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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
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DELAWARE NURSES ASSOCIATION Number and street (or P O box, if mail is not delivered to street address) Room/suite 4765 OGLETOWN-STANTON ROAD NO L10 City or town, state or province, country, and ZIP or foreign postal code NEWARK, DE 19713	D Employer identification number 51-0066729 E Telephone number (302) 733-5880 F Group Exemption Number ▶
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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: ▶ WWW.DENURSES.ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀(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. ▶ \$ 81,395

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	1,500
	2 Program service revenue including government fees and contracts		2	20,429
	3 Membership dues and assessments		3	59,205
	4 Investment income		4	261
	5a Gross amount from sale of assets other than inventory	5a		
	b Less cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
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	81,395	
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	80,528
	13 Professional fees and other payments to independent contractors		13	1,877
	14 Occupancy, rent, utilities, and maintenance		14	4,115
	15 Printing, publications, postage, and shipping		15	412
	16 Other expenses (describe in Schedule O)		16	10,722
	17 Total expenses. Add lines 10 through 16	▶	17	97,654
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-16,259
	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	80,821
	20 Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	▶	21	64,562

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	79,910	22 64,055
23 Land and buildings		23
24 Other assets (describe in Schedule O)	1,102	24 762
25 Total assets	81,012	25 64,817
26 Total liabilities (describe in Schedule O)	191	26 255
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	80,821	27 64,562

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?
THE DELAWARE NURSES ASSOCIATION IS DEDICATED TO SERVING ITS MEMBERSHIP THROUGH IDENTIFYING, DEVELOPING, AND PROMOTING THE PROFESSION OF NURSING AS AN ART AND SCIENCE THE DELAWARE NURSES ASSOCIATION REPRESENTS THE INTEREST OF PROFESSIONAL NURSES IN THE STATE OF DELAWARE THE DELAWARE NURSES ASSOCIATION ALSO ADVOCATES FOR HEALTH CARE ISSUES THROUGH LEGISLATIVE CHANNELS AND REGULATORY ACTIVITY, RESULTING IN POSITIVE OUTCOMES FOR ALL DELAWAREANS

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

28 See Additional Data Table

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

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

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** 88,751

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
LESLIE VERUCCI RN MSN PRESIDENT ELECT	0 00	0	0	0
KAREN PANUNTO EDD RN APN PRESIDENT	0 00	0	0	0
BONNIE OSGOOD MSN RN CNA-BC TREASURER	0 00	0	0	0
CHRISTOPHER E OTTO BSNRNCHFN SECRETARY	0 00	0	0	0
SARAH J CARMODY EXECUTIVE DIRECTOR	40 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

		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		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
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)?		No
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		
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		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	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?		No
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		
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		No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>SARAH J CARMODY</u> Telephone no ▶ <u>(302) 733-5880</u> Located at ▶ <u>4765 OGLETOWN-STANTON RD SUITE L10 NEWARK, DE</u> ZIP + 4 ▶ <u>19713</u>		
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 ▶ _____	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
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 ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> 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		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
c	Did the organization receive any payments for indoor tanning services during the year?		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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)		

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

Part VI Section 501(c)(3) organizations 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

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

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

(a) Name and 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	2016-11-10 Date
	SARAH J CARMODY EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name RENEE A VILLANO CPA	Preparer's signature	Date 2016-11-10	Check <input type="checkbox"/> if self-employed	PTIN P00270347
	Firm's name ▶ ALBERO KUPFERMAN & ASSOCIATES LLC			Firm's EIN ▶ 26-0645306	
	Firm's address ▶ 1701 SHALLCROSS AVE STE D WILMINGTON, DE 19806			Phone no (302) 230-7171	

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

Additional Data

Software ID:
Software Version:
EIN: 51-0066729
Name: DELAWARE NURSES ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
FIRST ACCOMPLISHMENT- TO PROTECT THE HEALTH, SAFETY AND WELFARE OF DELAWARE'S CITIZENS BY ESTABLISHING RULES AND REGULATION FOR THE LICENSURE AND PRACTICE OF PROFESSIONAL AND PRACTICAL NURSING THIS IS DONE THROUGH ADVOCACY AND 28 PROVIDING PROFESSIONAL EDUCATION FOR ITS MEMBERS (Grants \$ 0) If this amount includes foreign grants, check here . . . ▶ ☐	28a	88,751

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: DELAWARE NURSES ASSOCIATION

EIN: 51-0066729

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

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

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.

2015

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue
Service

Name of the organization
DELAWARE NURSES ASSOCIATION

Employer identification number

51-0066729

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION ROYALTIES AMOUNT 178 DESCRIPTION INTERET INCOME AMOUNT 83 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 261
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BUSINESS EXPENSES AMOUNT 3,268 DESCRIPTION TRAVEL EXPENSES AMOUNT 2,038 DESCRIPTION CONFERENCES AMOUNT 312 DESCRIPTION INSURANCE AMOUNT 1,753 DESCRIPTIO N WEBSITE AMOUNT 570 DESCRIPTION COMMUNICATION EXPENSES AMOUNT 1,229 DESCRIPTION CREDIT CARD FEES AMOUNT 1,212 DESCRIPTION DEPRECIATION AMOUNT 340 TOTAL TO FORM 990 -EZ, LINE 16 10,722

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 1,102 END OF YEAR AMOUNT 762
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PNC CREDIT CARD BEG OF YEAR AMOUNT 191 END OF YEAR AMOUNT 255