

Form 990-EZ

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)

OMB No. 1545-1150

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning JANUARY 01, 2018, and ending DECEMBER 31, 2018

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: CELEBRATE NURSING. D Employer identification number: 62-1414545. E Telephone number: (901) 948-9661. F Group Exemption Number. G Accounting Method: Cash. H Check if the organization is not required to attach Schedule B. I Website: N/A. J Tax-exempt status: 501(c)(6). K Form of organization: Other. L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts.

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

SCANNED MAY 13 2019

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total revenue 0). Rows 10-17: Expenses (Total expenses 485). Rows 18-21: Net Assets (Total net assets -485). Includes 'RECEIVED' stamps for Oct 04 2019 and Aug 1 2019.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

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SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

CELEBRATE NURSING

Employer identification number

62-1414545

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
\$1,000 00		July 10, 2019	\$1,000 00		62-0541811	Memphis Union Mission 170 Tillman St., Memphis, TN 38111	
\$1,000 00		July 10, 2019	\$1,000 00		38-3061574	West Cancer Center 7045 Wolf River Blvd, Germantown, TN 38139	
\$1,000 00		July 10, 2019	\$1,000 00		62-0646012	St Jude Children's Hospital 501 St Jude, Memphis, TN 38105	

2 Did or will any officer, director, trustee, or key employee of the organization:

	Yes	No
a Become a director or trustee of a successor or transferee organization?		
b Become an employee of, or independent contractor for, a successor or transferee organization?		
c Become a direct or indirect owner of a successor or transferee organization?		
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?		
e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

CELEBRATE NURSING

Employer identification number

62-1414545

US POSTAL SERVICE FOR PO BOX - \$112.00

H&R BLOCK TAX PREP FEE - \$125.00

HOILDAY INN BOARD LUNCH - \$148.47

STATE OF TENNESSEE DISOLUTION FEE - \$100.00