

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2008**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

Department of the Treasury  
Internal Revenue Service

**Open to Public  
Inspection**

**A For the 2008 calendar year, or tax year beginning , 2008, and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See Specific Instructions. <b>AMERICAN HOLISTIC NURSES ASSOCIATION</b> 323 N. SAN FRANCISCO ST, STE 201 FLAGSTAFF, AZ 86001	<b>D</b> Employer identification number 74-2164825
		<b>E</b> Telephone number 928-526-2196
		<b>F</b> Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ WWW.AHNA.ORG

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

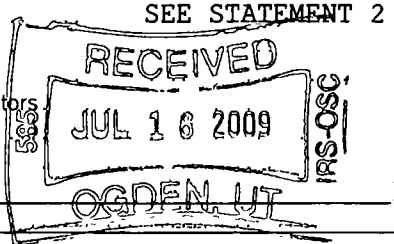
**J** Organization type (check only one) —  501(c) ( 3 ) (insert no) 4947(a)(1) or 527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 986,357.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	23,770.
	2	Program service revenue including government fees and contracts	2	441,788.
	3	Membership dues and assessments	3	400,081.
	4	Investment income	4	2,111.
	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 In 5b from In 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 10,092. of contributions reported on line 1)	6a	3,364.
6b	Less direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	3,364.	
7a	Gross sales of inventory, less returns and allowances	7a	18,386.	
7b	Less cost of goods sold	7b	226.	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	18,160.	
8	Other revenue (describe ▶ SEE STATEMENT 1 )	8	96,857.	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	986,131.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	4,200.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	338,606.
	13	Professional fees and other payments to independent contractors	13	11,683.
	14	Occupancy, rent, utilities, and maintenance	14	31,700.
	15	Printing, publications, postage, and shipping	15	143,166.
	16	Other expenses (describe ▶ SEE STATEMENT 3 )	16	461,974.
	17	<b>Total expenses</b> (add lines 10 through 16)	17	991,329.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,198.	
NET ASSETS OR FUND BALANCES	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	360,565.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	355,367.



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	289,827.	274,875.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 4 )	78,581.	83,265.
<b>Total assets</b>	368,408.	358,140.
<b>Total liabilities</b> (describe ▶ SEE STATEMENT 5 )	7,843.	2,773.
<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	360,565.	355,367.

**AA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.**

Form 990-EZ (2008)

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <b>HOLISTIC HEALTH EDUCATION</b>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
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, or other relevant information for each program title			
28	THE JOURNAL, NEWSLETTER AND VIDEO PROGRAMS ARE DESIGNED TO KEEP MEMBERS AND INTERESTED PARTIES INFORMED ON NEW DEVELOPMENTS AND NEWSWORTHY EVENTS WITHIN THE ASSOCIATION AND THE PROFESSION. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	115,111.
29	CONFERENCES, ANNUAL CONVENTION AND REGIONAL WORKSHOPS ARE HELD TO BRING MEMBERS, COMMUNITY LEADERS AND SCHOLARS TOGETHER TO EDUCATE AND UPDATE THEM ON HOLISTIC NURSING. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	220,160.
30	ACTIVITIES DIRECTLY RELATED TO SUPPORT EDUCATION AND PROMOTION OF HOLISTIC NURSING. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	480,110.
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	<b>815,381.</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
CARLA MARIANO 4 WASHINGTON SQ. VLG. #5T NEW YORK, NY 10012	ELDER 0	0.	0.	0.
LUCIA THORNTON 12592 VALLEY VISTA LANE FRESNO, CA 93720	PRESIDENT 0	0.	0.	0.
ROTHLYN P ZAHOUREK 23 LAKE DR BELCHERTOWN, MA 01007	RESEARCH COORD 0	0.	0.	0.
ELLIE SLETTE 1837 LAUREL AVENUE SAINT PAUL, MN 55104	FINANCIAL COORD 0	0.	0.	0.
LINDA CHIOFAR 1430 FORDHAM AVENUE MODESTO, CA 95350	EDUCATION COORD 0	0.	0.	0.
MARY ENZMAN HAGEDORN 1250 OAK HILLS DRIVE COLORADO SPRINGS, CO 80919	PRESIDENT ELECT 0	0.	0.	0.
MARY ANN HANLEY 4902 12TH ST LUBBOCK, TX 79416	ED. COORDINATOR 0	0.	0.	0.
CINDY BULTENA 1925 WOODWINDS DR WOODBURY, MN 55125	NETWORK COORD 0	0.	0.	0.
JOYCE MURPHY PO BOX 18 STRONG, ME 04983	FINANCIAL COORD 0	0.	0.	0.

**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b>	If the organization had income from business activities, such as those reported on Lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	X	
<b>35b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	X	
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions		0.
<b>37b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	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 unpaid at the start of the period covered by this return?		X
<b>38b</b>	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		N/A
<b>39</b>	501(c)(7) organizations Enter		
<b>39a</b>	Initiation fees and capital contributions included on line 9		N/A
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities		N/A
<b>40a</b>	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
<b>40b</b>	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
<b>40c</b>	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>40d</b>	Enter amount of tax on line 40c reimbursed by the organization		0.
<b>40e</b>	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		X
<b>41</b>	List the states with which a copy of this return is filed <u>AZ</u>		

**42a** The books are in care of AHNA Telephone no. 928-526-2196  
 Located at 323 N. SAN FRANCISCO ST, STE 201 FLAGSTAFF AZ ZIP + 4 86001

		Yes	No
<b>42b</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 <u></u>		X
<b>42c</b>	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country <u></u>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

**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  N/A  N/A

		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **SEE STATEMENT 6**

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>49 b</b> If 'Yes,' was the related organization(s) a section 527 organization?		

**50** Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

**51** Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including all attachments, for accuracy and completeness. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

**Sign Here**  
 Signature of officer: *[Handwritten Signature]*  
 JEANNE CRAWFORD EXEC. D

**Paid Preparer's Use Only**  
 Preparer's signature: *[Handwritten Signature]*  
 Firm's name (or yours if self-employed), address, and ZIP + 4:  
 NORDSTROM & ASSOCIATES PC  
 150 W DALE AVE STE 2  
 FLAGSTAFF, AZ 86001

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization <b>AMERICAN HOLISTIC NURSES ASSOCIATION</b>	Employer identification number <b>74-2164825</b>
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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 (Please check only **one** organization)

- 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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 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)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
<b>11 g (i)</b>		
<b>11 g (ii)</b>		
<b>11 g (iii)</b>		

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

**h** Provide the following information about the organizations the organization supports

(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 Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
<b>4 Total.</b> Add lines 1-3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%
<b>16a 33-1/3 support test – 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 33-1/3 support test – 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2008.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test – 2007.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include "unusual grants.")	273,571.	329,475.	353,317.	379,913.	423,851.	1,760,127.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	240,437.	308,900.	370,269.	365,871.	441,788.	1,727,265.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>6 Total.</b> Add lines 1-5	514,008.	638,375.	723,586.	745,784.	865,639.	3,487,392.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						3,487,392.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	514,008.	638,375.	723,586.	745,784.	865,639.	3,487,392.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	787.	41,148.	70,890.	8,563.	2,111.	123,499.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
<b>c</b> Add lines 10a and 10b	787.	41,148.	70,890.	8,563.	2,111.	123,499.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	5,005.	4,060.	2,808.	10,039.	18,160.	40,072.
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						3,650,963.

**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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	95.5 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	94.7 %

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	3.4 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	4.7 %

**19a 33-1/3 support tests – 2008.** 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 – 2007.** If the organization did not check a box on line 14 or 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

<u>NATURE AND SOURCE</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
PROFIT FROM SALE OF INVENTORY					
	<u>18,160.</u>	<u>10,039.</u>	<u>2,808.</u>	<u>4,060.</u>	<u>5,005.</u>
TOTAL	<u>\$ 18,160.</u>	<u>\$ 10,039.</u>	<u>\$ 2,808.</u>	<u>\$ 4,060.</u>	<u>\$ 5,005.</u>

## AMERICAN HOLISTIC NURSES ASSOCIATION

74-2164825

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 8**  
**OTHER REVENUE**

ROYALTIES

TOTAL	\$	96,857.
	\$	<u>96,857.</u>

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	RESEARCH		
DONEE'S NAME:	RUTH MCCAFFREY		
DONEE'S ADDRESS:	1605 CREST DR LAKE WORTH, FL 33461		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,200.
CLASS OF ACTIVITY:	AWARD		
DONEE'S NAME:	LORI SETTERSTEN		
DONEE'S ADDRESS:	36981 SERENITY LANE OCONOMOWOC, WI 53066		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	2,000.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	KATHY ZIMMERMAN		
DONEE'S ADDRESS:	611 W MEADE DR NASHVILLE, TN 37205		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	KATI BLOEDAU		
DONEE'S ADDRESS:	1301 B ROSEDALE AVE DURHAM, NC 27707		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	500.

**STATEMENT 3**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	32,880.
BANK & CREDIT CARD FEES		23,998.
COMPUTER EXPENSES		49,811.
CONFERENCES, CONVENTIONS, AND MEETINGS		220,160.
DEPRECIATION		819.
DUES & SUBSCRIPTIONS		9,613.
EDUCATION		9,672.
INSURANCE		4,874.
JANITORIAL		3,600.
LEADERSHIP COUNCIL		37,142.
LOSS ON INVESTMENTS		17,099.
MEMBERSHIP EXPENSES		30,526.
OFFICE EXPENSES		13,612.
REPAIRS & MAINTENANCE		198.

## AMERICAN HOLISTIC NURSES ASSOCIATION

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**STATEMENT 3 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

SECURITY	\$	300.
TAXES & LICENSES		1,208.
TELEPHONE		5,428.
TRAVEL		1,034.
<b>TOTAL</b>	<b>\$</b>	<b><u>461,974.</u></b>

**STATEMENT 4**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 38,994.	\$ 51,453.
DEPOSITS	7,460.	521.
FURNITURE AND FIXTURES	0.	-819.
INVENTORIES	6,888.	6,871.
MACHINERY AND EQUIPMENT	2,739.	2,739.
NOTES AND LOANS RECEIVABLE	22,500.	22,500.
<b>TOTAL</b>	<b>\$ <u>78,581.</u></b>	<b>\$ <u>83,265.</u></b>

**STATEMENT 5**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 7,843.	\$ 2,673.
UNEARNED REVENUE	0.	100.
<b>TOTAL</b>	<b>\$ <u>7,843.</u></b>	<b>\$ <u>2,773.</u></b>

**STATEMENT 6**  
**FORM 990-EZ, PART VI**  
**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