

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

MAR 09 2014

CALIFORNIA ASSOCIATION FOR NURSE  
PRACTITIONERS NORTH COAST CHAPTER  
C/O CALIFORNIA ASSOCIATION FOR NURSE  
1415 L ST STE 1000  
SACRAMENTO, CA 95814

Employer Identification Number:

36-4622085

DLN:

17053307347002

Contact Person:

JERRY FIERRO

ID# 31119

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

June 30

Form 990 Required:

Yes

Effective Date of Exemption:

November 15, 2010

Contribution Deductibility:

No

Addendum Applies:

Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(4) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Please see enclosed Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Director, Exempt Organizations

Enclosure: Publication 4221-NC