

2013 TAX RETURN

CLIENT COPY

Client: 01147

Prepared for: AMERICAN PEDIATRIC SURGICAL NURSES
ASSOCIATION
111 DEERLAKE RD SUITE 100
DEERFIELD, IL 60015
(804) 662-9007

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(503) 977-2266

Date: OCTOBER 31, 2014

Comments:

Route to: _____

Rostad & English, CPAs, PC
9498 SW Barbur Blvd, Suite 200
Portland, OR 97219-5466

AMERICAN PEDIATRIC SURGICAL NURSES
ASSOCIATION
111 DEERLAKE RD Suite 100
DEERFIELD, IL 60015

2013 Exempt Org. Return
prepared for:

**AMERICAN PEDIATRIC SURGICAL NURSES
ASSOCIATION**

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October 31, 2014

AMERICAN PEDIATRIC SURGICAL NURSES
ASSOCIATION
111 DEERLAKE RD Suite 100
DEERFIELD, IL 60015

Dear TREASURER:

Your 2013 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Enclosed is your 2013 Federal Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. There is a balance due of \$154 payable by November 5, 2014. Mail your Federal return on or before November 5, 2014 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

The tax payment due must be electronically deposited through the Electronic Federal Tax Payment System (EFTPS).

Please be sure to call us if you have any questions.

Sincerely,

Michael W. English

AMERICAN PEDIATRIC SURGICAL NURSES
ASSOCIATION

22-3221908

	2013	2012	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	3,145	1,691	1,454
PROGRAM SERVICE REVENUE.....	87,555	90,100	-2,545
MEMBERSHIP DUES AND ASSESSMENTS.....	54,681	49,357	5,324
INVESTMENT INCOME.....	8,829	7,747	1,082
GROSS PROFIT (LOSS) - INVENTORY SALES....	-320	-143	-177
OTHER REVENUE.....	5,377	8,527	-3,150
TOTAL REVENUE.....	159,267	157,279	1,988
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	800	2,600	-1,800
PROFESSIONAL FEES/PYMT TO CONTRACTORS....	10,429	9,068	1,361
PRINTING, PUBLICATIONS, AND POSTAGE.....	1,903	1,622	281
OTHER EXPENSES.....	143,684	94,645	49,039
TOTAL EXPENSES.....	156,816	107,935	48,881
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR.....	2,451	49,344	-46,893
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	221,390	169,112	52,278
OTHER CHANGES IN NET ASSETS/FUND BAL....	9,267	2,934	6,333
NET ASSETS/FUND BAL. AT END OF YEAR.....	233,108	221,390	11,718

	2013	2012	DIFF
REVENUE			
OTHER INCOME.....	2,900	2,300	600
TOTAL REVENUE.....	2,900	2,300	600
DEDUCTIONS			
OTHER DEDUCTIONS.....	885	519	366
TOTAL DEDUCTIONS.....	885	519	366
UNRELATED BUSINESS TAXABLE INCOME			
UNRELATED BUS TAXABLE INC (LINE 30).....	2,015	1,781	234
UNRELATED BUS TAXABLE INC (LINE 32).....	2,015	1,781	234
SPECIFIC DEDUCTION.....	1,000	1,000	0
UNRELATED BUSINESS TAXABLE INCOME.....	1,015	781	234
TAX COMPUTATION			
INCOME TAX.....	152	117	35
NET TAX.....	152	117	35
PAYMENTS AND CREDITS			
TOTAL PAYMENTS AND CREDITS.....	0	0	0
REFUND OR AMOUNT DUE			
LATE PAYMENT PENALTY.....	0	4	-4
LATE INTEREST.....	2	2	0
TAX DUE.....	154	123	31
OVERPAYMENT.....	0	0	0
TAX RATES			
MARGINAL TAX RATE.....	15.0%	15.0%	0.0%
EFFECTIVE TAX RATE.....	15.0%	15.0%	0.0%

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH A, SCH O, 990-T

TAX RATES

<u>UNRELATED BUSINESS</u>	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	15.0 %	15.0 %

CARRYOVERS TO 2014

NONE

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990-EZ

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

ADDITIONAL INSTRUCTIONS:

FORM 990-T (EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN) RETURN CANNOT BE FILED ELECTRONICALLY. YOU MUST FILE THIS RETURN AS A CONVENTIONAL PAPER RETURN.

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 8868

NO SIGNATURE IS REQUIRED WHEN FILING FORM 8868 ELECTRONICALLY.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

COMPUTATION OF COST OF GOODS SOLD (FORM 990-EZ)

1. INVENTORY AT START OF YEAR.....	0.
2. PURCHASES.....	1,682.
3. COST OF LABOR.....	0.
4. ADDITIONAL 263A COSTS.....	0.
5. OTHER COSTS.....	0.
6. TOTAL (ADD LINES 1 THROUGH 5).....	<u>1,682.</u>
7. INVENTORY AT END OF YEAR.....	<u>0.</u>
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6).....	<u><u>1,682.</u></u>

INTEREST ON LATE FILING (FORM 990-T)

TAX DUE	152.	
LATE FILING PENALTY	<u>0.</u>	
TOTAL AMOUNT SUBJECT TO INTEREST	152.	
<u>5/15/14 - 6/30/14 (46 DAYS @ 3%)</u>		
AMOUNT SUBJECT TO INTEREST	152.00	
RATE FACTOR	<u>X .003787822</u>	
INTEREST		0.58
<u>7/01/14 - 9/30/14 (92 DAYS @ 3%)</u>		
COMPOUNDED AMOUNT	152.58	
RATE FACTOR	<u>X .007589992</u>	
INTEREST		1.16
<u>10/01/14 - 11/05/14 (36 DAYS @ 3%)</u>		
COMPOUNDED AMOUNT	153.73	
RATE FACTOR	<u>X .002963164</u>	
INTEREST		0.46
TOTAL INTEREST ON LATE FILING (ROUNDED)		<u><u>2.</u></u>

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning _____, 2013, and ending _____

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2013

Department of the Treasury
Internal Revenue Service

Name of exempt organization

AMERICAN PEDIATRIC SURGICAL NURSES
ASSOCIATION

Employer identification number

22-3221908

Name and title of officer

BARBARA BRATTON

TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1 a	Form 990 check here	▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	_____
2 a	Form 990-EZ check here	▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2 b	159,267.
3 a	Form 1120-POL check here	▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3 b	_____
4 a	Form 990-PF check here	▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	_____
5 a	Form 8868 check here	▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize ROSTAD & ENGLISH, CPAS, PC to enter my PIN 01147 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 93031083937
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ MICHAEL W. ENGLISH Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2013)

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

2013

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, and ending ,

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C
 AMERICAN PEDIATRIC SURGICAL NURSES ASSOCIATION
 111 DEERLAKE RD #100
 DEERFIELD, IL 60015

D Employer identification number
 22-3221908

E Telephone number
 (804) 662-9007

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: ▶ WWW.APSNA.ORG

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀(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 ▶ \$ 160,949.

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

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1	3,145.		
	2 Program service revenue including government fees and contracts.	2	87,555.		
	3 Membership dues and assessments.	3	54,681.		
	4 Investment income.	4	8,829.		
	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	1,362.			
b Less: cost of goods sold.	7b	1,682.			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).	7c	-320.			
8 Other revenue (describe in Schedule O).	8	SEE SCHEDULE O	5,377.		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	9		159,267.		
E X P E N S E S	10 Grants and similar amounts paid (list in Schedule O).	10	800.		
	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	10,429.		
	14 Occupancy, rent, utilities, and maintenance	14			
	15 Printing, publications, postage, and shipping	15	1,903.		
	16 Other expenses (describe in Schedule O).	16	SEE SCHEDULE O	143,684.	
	17 Total expenses. Add lines 10 through 16.	17		156,816.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9).	18		2,451.		
A S S E T S	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		221,390.	
	20 Other changes in net assets or fund balances (explain in Schedule O).	20	SEE SCHEDULE O	9,267.	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20.	21		233,108.	

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

Form 990-EZ (2013)

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	221,390.	22	233,108.	
23 Land and buildings		23		
24 Other assets (describe in Schedule O)		24		
25 Total assets	221,390.	25	233,108.	
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)	221,390.	27	233,108.	

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

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

28 SEE SCHEDULE O		28 a		113,631.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>				
29 DEVELOPMENT OF WEBSITE PROVIDES INFORMATION TO MEMBERS AND PROSPECTIVE MEMBERS BY FACILITATING COMMUNCIATION AND SHARING OF KNOWLEDGE AND SPECIFIC CLINICAL CHALLENGES		29 a		12,223.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>				
30		30 a		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>				
31 Other program services (describe in Schedule O)		31 a		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>				
32 Total program service expenses (add lines 28a through 31a)		32		125,854.

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
SEE SCHEDULE O		0.	0.	0.

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

Table with columns for question number, description, and Yes/No columns. Rows include questions 33 through 41 regarding organizational activities, financial reporting, and tax matters.

42a The organization's books are in care of BARBARA BRATTON Telephone no. (804) 662-9007 Located at 111 DEERLAKE ROAD SUITE 100 DEERFIELD IL ZIP + 4 60015

Table for question 42b and 42c regarding foreign financial accounts and offices. Includes Yes/No columns and a space for foreign country name.

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

Table for questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities. Includes Yes/No columns.

	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	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.

	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	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49 a	X
b If 'Yes,' was the related organization a section 527 organization?	49 b	
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	Date
	BARBARA BRATTON Type or print name and title	TREASURER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL W. ENGLISH	MICHAEL W. ENGLISH	10/31/14		P00383937
	Firm's name ▶ ROSTAD & ENGLISH, CPAS, PC	Firm's address ▶ 9498 SW BARBUR BLVD, SUITE 200 PORTLAND, OR 97219-5466		Firm's EIN ▶ 20-0260950	Phone no. (503) 977-2266

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

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization AMERICAN PEDIATRIC SURGICAL NURSES ASSOCIATION	Employer identification number 22-3221908
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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 – 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 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?

	Yes	No
(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?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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) 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'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
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).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions).					12	
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 type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test – 2013. 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 – 2012. 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 – 2013. 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 – 2012. 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"/>

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) 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'.)	44,157.	28,326.	49,305.	51,048.	57,826.	230,662.
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.	68,930.	32,625.	75,080.	90,100.	87,555.	354,290.
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.	113,087.	60,951.	124,385.	141,148.	145,381.	584,952.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	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.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						584,952.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.	113,087.	60,951.	124,385.	141,148.	145,381.	584,952.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	973.	1,402.	2,161.	7,747.	8,829.	21,112.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	973.	1,402.	2,161.	7,747.	8,829.	21,112.
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.) SEE PART IV.	3,422.	6,332.	5,437.	8,684.	5,057.	28,932.
13 Total Support. (Add lns 9,10c, 11 and 12.)	117,482.	68,685.	131,983.	157,579.	159,267.	634,996.

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**. ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).	15	92.12 %
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	92.65 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).	17	3.32 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17.	18	2.61 %

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 III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2013	2012	2011	2010	2009
ADVERTISING	\$ 2,900.	\$ 2,300.	\$ 1,300.	\$ 1,800.	\$ 700.
MISCELLANEOUS	50.		506.	30.	32.
CAREER ADS	1,300.	5,800.	3,000.	1,800.	900.
BOOK SALES, NET	807.	584.	631.	2,702.	1,790.
TOTAL	<u>\$ 5,057.</u>	<u>\$ 8,684.</u>	<u>\$ 5,437.</u>	<u>\$ 6,332.</u>	<u>\$ 3,422.</u>

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN PEDIATRIC SURGICAL NURSES ASSOCIATION

Employer identification number
22-3221908

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

TO DEVELOP AND FOSTER STANDARDS OF PRACTICE AND CARE FOR PEDIATRIC SURGICAL NURSES THROUGH EDUCATION, PUBLICATIONS AND COMMUNICATIONS OF MEMBERS IN THE PROFESSION.

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

DEVELOPMENT OF PROFESSIONAL EDUCATION PROGRAMS FOR MEMBERS THROUGH CONFERENCES, NEWSLETTER PUBLICATION AND STANDARD TEXTBOOK. THESE EDUCATION OPPORTUNITIES UPDATE THE MEMBERS ON THE LATEST SURGICAL & NURSING CARE TECHNIQUES AND FACILITATE COMMUNICATION AMONG MEMBERS.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

AMERICAN PEDIATRIC SURGICAL NURSES
ASSOCIATION

22-3221908

FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

ADVERTISING&CUSTOMER LIST.....	\$	2,900.
CAREER ADS.....		1,300.
BOOK SALE ROYALTIES.....		1,127.
MISCELLANEOUS.....		50.
TOTAL	\$	<u>5,377.</u>

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

BANK FEES.....	\$	4,350.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		125,442.
DUES AND SUBSCRIPTIONS.....		2,000.
EDUCATION CERTIFICATIONS.....		6,326.
FEDERAL TAX.....		123.
INSURANCE.....		385.
MISCELLANEOUS.....		244.
OFFICE EXPENSES.....		1,191.
WEBSITE EXPENSE.....		3,623.
TOTAL	\$	<u>143,684.</u>

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

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS.....	\$	9,267.
TOTAL	\$	<u>9,267.</u>

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

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
BARBARA BRATTON TREASURER	15	\$ 0.	\$ 0.	0.
MELANIE HANLON MEMBERSHIP CHR.	3	0.	0.	0.
NANCY THOMPSON DIRECTOR	4	0.	0.	0.
ROBIN DELOACH EDUCATION CHAIR	6	0.	0.	0.

AMERICAN PEDIATRIC SURGICAL NURSES
ASSOCIATION

22-3221908

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

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
NATALIE WALKER DEVELOP. CHAIR	8	\$ 0.	\$ 0.	\$ 0.
CHRIS MCKENNA PRESIDENT ELECT	6	0.	0.	0.
KAREN RODRIGUEZ SECRETARY	5	0.	0.	0.
ELLEN O'DONNELL PAST PRESIDENT	15	0.	0.	0.
BARBARA MARISCAL TREASURER	20	0.	0.	0.
ELIZABETH HOOD LEADERSHIP CHR	8	0.	0.	0.
ROSALINE CALDWELL DEVELOP CHAIR	10	0.	0.	0.
KIM MCILTROT PUBLICNT CHAIR	12	0.	0.	0.
MARGIE BIRDSOING INFO SYS CHAIR	10	0.	0.	0.
JENNY KREISS PAST PRES.	8	0.	0.	0.
RAQUEL PASARON PROGRAM CHAIR	30	0.	0.	0.
NEIL EAD PRESIDENT	11	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2013

For calendar year 2013 or other tax year beginning _____, 2013, and ending _____, _____

▶ See separate instructions.

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be public if you organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	<input type="checkbox"/> Check box if name changed and see instructions. AMERICAN PEDIATRIC SURGICAL NURSES ASSOCIATION 111 DEERLAKE RD #100 DEERFIELD, IL 60015	D Employer identification number (Employees' trust, see instructions.) 22-3221908 E Unrelated business activity codes (See instructions.)
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C Book value of all assets at end of year 233,108.	F Group exemption number (See instructions.) ▶ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
--	---

H Describe the organization's primary unrelated business activity.
▶ CUSTOMER LISTS&WEBSITE ADVERTISING

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ Yes No
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

J The books are in care of ▶ BARBARA BRATTON Telephone number ▶ (804) 662-9007

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1 c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Form 8949 and Schedule D)	4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c Capital loss deduction for trusts	4 c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)			
SEE STATEMENT 1	12	2,900.	
13 Total. Combine lines 3 through 12	13	2,900.	2,900.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules.)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22 a		22 b
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule)	28		
29 Total deductions. Add lines 14 through 28	29	885.	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		2,015.
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		2,015.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		1,015.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34		35 c	152.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36	
37 Proxy tax. See instructions		37	
38 Alternative minimum tax		38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39	152.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40 a		
b Other credits (see instructions)	40 b		
c General business credit. Attach Form 3800 (see instructions)	40 c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40 d		
e Total credits. Add lines 40a through 40d	40 e		0.
41 Subtract line 40e from line 39	41		152.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42		
43 Total tax. Add lines 41 and 42	43		152.
44 a Payments: A 2012 overpayment credited to 2013	44 a		STATEMENT 2 2.
b 2013 estimated tax payments	44 b		
c Tax deposited with Form 8868	44 c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	44 d		
e Backup withholding (see instructions)	44 e		
f Credit for small employer health insurance premiums (Attach Form 8941)	44 f		
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total ...	44 g		
45 Total payments. Add lines 44a through 44g	45		0.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached	46		
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47		154.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48		
49 Enter the amount of line 48 you want: Credited to 2014 estimated tax ▶ Refunded ▶	49		

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____ 0.		

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year	1		6 Inventory at end of year	6		
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7		
3 Cost of labor	3					
4 a Additional section 263A costs (attach schedule)	4 a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No
b Other costs (att. sch.)	4 b					
5 Total. Add lines 1 through 4b	5					

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **TREASURER**

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

Paid Preparer Use Only

Print/Type preparer's name: **MICHAEL W. ENGLISH** Preparer's signature: **MICHAEL W. ENGLISH** Date: **10/31/14** Check if self-employed PTIN: **P00383937**

Firm's name ▶ **ROSTAD & ENGLISH, CPAS, PC** Firm's EIN ▶ **20-0260950**

Firm's address ▶ **9498 SW BARBUR BLVD, SUITE 200** Phone no. **(503) 977-2266**
PORTLAND, OR 97219-5466

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(2)		
(3)		
(4)		
Total		
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute col. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals , Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		0%	
		0%	
		0%	
		0%	
Total. Enter here and on page 1, Part II, line 14			

STATEMENT 1
FORM 990-T, PART I, LINE 12
OTHER INCOME

ADVERTISING&CUSTOMER LIST..... \$ 2,900.
TOTAL \$ 2,900.

STATEMENT 2
FORM 990-T, PART IV
OTHER CHARGES AND PAYMENTS

LATE INTEREST..... \$ 2.
TOTAL \$ 2.