

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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning , 2017, and ending ,

B Check if applicable:	C	D Employer identification number		
<input type="checkbox"/> Address change	RHEUMATOLOGY NURSES SOCIETY, INC. 8437 TUTTLE AVENUE, SUITE 404 SARASOTA, FL 34243	20-8315962		
<input type="checkbox"/> Name change		E Telephone number		
<input type="checkbox"/> Initial return		800-380-7081		
<input type="checkbox"/> Final return/terminated		G Gross receipts \$	1,860,233.	
<input type="checkbox"/> Amended return		F Name and address of principal officer:		
<input type="checkbox"/> Application pending	Same As C Above			
		H(a) Is this a group return for subordinates?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		H(b) Are all subordinates included? If 'No,' attach a list. (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I Tax-exempt status	<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527	
J Website: ▶ WWW.RNSNURSE.ORG		H(c) Group exemption number ▶		
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 2007	M State of legal domicile: SC	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE ORGANIZATION IS COMMITTED TO EMPOWERING NURSES THROUGH PROFESSIONAL DEVELOPMENT AND EDUCATION TO BENEFIT ITS MEMBERS, PATIENTS, FAMILY AND COMMUNITY.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	30
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	937,192.	1,215,176.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	484,007.	632,586.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,248.	12,471.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,426,447.	1,860,233.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,253,773.	1,847,730.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,253,773.	1,847,730.	
19	Revenue less expenses. Subtract line 18 from line 12	172,674.	12,503.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	580,696.	589,837.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,362.	0.
			577,334.	589,837.

Part II Signature Block

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	
	▶ KEVIN D. LYONS		Executive Dir.
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	James S Wancowicz	James S Wancowicz	
	Firm's name ▶ Wancowicz & Associates, P.A.	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's address ▶ 11350 McCormick Rd, Ste 406 EP 3 Hunt Valley, MD 21031		P00040060
		Firm's EIN ▶ 52-2332056	Phone no. 4107716510

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