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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 09-01-2009 and ending 08-31-2010

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
222 S PROSPECT AVE

City or town, state or country, and ZIP + 4
PARK RIDGE, IL 60068

D Employer identification number
36-2113743

E Telephone number
(847) 692-7050

G Gross receipts $ 21,268,871

F Name and address of principal officer
WANDA O WILSON
222 S PROSPECT AVE
PARK RIDGE, IL 60068

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW AANA COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1948 | **M** State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO ADVANCE PATIENT SAFETY AND EXCELLENCE IN ANESTHESIA, PROMOTE THE PROFESSION OF NURSE ANESTHESIA, AND SUPPORT ITS MEMBERS THROUGH ADVOCACY, EDUCATION AND PROFESSIONAL PRACTICE

2 Check this box ▶ ☐ 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	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of employees (Part V, line 2a)	5	95
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	1,471,555
b	Net unrelated business taxable income from Form 990-T, line 34	7b	638,201

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		0
9	Program service revenue (Part VIII, line 2g)	18,783,676	18,343,124
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-925,445	92,858
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,549,202	2,133,443
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,407,433	20,569,425

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,181,685	3,150,992
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,583,901	8,381,585
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	10,035,034	10,406,660
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,800,620	21,939,237
19	Revenue less expenses Subtract line 18 from line 12	-393,187	-1,369,812

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	27,136,905	30,452,262
21	Total liabilities (Part X, line 26)	14,076,316	16,277,965
22	Net assets or fund balances Subtract line 21 from line 20	13,060,589	14,174,297

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

****** | 2011-07-12
Signature of officer | Date

WANDA WILSON Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CROWE HORWATH LLP 70 West Madison Street Suite 700 Chicago, IL 606024903			EIN ▶ Phone no ▶ (312) 899-7000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO ADVANCE PATIENT SAFETY AND EXCELLENCE IN ANESTHESIA, PROMOTE THE PROFESSION OF NURSE ANESTHESIA, AND SUPPORT ITS MEMBERS THROUGH ADVOCACY, EDUCATION AND PROFESSIONAL PRACTICE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ including grants of $) (Revenue $)

ADVOCACY THE AMERICAN ASSOCIATION OF NURSE ANESTHETISTS (AANA), WHICH REPRESENTS MORE THAN 40,000 CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA'S) AND STUDENT NURSE ANESTHETISTS NATIONWIDE, ADVOCATES FOR CHANGES TO THE NATION'S HEALTHCARE SYSTEM WHICH INCREASE ANESTHESIA PATIENT SAFETY AND AFFORDABILITY OF ANESTHESIA SERVICES, MAXIMIZE PATIENT ACCESS TO CARE, SUPPORT PATIENTS' RIGHTS TO RECEIVE CARE FROM THE PROVIDERS OF THEIR CHOICE, AND ENSURE NURSE ANESTHESIA EDUCATIONAL OPPORTUNITIES THE NURSE ANESTHESIA PROFESSION ALSO SUPPORTS PUBLIC AND INSTITUTIONAL POLICY WHICH ENABLES MAXIMUM UTILIZATION OF CRNA'S AND THEIR ABILITY TO WORK WITHIN THEIR FULL AND LEGAL SCOPE OF PRACTICE THEIR RECORD OF PATIENT SAFETY IS EXCELLENT ACCORDING TO A 1999 REPORT FROM THE INSTITUTE OF MEDICINE, ANESTHESIA CARE IS NEARLY 50 TIMES SAFER TODAY THAN IT WAS IN THE 1980'S NUMEROUS OUTCOME STUDIES HAVE DEMONSTRATED THAT THERE IS NO DIFFERENCE IN THE QUALITY OF CARE PROVIDED BY CRNA'S AND THEIR PHYSICIAN ANESTHESIOLOGIST COUNTERPARTS

4b (Code) (Expenses $ including grants of $) (Revenue $)

EDUCATION/PROFESSIONAL DEVELOPMENT THE NURSE ANESTHESIA SPECIALTY REQUIRES THE DEVELOPMENT OF EXPERT CLINICAL JUDGMENT SKILLS AND CRITICAL THINKING CAPABILITIES THAT PREPARE THE NURSE ANESTHETIST TO SAFELY ENGAGE IN THE FULL SCOPE OF ANESTHESIA PRACTICE AS DEFINED BY THE PROFESSION THE EDUCATIONAL PREPARATION OF CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA'S) IS CONDUCTED IN MORE THAN 100 ACCREDITED GRADUATE-LEVEL PROGRAMS THROUGHOUT THE UNITED STATES AND PUERTO RICO GRADUATES OF ACCREDITED NURSE ANESTHESIA EDUCATIONAL PROGRAMS MUST PASS THE RIGOROUS NATIONAL CERTIFICATION EXAMINATION FOR NURSE ANESTHETISTS IN ORDER TO BECOME QUALIFIED TO PRACTICE AS A CRNA RECERTIFICATION, WHICH INCLUDES REQUIREMENTS FOR ANESTHESIA PRACTICE AS WELL AS CONTINUING EDUCATION, MUST BE SUCCESSFULLY ACCOMPLISHED EVERY TWO YEARS IN ORDER TO CONTINUE TO PRACTICE AS A CRNA THE AMERICAN ASSOCIATION OF NURSE ANESTHETISTS (AANA), AS WELL AS EXTERNAL ORGANIZATIONS, PROVIDES BOTH IN-PERSON AND ONLINE CONTINUING EDUCATION OPPORTUNITIES FOR CRNA'S THE EDUCATION OF NURSE ANESTHETISTS HAS BEEN A PRIORITY OF THE AANA SINCE IT WAS ESTABLISHED IN 1931 THE CERTIFICATION EXAMINATION WAS FIRST ADMINISTERED IN 1945, AND MANDATORY CONTINUING EDUCATION BECAME EFFECTIVE IN 1978 IN 1986, A BACHELOR'S DEGREE IN NURSING OR A RELATED DEGREE WAS REQUIRED FOR ADMISSION TO NURSE ANESTHESIA PROGRAMS, AND BY 1998 ALL PROGRAMS WERE REQUIRED TO BE AT THE GRADUATE LEVEL, AWARDING AT LEAST A MASTER'S DEGREE IN 2007, THE AANA ADOPTED A POSITION STATEMENT SUPPORTING DOCTORAL EDUCATION FOR ENTRY INTO PRACTICE BY 2025 THE EDUCATIONAL COST TO PREPARE CRNA'S IS SIGNIFICANTLY LESS THAN THE COST TO PREPARE PHYSICIAN ANESTHESIOLOGISTS BECOMING A CRNA USUALLY TAKES A MINIMUM OF SEVEN TO EIGHT YEARS (INCLUDING A YEAR OF ACUTE CARE NURSING EXPERIENCE), BECOMING AN ANESTHESIOLOGIST USUALLY TAKES 12 YEARS RESEARCH HAS SHOWN THAT APPROXIMATELY 10 CRNA'S CAN BE EDUCATED FOR THE COST OF ONE ANESTHESIOLOGIST ADDITIONALLY, CRNA'S ENTER THE WORKFORCE AND START PROVIDING PATIENT CARE FOUR YEARS SOONER THAN ANESTHESIOLOGISTS, ANOTHER BENEFIT TO THE OVERALL HEALTHCARE SYSTEM

4c (Code) (Expenses $ including grants of $) (Revenue $)

SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional — **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	79		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	95		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	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)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 10		
b	Enter the number of voting members that are independent . .	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

KENNETH HOFFMAN
222 S PROSPECT AVENUE
PARK RIDGE,IL 60068
(847) 655-1120

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	1,529,370	0	209,282

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 21

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MARRIOTT INTERNATIONAL PO BOX 406899 ATLANTA, GA 44501	LODGING, CATERING AND CONFERENCING	888,746
GLOVER PARK GROUP 1025 F ST NW 9TH FLR WASHINGTON, DC 20004	PUBLIC AFFAIRS	791,600
APTIFY CORPORATION 1850 K ST NW STE 350 WASHINGTON, DC 20006	ASSOCIATION MANAGEMENT TECHNOLOGY	640,618
ENVISION GRAPHICS 225 MADSEN DR BLOOMINGDALE, IL 60108	PRINTING	476,753
FREEMAN AUDIO VISUAL SOLUTIONS 1600 VICEROY DR DALLAS, TX 75325	AUDIO VISUAL PRODUCTIONS	345,056
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 22		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 0				
	g	Noncash contributions included in lines 1a-1f $ 0					
	h	**Total.** Add lines 1a-1f		0			
Program Service Revenue			Business Code				
	2a	ADVERTISING REVENUE	511,120	849,975	71,150	778,825	0
	b	LABEL SALES	511,120	179,998	0	179,998	0
	c	SERVICE FEES		1,381,590	1,381,590	0	0
	d	MEMBERSHIP DUES		13,717,686	13,717,686	0	0
	e	WORKSHOP & CONFERENCE FEES		2,213,875	2,213,875	0	0
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f		18,343,124			
	3	Investment income (including dividends, interest and other similar amounts)		618,231	0	0	618,231
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		672,303	0	0	672,303
			(i) Real / (ii) Personal				
	6a	Gross Rents	700,216 / 0				
	b	Less rental expenses	0 / 0				
	c	Rental income or (loss)	700,216 / 0				
	d	Net rental income or (loss)		700,216	0	512,732	187,484
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	0 / 0				
	b	Less cost or other basis and sales expenses	0 / 0				
	c	Gain or (loss)	0 / 0				
	d	Net gain or (loss)		-525,373	0	0	-525,373
	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from fundraising events		0	0	0	0
	9a	Gross income from gaming activities See Part IV, line 19	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from gaming activities		0	0	0	0
	10a	Gross sales of inventory, less returns and allowances	a 224,620				
	b	Less cost of goods sold	b 174,073				
	c	Net income or (loss) from sales of inventory		50,547	50,547	0	0
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	MISC INCOME		295,924	295,924	0	0
	b	SPECIAL EVENT		409,137	409,137	0	0
	c	SUBSCRIPTION REVENUE		5,316	5,316	0	0
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d		710,377			
	12	**Total revenue.** See Instructions		20,569,425	18,145,225	1,471,555	952,645

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,150,992	0		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	730,248	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	5,498,872	0	0	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	822,916	0	0	0
9	Other employee benefits	928,414	0	0	0
10	Payroll taxes	401,135	0	0	0
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	240,746	0	0	0
c	Accounting	66,790	0	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising *See Part IV, line 17*	0			0
f	Investment management fees	106,833	0	0	0
g	Other	839,101	0	0	0
12	Advertising and promotion	174,772	0	0	0
13	Office expenses	1,280,323	0	0	0
14	Information technology	568,908	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	928,659	0	0	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	1,453,540	0	0	0
20	Interest	35,647	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	455,311	0	0	0
23	Insurance	80,743	0	0	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PROJECT EXPENSES	1,058,886	0	0	0
b	BOARD & COMMITTEE EXPENSES	1,058,032	0	0	0
c	PRINTING & PUBLICATION	1,318,410	0	0	0
d	INCOME TAX EXPENSE	145,124	0	0	0
e	COMMISSIONS	301,329	0	0	0
f	All other expenses	293,506	0	0	0
25	**Total functional expenses.** Add lines 1 through 24f	21,939,237	0	0	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		8,846,206	1	1,943,959
	2	Savings and temporary cash investments		611,071	2	10,198,196
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		2,460,255	4	420,673
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		231,058	8	164,995
	9	Prepaid expenses and deferred charges		499,491	9	398,307
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 13,763,310			
	b	Less accumulated depreciation	10b 6,276,938	7,159,077	10c	7,486,372
	11	Investments—publicly traded securities		7,329,747	11	9,211,908
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	627,852
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		27,136,905	16	30,452,262
Liabilities	17	Accounts payable and accrued expenses		4,130,957	17	5,029,899
	18	Grants payable		0	18	0
	19	Deferred revenue		6,711,209	19	6,486,756
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities Complete Part X of Schedule D		3,234,150	25	4,761,310
	26	**Total liabilities.** Add lines 17 through 25		14,076,316	26	16,277,965
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		13,060,589	27	14,174,297
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		0	32	0
	33	Total net assets or fund balances		13,060,589	33	14,174,297
	34	Total liabilities and net assets/fund balances		27,136,905	34	30,452,262

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS	36-2113743

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	Yes	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	13,717,686
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	1,430,000
b	Carryover from last year	2b	329,280
c	Total	2c	1,759,280
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	1,228,675
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	530,605
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

Employer identification number
36-2113743

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	1,575,000		1,575,000
b Buildings	0	4,008,514	1,174,069	2,834,445
c Leasehold improvements	0	2,929,457	1,132,540	1,796,917
d Equipment	0	5,250,339	3,970,329	1,280,010
e Other	0	0	0	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				7,486,372

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DUES PAYABLE TO STATE ASSOCIATIONS	1,827,729
DUE TO AFFILIATES	2,933,581
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	4,761,310

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

Employer identification number
36-2113743

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶ 15

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	THE ONLY GRANT PROVIDED TO ANOTHER ORGANIZATION THIS YEAR WAS TO A RELATED TAX EXEMP ORGANIZATION, COUNCIL ON ACCREDITATION THE DIRECTOR OF FINANCE ENSURES THE FUNDS ARE USED FOR THEIR INTENDED PURPOSE BY MANAGING THE ACCOUNTING RECORDS FOR BOTH ORGANIZATIONS

Additional Data

Return to Form

Software ID: 09000329
Software Version: v2009.2.0
EIN: 36-2113743
Name: AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALASKA ASSOCIATION OF NURSE ANESTHETISTSPO BOX 232584 ANCHORAGE,AK 99523	71-0962538	501(C)(6)	34,370				GENERAL SUPPORT
CALIFORNIA ASSOCIATION OF NURSE ANESTHETISTSPO BOX 1426 BOYES HOT SPRINGS,CA 95416	23-7290648	501(C)(6)	250,000				GENERAL SUPPORT
DELAWARE ASSOCIATION OF NURSE ANESTHETISTS 446 VALLEY BROOK DR HOCKESSIN,DE 19707	51-0333263	501(C)(6)	16,428				GENERAL SUPPORT
DISTRICT OF COLUMBIA ASSOCIATION OF NURSE ANESTHETISTS41 TWOMBLY RD MONROE,ME 04951	52-1033380	501(C)(6)	29,550				GENERAL SUPPORT
HAWAII ASSOCIATION OF NURSE ANESTHETISTS98-1277 KAAHUMANU ST PP218 AIEA,HI 96701	20-5131527	501(C)(6)	31,000				GENERAL SUPPORT
MONTANA ASSOCIATION OF NURSE ANESTHETISTS PO BOX 496 HAVRE,MT 59501	81-0472451	501(C)(6)	32,500				GENERAL SUPPORT
NORTH DAKOTA ASSOCIATION OF NURSE ANESTHETISTS2900 E BROADWAY AVE BISMARCK,ND 58501	51-0166943	501(C)(6)	8,290				GENERAL SUPPORT
NEW HAMPSHIRE ASSOCIATION OF NURSE ANESTHETISTS16 TOWHEE DR HUDSON,NH 14800	02-0334415	501(C)(6)	14,800				GENERAL SUPPORT
NEW MEXICO ASSOCIATION OF NURSE ANESTHETISTSPO BOX 92885 ALBUQUERQUE,NM 87199	51-0225221	501(C)(6)	21,775				GENERAL SUPPORT
NEVADA ASSOCIATION OF NURSE ANESTHETISTSPO BOX 96685 LAS VEGAS,NV 89193	88-0190695	501(C)(6)	24,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RHODE ISLAND ASSOCIATION OF NURSE ANESTHETISTS1 WORTHINGTON RD CRANSTON,RI 02920	06-1473247	501(C)(6)	21,775				GENERAL SUPPORT
UTAH ASSOCIATION OF NURSE ANESTHETISTS 1154 N 3050 E LAYTON,UT 84040	87-0452961	501(C)(6)	17,358				GENERAL SUPPORT
VERMONT ASSOCIATION OF NURSE ANESTHETISTS8 PINE BROOK LN APT D6 NORTH SPRINGFIELD,VT 05150	52-1374459	501(C)(6)	40,100				GENERAL SUPPORT
OKLAHOMA ASSOCIATION OF NURSE ANESTHETISTS PO BOX 6616 NORMAN,OK 73070	73-1078011	501(C)(6)	137,000				GENERAL SUPPORT
NEW JERSEY ASSOCIATION OF NURSE ANESTHETISTS 15000 COMMERCE PKWY STE C MOUNT LAUREL,NJ 08054	22-3404878	501(C)(6)	169,000				GENERAL SUPPORT
COUNCIL ON ACCREDITATION222 S PROSPECT AVE PARK RIDGE,IL 60068	27-1433694	501(C)(3)	744,500				GENERAL OPERATIONS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

Employer identification number
36-2113743

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN PRESTON	(i)	183,495	0	360	7,176	15,164	206,195	0
	(ii)	0	0	0	0	0	0	0
FRANK PURCELL	(i)	193,080	0	240	12,780	25,530	231,630	0
	(ii)	0	0	0	0	0	0	0
LORRAINE JORDAN	(i)	176,040	0	552	25,201	22,570	224,363	0
	(ii)	0	0	0	0	0	0	0
LUIS RIVERA	(i)	175,580	0	360	11,407	23,930	211,277	0
	(ii)	0	0	0	0	0	0	0
MITCHELL TOBIN	(i)	193,584	0	552	12,810	16,164	223,110	0
	(ii)	0	0	0	0	0	0	0
WILLIAM YEO	(i)	207,129	0	184	9,443	3,993	220,749	0
	(ii)	0	0	0	0	0	0	0
JEFFERY BEUTLER	(i)	349,371	0	172	17,723	5,391	372,657	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

Employer identification number
36-2113743

Identifier	Return Reference	Explanation
Program service description	Form 990, Part III, Line 4c	SCOPE OF PRACTICE NURSE ANESTHETISTS HAVE A DOCUMENTED HISTORY OF PROVIDING SAFE, HIGH-QUALITY ANESTHESIA CARE TODAY, NEARLY 150 YEARS AFTER THE PROFESSION'S HUMBLE YET HEROIC BEGINNINGS ON THE BATTLEFIELDS OF THE CIVIL WAR, CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA'S) ARE THE HANDS-ON PROVIDERS OF MORE THAN 32 MILLION ANESTHETICS GIVEN TO PATIENTS EACH YEAR IN THE UNITED STATES THE LONGEVITY AND GROWTH OF THE SPECIALTY CAN BE ATTRIBUTED DIRECTLY TO NURSE ANESTHETISTS' COMMITMENT TO EXCELLENCE AND PATIENT SAFETY, THEIR WILLINGNESS TO PROVIDE SERVICES WHEN AND WHERE NEEDED, AND THE PROVISION OF THOSE SERVICES AT REASONABLE COST THEY ARE QUALIFIED TO MAKE INDEPENDENT JUDGMENTS CONCERNING ALL ASPECTS OF ANESTHESIA CARE BASED ON THEIR EDUCATION, LICENSURE, AND CERTIFICATION CRNA'S ARE LEGALLY RESPONSIBLE FOR THE ANESTHESIA CARE THEY PROVIDE AND ARE RECOGNIZED IN STATE LAW IN ALL 50 STATES, THE DISTRICT OF COLUMBIA, PUERTO RICO, AND THE VIRGIN ISLANDS WITH ITS STATED MISSION OF "ADVANCING PATIENT SAFETY AND EXCELLENCE IN ANESTHESIA," THE AMERICAN ASSOCIATION OF NURSE ANESTHETISTS (AANA) HAS BEEN COMMITTED TO IMPROVING THE QUALITY OF ANESTHESIA CARE PROVIDED BY NURSE ANESTHETISTS SINCE IT WAS ESTABLISHED IN 1931 TO THAT END, THE AANA HAS DEVELOPED STANDARDS FOR PRE-, PERI-, AND POST-ANESTHESIA CARE, AS WELL AS GUIDELINES FOR OBSTETRICAL ANALGESIA AND ANESTHESIA, WASTE GAS MANAGEMENT, AND INFECTION CONTROL THAT ARE ACKNOWLEDGED BY NURSING, MEDICAL, AND ALLIED HEALTH SPECIALTY GROUPS ADDITIONALLY, THE AANA FOSTERS CRNA PARTICIPATION IN AND SUPPORT FOR CONTINUING EDUCATION PROGRAMS, PATIENT SAFETY RESEARCH, PATIENT SATISFACTION SURVEYS, THE ADVANCEMENT OF ANESTHESIA TECHNIQUES AND TECHNOLOGY, AND THE DEVELOPMENT OF PRACTICE STANDARDS AND GUIDELINES NUMEROUS STUDIES HAVE SHOWN THAT ANESTHESIA CARE PROVIDED BY CRNA'S AND PHYSICIAN ANESTHESIOLOGISTS, WHETHER WORKING INDEPENDENTLY OR TOGETHER, HAS NEVER BEEN SAFER ACCORDING TO THE 1999 INSTITUTE OF MEDICINE REPORT "TO ERR IS HUMAN BUILDING A SAFER HEALTH SYSTEM," ANESTHESIA IS NEARLY 50 TIMES SAFER THAN IT WAS IN THE 1980'S CONTRIBUTING FACTORS INCLUDE ADVANCES IN ANESTHETIC DRUGS, MONITORING TECHNOLOGY, PRACTICE STANDARDS AND TECHNIQUES, AND THE PREPARATION AND CONTINUING EDUCATION OF CRNA'S AND ANESTHESIOLOGISTS WORKING IN COLLABORATION WITH SURGEONS, PHYSICIAN ANESTHESIOLOGISTS, AND OTHER QUALIFIED HEALTHCARE PROFESSIONALS, CRNA'S PRACTICE IN EVERY SETTING IN WHICH ANESTHESIA IS DELIVERED TRADITIONAL HOSPITAL SURGICAL SUITES AND OBSTETRICAL DELIVERY ROOMS, CRITICAL ACCESS HOSPITALS, AMBULATORY SURGICAL CENTERS, THE OFFICES OF DENTISTS, PODIATRISTS, OPHTHALMOLOGISTS, PLASTIC SURGEONS, AND PAIN MANAGEMENT SPECIALISTS, AND U S MILITARY, PUBLIC HEALTH SERVICES, AND DEPARTMENT OF VETERANS AFFAIRS HEALTHCARE FACILITIES WHEN ANESTHESIA IS ADMINISTERED BY A NURSE ANESTHETIST, IT IS RECOGNIZED AS THE PRACTICE OF NURSING, WHEN ADMINISTERED BY AN ANESTHESIOLOGIST, IT IS RECOGNIZED AS THE PRACTICE OF MEDICINE REGARDLESS OF WHETHER THEIR EDUCATIONAL BACKGROUND IS IN NURSING OR MEDICINE, ALL ANESTHESIA PROFESSIONALS GIVE ANESTHESIA THE SAME WAY

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

Employer identification number
36-2113743

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
AANA FOUNDATION INC 222 S PROSPECT AVE PARK RIDGE, IL 60068 36-3145692	FUNDRAISING	IL	501(C)(3)	7	NA

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
AANA MANAGEMENT SERVICES INC 222 S PROSPECT AVE PARK RIDGE, IL60068 36-3896648	INSURANCE BROKER	IL	AANA	C CORPORATION	5,420,857	5,942,556	1 00 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a** Yes	
b	Gift, grant, or capital contribution to other organization(s)	**1b** Yes	
c	Gift, grant, or capital contribution from other organization(s)	**1c**	No
d	Loans or loan guarantees to or for other organization(s)	**1d** Yes	
e	Loans or loan guarantees by other organization(s)	**1e** Yes	
f	Sale of assets to other organization(s)	**1f**	No
g	Purchase of assets from other organization(s)	**1g**	No
h	Exchange of assets	**1h**	No
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i** Yes	
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	No
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k** Yes	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	No
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m** Yes	
n	Sharing of paid employees	**1n** Yes	
o	Reimbursement paid to other organization for expenses	**1o**	No
p	Reimbursement paid by other organization for expenses	**1p**	No
q	Other transfer of cash or property to other organization(s)	**1q**	No
r	Other transfer of cash or property from other organization(s)	**1r**	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	THE ORGANIZATION IS MADE UP OF DUES PAYING MEMBERS

Identifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	IN ALL ELECTIONS FOR THE BOARD OF DIRECTORS, EACH MEMBER IS ENTITLED TO VOTE FOR ONE CANDIDATE FOR EACH OFFICE TO BE FILLED

Identifier	Return Reference	Explanation
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	SEE RESPONSE TO PART VI, LINE 7A

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	INITIAL REVIEW OF THE FORM 990 IS PERFORMED BY MANAGEMENT THE RETURN IS THEN REVIEWED BY ALL MEMBERS OF THE BOARD PRIOR TO FILING THE RETURN WITH THE IRS ALL MEMBERS RECEIVE A FINAL COPY OF THE RETURN FILED WITH THE IRS

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	ALL INTERESTED PERSONS ARE REQUIRED TO FILL OUT AN ELECTRONIC CONFLICT OF INTEREST QUESTIONNAIRE ON AN ANNUAL BASIS THIS QUESTIONNAIRE ENCOURAGES DISCLOSURE OF ANY CONFLICTS THAT OCCUR BETWEEN THE ORGANIZATION AND THE INTERESTED PERSON THE DIRECTOR OF FINANCE MONITORS AND REVIEWS THE RESPONSES TO DETERMINE WHETHER A CONFLICT IS REQUIRED TO BE DISCLOSED IF A BOARD MEMBER HAS A CONFLICT, THEY ARE ASKED TO ABSTAIN FROM VOTING ON AN ISSUE RELATED TO THAT CONFLICT

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	A RANGE OF COMPENSATION DATA FROM OTHER SIMILAR ORGANIZATION'S FORM 990 RETURNS IS PROVIDED TO THE INDEPENDENT BOARD OF DIRECTORS TO DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION A WRITTEN CONTRACT IS THEN REVIEWED AND APPROVED BY THE BOARD THIS APPROVAL IS DOCUMENTED IN THE BOARD MINUTES THE LAST REVIEW WAS UNDERTAKEN IN 2010

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Line 19	VARIOUS PUBLIC AND PRIVATE ENTITIES MAY REQUIRE THE FILING OF SUCH DOCUMENTS AS PART OF A REGULATORY OR CONTRACTUAL COMMITMENT, AND AS A RESULT OF SUCH OBLIGATIONS, CERTAIN OF THESE MATERIALS MAY, IN FACT, BE AVAILABLE TO THE PUBLIC OUTSIDE SUCH DISCLOSURES, THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT ROUTINELY MADE AVAILABLE BY THE ORGANIZATION TO THE PUBLIC NOTABLY, FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED TO BE DISCLOSED TO THE PUBLIC PURSUANT TO IRC SECTION 6104

Identifier	Return Reference	Explanation
PROCESS USED TO ESTABLISH COMPENSATION FOR OTHER OFFICERS, ETC	FORM 990, PART VI, SECTION B, LINE 15B	THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION THEREFORE THIS QUESTION HAS BEEN INTENTIONALLY ANSWERED NO

Identifier	Return Reference	Explanation
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, ETC	FORM 990, PART VII, SECTION A, COLUMN (B)	VARIOUS INDIVIDUALS NOTED IN PART VII DEVOTE APPROXIMATELY 1HR PER WEEK TO THE BOARD OF DIRECTORS OF AMERICAN ASSOCIATION OF NURSE ANESTHETISTS FOUNDATION, A RELATED TAX-EXEMPT ORGANIZATION

Additional Data

Software ID:
Software Version:
EIN: 36-2113743
Name: AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL SANTORO VP/DIRECTOR	1	X		X				11,750	0	0
JAMES WALKER PRESIDENT- ELECT/DIRECTOR	1	X		X				0	0	0
JACKIE ROWLES PRESIDENT/DIRECTOR	1	X		X				21,000	0	0
BRUCE WEINER DIRECTOR	1	X						2,000	0	0
RONALD CASTALDO DIRECTOR	1	X						1,921	0	0
TODD HERZOG DIRECTOR	1	X						2,000	0	0
GARY CLARK DIRECTOR	1	X						2,000	0	0
KAREN EISBERNER DIRECTOR	1	X						4,000	0	0
JANICE IZLAR DIRECTOR	1	X						2,000	0	0
STEVE ALVES DIRECTOR	1	X						2,000	0	0
JEFFERY BEUTLER EXECUTIVE DIRECTOR	35			X				349,543	0	23,114
JOHN PRESTON SENIOR DIRECTOR	35					X		183,855	0	22,340
FRANK PURCELL SENIOR DIRECTOR, FGA	35					X		193,320	0	38,310
LORRAINE JORDAN EXECUTIVE DIRECTOR - FOUNDATION	35					X		176,592	0	47,771
LUIS RIVERA SENIOR DIRECTOR, EA	35					X		175,940	0	35,337
MITCHELL TOBIN SENIOR DIRECTOR, SGA	35					X		194,136	0	28,974
WILLIAM YEO SENIOR DIRECTOR - FORMER	35						X	207,313	0	13,436

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
ADVERTISING REVENUE	511,120	849,975	71,150	778,825	0
LABEL SALES	511,120	179,998	0	179,998	0
SERVICE FEES		1,381,590	1,381,590	0	0
MEMBERSHIP DUES		13,717,686	13,717,686	0	0
WORKSHOP & CONFERENCE FEES		2,213,875	2,213,875	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROJECT EXPENSES	1,058,886	0	0	0
BOARD & COMMITTEE EXPENSES	1,058,032	0	0	0
PRINTING & PUBLICATION	1,318,410	0	0	0
INCOME TAX EXPENSE	145,124	0	0	0
COMMISSIONS	301,329	0	0	0