commercial Recordings*

ELLYCK HSU
*Deputy Secretary
for Elections*

CARSON TAHOE HEALTHCARE EMPLOYEES
ASSOCIATION
NANCY SCHREIHANS

June 1, 2006

Job C20060531-0385
Number:

Job Contents:
NV Corp Filing Acknowledgement(s): 1
File Stamped Copy(s): 1

Special Handling Instructions:

1FSC/AMEND
MEYERS COUNTER P/U
MRK
6/1/06

CARSON TAHOE HEALTHCARE EMPLOYEES ASSOCIATION
NANCY SCHREIHANS

Carson Tahoe Healthcare - Amended

DEAN HELLER
Secretary of State

RENEE L. PARKER
Chief Deputy
Secretary of State

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Deputy Secretary
for Southern Nevada

STATE OF NEVADA



OFFICE OF THE
SECRETARY OF STATE

CHARLES E. MOORE
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for Commercial Recordings

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Deputy Secretary
for Elections

Job Receipt

June 1, 2006

Job Number: C20060531-0385

Account Number:

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Amendment	00000818084-39	5/25/2006 8:24:33 AM	1	\$50.00	\$50.00
Total					\$50.00

Payments

Type	Description	Amount
Check	Check #2925	\$50 00
Total		\$50.00

Commercial Recording Division
202 N. Carson Street
Carson City, Nevada 89701-4069
Telephone (775) 684-5708
Fax (775) 684-7138