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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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

C Name of organization
AMERICAN NURSES ASSOCIATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
8515 GEORGIA AVENUE NO 400

City or town, state or country, and ZIP + 4
SILVER SPRING, MD 209103492

D Employer identification number
13-1893923

E Telephone number
(301) 628-5000

G Gross receipts $ 35,137,578

F Name and address of principal officer
MARLA J WESTON
8515 GEORGIA AVENUE NO 400
SILVER SPRING, MD 209103492

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)(3) ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW NURSINGWORLD ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1917 | **M** State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO ADVANCE AND PROMOTE THE IMPROVEMENT OF HEALTH STANDARDS AND THE STANDARDS OF NURSING AND TO STIMULATE AND PROMOTE THE PROFESSIONAL DEVELOPMENT OF NURSES AND ADVANCE THEIR ECONOMIC AND GENERAL WELFARE

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**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	239
6	Total number of volunteers (estimate if necessary)	**6**	9,945
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	105,608
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	973

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,011,142	1,441,750
	9 Program service revenue (Part VIII, line 2g)	25,612,662	27,418,647
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	245,782	85,103
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,397,596	4,002,986
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,267,182	32,948,486
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	442,231	349,047
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,262,865	12,626,130
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	17,527,038	18,963,714
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	30,232,134	31,938,891
	19 Revenue less expenses Subtract line 18 from line 12	35,048	1,009,595

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	22,864,254	25,990,059
	21 Total liabilities (Part X, line 26)	14,885,260	16,519,937
	22 Net assets or fund balances Subtract line 21 from line 20	7,978,994	9,470,122

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

****** | 2011-10-06
Signature of officer | Date

MICHAEL PFEIFFER CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ LARSONALLEN LLP				Firm's EIN ▶
Firm's address ▶ 2900 SOUTH QUINCY ST SUITE 150 ARLINGTON, VA 22206				Phone no ▶ (703) 998-5100

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO ADVANCE AND PROMOTE THE IMPROVEMENT OF HEALTH STANDARDS AND THE STANDARDS OF NURSING AND TO STIMULATE AND PROMOTE THE PROFESSIONAL DEVELOPMENT OF NURSES AND ADVANCE THEIR ECONOMIC AND GENERAL WELFARE

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 $)

REVISE AND EXPAND THE FOUNDATIONAL DOCUMENTS FOR NURSES AND NURSING PRACTICE AMERICAN NURSE ASSOCIATION, INC MAINTAINS AND DISSEMINATES THE CODE OF ETHICS, THE NURSING SOCIAL POLICY STATEMENT, THE SCOPE & STANDARDS OF CARE FOR NURSING (AND 28 SPECIALTY PRACTICES), POSITION STATEMENTS AND ISSUE BRIEFS ACTIVITIES INCLUDE CONDUCTING AND SUPPORTING RESEARCH, EVALUATION AND DISSEMINATION RELATED TO HEALTH POLICY, NURSES AND NURSING CARE

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

CLARIFY AND STRENGTHEN THE EDUCATIONAL SYSTEM FOR NURSING BY SUPPORTING ACTIVITIES RELATED TO MINIMUM EDUCATIONAL REQUIREMENTS FOR DIFFERING LEVELS OF NURSING PRACTICE, ENSURING FEDERAL SUPPORT FOR NURSING EDUCATION, AND SUPPORT FOR LEADERSHIP DEVELOPMENT AND EDUCATIONAL SCHOLARSHIPS FOR ETHNIC/RACIAL MINORITY STUDENTS

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

RESTRUCTURE THE ORGANIZATIONAL ARRANGEMENTS FOR DELIVERY OF NURSING SERVICES ACTIVITIES INCLUDED IN THIS PROGRAM ARE RELATED TO DEVELOPMENT OF COST-EFFECTIVE MODELS FOR DELIVERY OF NURSING CARE AND PROMOTION OF NURSES AS PROVIDERS OF CARE TO THE PUBLIC

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(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 (see instruction)?	2	Yes	
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	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, Parts I and IV*	14b	Yes	
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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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**		No
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**	Yes	
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 lines 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ Yes ☐ No			
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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	83		
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	239		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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 instructions for 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?			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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b	

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 14		
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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	Yes	
	If "Yes" to line 15a or 15b, 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 ▶

MICHAEL PFEIFFER
8515 GEORGIA AVENUE NO 400
SILVER SPRING, MD 209103492
(301) 628-5000

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

- 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, if any 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								2,417,423	93,000	612,162

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 ▶ 33

			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**		No
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 or individual 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
OUTSOURCE PARTNERS INTERNATIONAL 477 MADISON AVE 240 NEW YORK, NY 10022	ACCOUNTING OPERATIONS	1,200,703
PBD WORLDWIDE FULFILLMENT SERVICES 1650 BLUEGRASS LAKES PKWY ALPHARETTA, GA 30004	PUBLICATION FULFILLMENT	911,012
HEALTHCOM MEDIA 259 VETRANS LANE DOYLESTOWN, PA 18901	JOURNAL SERVICES	610,010
MINDSHIFT TECHNOLOGIES INC 307 WAVERLEY OAKS RD WALTHAM, MA 02452	INFO SYSTEMS SUPPORT	410,420
MEMBERSHIP MARKETING SERVICES 1280 PERIMETER PKWY VIRGINIA BEACH, VA 23454	MEMBERSHIP MARKETING	265,498

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 ▶ 18

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				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,219,279			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	222,471			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f			1,441,750		
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	541900	15,926,767	15,926,767		
	b	ADMIN FEES-AFFILIATES	561000	6,855,827	6,855,827		
	c	SERVICE FEES	541900	3,752,553	3,752,553		
	d	CONF REGISTRATIONS	541900	691,349	691,349		
	e	AGENCY/PROCESSING FEES	900099	192,151	192,151		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		27,418,647			
	3	Investment income (including dividends, interest and other similar amounts)		303,330			303,330
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		358,846			358,846
			(i) Real	(ii) Personal			
	6a	Gross Rents	1,568,890				
	b	Less rental expenses					
	c	Rental income or (loss)	1,568,890				
	d	Net rental income or (loss)			1,568,890		3,061	1,565,829
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	1,721,873				
	b	Less cost or other basis and sales expenses	1,940,100				
	c	Gain or (loss)	-218,227				
	d	Net gain or (loss)			-218,227			-218,227
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a		2,054,212			
	b	Less cost of goods sold b		248,992			
	c	Net income or (loss) from sales of inventory			1,805,220	1,805,220		
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	167,483			167,483
	b	ADVERTISING REVENUE	541800	102,547		102,547	
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d			270,030			
	12	**Total revenue.** See Instructions			32,948,486	29,223,867	105,608	2,177,261

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				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	349,047			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,417,423			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,174,966			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,435,012			
9 Other employee benefits	896,758			
10 Payroll taxes	701,971			
a Fees for services (non-employees) Management	1,313,592			
b Legal	437,708			
c Accounting	140,738			
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	34,461			
g Other	2,627,092			
12 Advertising and promotion	432,554			
13 Office expenses	1,881,293			
14 Information technology	690,262			
15 Royalties	61,386			
16 Occupancy	2,772,623			
17 Travel	1,562,739			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	402,625			
20 Interest	44,803			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	569,882			
23 Insurance	164,930			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a SNA REBATES	3,467,007			
b MISCELLANEOUS	1,185,479			
c DUES, SUBSCRIPTIONS & M	585,102			
d FULFILLMENT	285,454			
e TEMPORARY HELP	198,973			
f All other expenses	105,011			
25 **Total functional expenses.** Add lines 1 through 24f	31,938,891			
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		7,565,843	2	10,148,042
	3	Pledges and grants receivable, net		293,559	3	161,290
	4	Accounts receivable, net		2,569,606	4	1,912,735
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		276,015	8	301,053
	9	Prepaid expenses and deferred charges		843,626	9	844,375
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 5,541,266			
	b	Less accumulated depreciation	10b 4,127,755	1,820,019	10c	1,413,511
	11	Investments—publicly traded securities		6,723,109	11	8,111,126
	12	Investments—other securities See Part IV, line 11		1,089,167	12	1,085,833
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,683,310	15	2,012,094
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		22,864,254	16	25,990,059
Liabilities	17	Accounts payable and accrued expenses		3,446,289	17	3,288,316
	18	Grants payable			18	
	19	Deferred revenue		4,017,019	19	5,013,749
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		430,118	23	418,059
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		6,991,834	25	7,799,813
	26	**Total liabilities.** Add lines 17 through 25		14,885,260	26	16,519,937
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		7,829,680	27	9,299,437
	28	Temporarily restricted net assets		115,814	28	137,185
	29	Permanently restricted net assets		33,500	29	33,500
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		7,978,994	33	9,470,122
	34	Total liabilities and net assets/fund balances		22,864,254	34	25,990,059

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	32,948,486
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,938,891
3	Revenue less expenses Subtract line 2 from line 1	3	1,009,595
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	7,978,994
5	Other changes in net assets or fund balances (explain in Schedule O)	5	481,533
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,470,122

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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 separate basis, consolidated 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	Yes	
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	Yes	

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

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

DEVELOP COMPREHENSIVE PAYMENT SYSTEMS OF NURSING SERVICES AMERICAN NURSES ASSOCIATION WORKS ON ISSUES OF MEANINGFUL USE AND COMPRESHENSIVE PAYMENTS SYSTEMS THAT RECOGNIZE THE ROLE THAT NURSES PLAY IN THE PREVENTION AND TREATMENT OF DISEASE

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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

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (Proxy Tax), then

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

Name of the organization	Employer identification number
AMERICAN NURSES ASSOCIATION INC	13-1893923

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	▶ $	0
3	Volunteer hours		0

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	▶ $	0
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ $	0
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	▶ $	0
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ $	0
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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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-
(1) ANA-PAC	8515 GEORGIA AVENUE SILVER SPRING, MD 20910	52-1254413	0	34,279

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) 2007	(b) 2008	(c) 2009	(d) 2010	(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		No

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	15,926,767
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	1,985,705
b	Carryover from last year	2b	
c	Total	2c	1,985,705
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	3,178,636
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	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-1,192,931

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
PART IV, SUPPLEMENTAL INFORMATION		SIGNIFICANT POLITICAL CAMPAIGN ACTIVITIES ARE CONDUCTED THROUGH ANA-PAC WHICH REPORTS TO THE FEDERAL ELECTIONS COMMISSION

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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

2010

Open to Public Inspection

Name of the organization
AMERICAN NURSES ASSOCIATION INC

Employer identification number
13-1893923

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	149,314	126,073	181,729		
b Contributions					
c Investment earnings or losses	21,371	23,241	-55,656		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	170,685	149,314	126,073		

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 20 000 %
- c Term endowment ▶ 80 000 %

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)		No
(ii) related organizations	3a(ii)		No
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				
b Buildings		466,538	40,958	425,580
c Leasehold improvements		770,087	551,288	218,799
d Equipment		2,508,762	2,172,824	335,938
e Other		1,795,879	1,362,685	433,194
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,413,511

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
(1) Financial derivatives		
(2) 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
(1) DUE FROM AMERICAN NURSES CREDENTIALING CENTER	1,227,208
(2) DUE FROM AMERICAN NURSES FOUNDATION, INC	784,886
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	2,012,094

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
UNFUNDED PENSION LIABILITY	7,016,021
DUES COLLECTED ON BEHALF OF CMAS	639,496
CAPITAL LEASE OBLIGATION	144,296
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	7,799,813

2. Fin 48 (ASC 740) 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 (ASC740)

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	32,948,486
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	31,938,891
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,009,595
4	Net unrealized gains (losses) on investments	4	1,103,914
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-622,381
9	Total adjustments (net) Add lines 4 - 8	9	481,533
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,491,128

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	34,266,931
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,103,914		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	248,992		
e	Add lines **2a** through **2d**			2e	1,352,906
3	Subtract line **2e** from line **1**			3	32,914,025
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	34,461		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	34,461
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	32,948,486

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

1	Total expenses and losses per audited financial statements			1	32,153,422
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	248,992		
e	Add lines **2a** through **2d**			2e	248,992
3	Subtract line **2e** from line **1**			3	31,904,430
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	34,461		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	34,461
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	31,938,891

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT INVESTMENT POLICY IS FOCUSED ON PRESERVATION OF CAPITAL AND AMOUNTS ARE INVESTED IN EQUITIES, CORPORATE AND GOVERNMENT BONDS THROUGH EXCHANGE TRADED MUTUAL FUNDS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ASSOCIATION IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON ITS EXEMPT PURPOSE ACTIVITIES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE THE ASSOCIATION IS REQUIRED TO REPORT UNRELATED BUSINESS INCOME TO THE INTERNAL REVENUE SERVICE AND MARYLAND THE ASSOCIATION EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ITS POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION NO PROVISION FOR INCOME TAX IS REQUIRED FOR 2010 THE ASSOCIATION FILES AS A TAX EXEMPT ORGANIZATION SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, THE ASSOCIATION'S 2007 2008, AND 2009 TAX YEARS ARE OPEN FOR EXAMINATION BY THE IRS
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN MINIMUM PENSION LIABILITY -1,022,072 TRANSFER OF ASSETS FROM CENTER OF AMERICAN NURSES 399,691
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 248,992
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 248,992

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN NURSES ASSOCIATION INC

Employer identification number
13-1893923

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EUROPE (INCLUDING ICELAND & GREENLAND)			PROGRAM SERVICES	INTERNATIONAL COUNCIL OF NURSES ANNUAL DUES, NURSING CONFERENCES	342,138
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	NURSING CONFERENCE	4,121
3a Sub-total		0			346,259
b Total from continuation sheets to Part I		0			0
c **Totals** (add lines 3a and 3b)		0			346,259

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	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

2010

Open to Public Inspection

Name of the organization
AMERICAN NURSES ASSOCIATION INC

Employer identification number
13-1893923

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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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

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

3 Enter total number of other organizations . . . ▶

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
(1) STIPEND GRANTS	16	35,000		N/A	N/A
(2) TUITION GRANTS	12	314,047		N/A	N/A

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION PROVIDES FELLOWSHIP AWARDS THROUGH THE MINORITY FELLOWSHIP PROGRAM THE ORGANIZATION HAS AN ADVISORY COMMITTEE THAT SERVES AS A POLICY ADVISORY GROUP AND PROVIDES FOR ALL COMPONENTS OF THE PROGRAM THE COMMITTEE MEMBERS' FUNCTIONS INCLUDE, BUT ARE NOT LIMITED TO REVIEWING EXISTING PROGRAM POLICIES AND PROCEDURES AND MAKING RECOMMENDATIONS, IMPLEMENTING THE APPOINTMENT PROCESS BY SCORING APPLICATIONS AND SELECTING FELLOWS, IMPLEMENTING THE REAPPOINTMENT PROCESS BY EVALUATING AND MAKING RECOMMENDATIONS REGARDING THE FELLOWS' TENURE IN THE PROGRAM, AWARDING POST-DOCTORAL FELLOWSHIPS, ASSISTING FELLOWS TO STRENGTHEN THEIR RESEARCH AND SCHOLARSHIP THROUGH A VARIETY OF ACTIVITIES, AND CONDUCTING PLANNED SITE VISITS AT SELECTED UNIVERSITIES WHERE FELLOWS ARE MATRICULATING IN ACADEMIC PROGRAMS WITH THE INTENT OF ASSESSING THE FELLOW'S OVERALL PERFORMANCE WITHIN THE CONTEXT OF THE ACADEMIC INSTITUTION, AND MAKING RECOMMENDATIONS ON THE FELLOW'S BEHALF THE DEMANDS OF THE COMMITTEE CAN BEST BE DESCRIBED AS INVOLVED AND, AT TIMES, INTENSE ADDITIONALLY, THE FEDERAL AWARD HAS DATA COLLECTION REQUIREMENTS, OR IS IMPLEMENTING THEM AND AMERICAN NURSES ASSOCIATION IS COMMITTED TO ENSURING THAT THESE REQUIREMENTS ARE MET AS A GRANTEE, YOUR ORGANIZATION MUST COMPLY WITH PL 102-62 AND RELATED GPRA REQUIREMENTS THAT INCLUDE THE COLLECTION AND PERIODIC REPORTING OF PERFORMANCE DATA THAT ALLOWS SAMHSA TO ENSURE THE EFFECTIVENESS AND EFFICIENCY OF ITS PROGRAMS CMHS IS CURRENTLY IN THE PLANNING STAGES OF IMPLEMENTING A WEB-BASED GPRA DATA COLLECTION AND REPORTING SYSTEM WHEN IMPLEMENTATION OF THE SYSTEM BEGINS, GRANTEES WILL BE REQUIRED TO SUBMIT THEIR GPRA DATA ELECTRONICALLY USING THIS WEB-BASED SYSTEM GRANTEES WILL ALSO BE REQUIRED TO PARTICIPATE IN THE INITIAL TRAINING AND ONGOING TECHNICAL ASSISTANCE IN ORDER TO ENSURE A SMOOTH TRANSITION TO THE ELECTRONIC SYSTEM AND CONTINUED USER SUPPORT THE GPO WILL PROVIDE INFORMATION ON THE SPECIFIC DATA TO BE SUBMITTED AND THE SCHEDULE FOR SUBMISSION AS IT BECOMES AVAILABLE

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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

2010

Open to Public Inspection

Name of the organization
AMERICAN NURSES ASSOCIATION INC

Employer identification number
13-1893923

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**	Yes	
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**	Yes	
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 from the organization or a related organization?	**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 duplicate copies if additional space is 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				
(1) MARLA J WESTON	(i)	319,198	0	1,040	35,792	7,650	363,680	0
	(ii)	0	0	0	0	0	0	0
(2) MARY BUSZUWSKI	(i)	209,830	20,000	1,875	35,257	1,524	268,486	0
	(ii)	0	0	0	0	0	0	0
(3) MARY JEAN SCHUMANN	(i)	229,781	0	2,426	78,603	10,028	320,838	0
	(ii)	0	0	0	0	0	0	0
(4) MICHAEL PFEIFFER	(i)	172,795	0	376	16,639	18,179	207,989	0
	(ii)	0	0	0	0	0	0	0
(5) ALICE BODLEY	(i)	193,463	10,000	1,875	63,355	18,360	287,053	0
	(ii)	0	0	0	0	0	0	0
(6) ROSE GONZALEZ	(i)	163,477	0	2,302	65,184	8,147	239,110	0
	(ii)	0	0	0	0	0	0	0
(7) MOIRA EDWARDS	(i)	145,489	0	301	14,499	7,115	167,404	0
	(ii)	0	0	0	0	0	0	0
(8) JEANNE FLOYD	(i)	339,629	0	9,318	87,972	12,609	449,528	0
	(ii)	0	0	0	0	0	0	0
(9) DAVE PAULSON	(i)	154,420	0	2,146	51,903	6,985	215,454	0
	(ii)	0	0	0	0	0	0	0
(10) KAREN DRENKARD	(i)	219,058	0	1,031	25,773	17,037	262,899	0
	(ii)	0	0	0	0	0	0	0
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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
	PART I, LINE 1A	REBECCA M PATTON - RESIDENCE FOR PERSONAL USE - $12,796 (VALUE) - NOT INCLUDIBLE IN INCOME KAREN DALEY - RESIDENCE FOR PERSONAL USE - $16,755 (VALUE) - NOT INCLUDIBLE IN INCOME
SUPPLEMENTAL INFORMATION	PART III	REBECCA M PATTON, THE PRESIDENT OF AMERICAN NURSES ASSOCIATION, INC , IS COMPENSATED DIRECTLY BY THE ORGANIZATION AND BY EMH REGIONAL HEALTHCARE SYSTEM THE AMERICAN NURSES ASSOCIATION REIMBURSED EMH REGIONAL HEALTHCARE SYSTEM $153,953 FOR HER TIME DEVOTED TO THE ORGANIZATION IN ADDITION, $39,076 WAS PAID DIRECTLY TO MS PATTON BY ANA

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN NURSES ASSOCIATION INC

Employer identification number
13-1893923

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1		THE ASSOCIATION'S EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS COMPOSED OF THE OFFICERS WHICH HAVE ALL POWERS OF THE BOARD OF DIRECTORS TO TRANSACT BUSINESS BETWEEN BOARD MEETINGS IN ACCORDANCE WITH THE RULES ESTABISHED BY THE BOARD, SUCH TRANSACTION ARE REPORTED AT THE NEXT REGULAR MEETING OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ASSOCIATION HAS SIX CLASSES OF MEMBERS CONSTITUENT MEMBER ASSOCIATIONS - INCLUDE STATE NURSE ASSOCIATIONS, MULTI-STATE NURSE ASSOCIATIONS, NURSE ASSOCIATIONS OF THE DISTRICT OF COLUMBIA, AND TERRITORIES OF THE UNITED STATES OF AMERICA, UNITED STATES OF AMERICA NURSES OVERSEAS ASSOCIATIONS, AND A FEDERAL NURSES ASSOCIATION COMPOSED OF REGISTERED NURSES WHOSE EMPLOYERS ARE MEMBERS OF THE FEDERAL NURSING SERVICES COUNCIL, LIMITED TO MEMBERSHIP OF THE ACTIVE COMPONENT OF THE US ARMY, NAVY, AIR FORCE, AND THE UNIFORMED PUBLIC HEALTH SERVICE NURSES ORGANIZATIONAL AFFILIATES - INCLUDE ASSOCIATIONS THAT (1) ARE A NATIONAL ORGANIZATION THAT REPRESENTS THE INTERESTS OF REGISTERED NURSES THAT MEETS CRITERIA ESTABLISHED BY THE AMERICAN NURSES ASSOCIATION, INC HOUSE OF DELEGATES, (2) DO NOT TAKE ACTIONS COUNTER TO THE INTERESTS OF AMERICAN NURSES ASSOCIATION, INC OR ANY OF THE CMA MEMBERS, AND (3) HAS BEEN GRANTED ORGANIZATIONAL AFFILIATE STATUS BY THE BOARD OF DIRECTORS LABOR AFFILIATES - INCLUDE LABOR ORGANIZATIONS THAT (1) ARE A NATIONAL ORGANIZATION THAT REPRESENTS THE INTERESTS OF REGISTERED NURSES THAT MEETS CRITERIA ESTABLISHED BY THE AMERICAN NURSES ASSOCIATION, INC HOUSE OF DELEGATES, (2) DO NOT TAKE ACTIONS COUNTER TO THE INTEREST OF AMERICAN NURSES ASSOCIATION, INC OR ANY OF THE CMA MEMBERS, AND (3) HAS BEEN GRANTED LABOR AFFILIATE STATUS BY THE BOARD OF DIRECTORS WORKFORCE ADVOCACY AFFILIATES - INCLUDE ORGANIZATIONS THAT (1) ARE NATIONAL ORGANIZATIONS REPRESENTING THE INTERESTS OF REGISTERED NURSES THAT MEET CRITERIA ESTABLISHED BY THE AMERICAN NURSES ASSOCIATION, INC HOUSE OF DELEGATES, (2) DO NOT TAKE ACTIONS COUNTER TO THE INTEREST OF AMERICAN NURSES ASSOCIATION, INC OR ANY OF THE CMA MEMBERS, AND (3) HAS BEEN GRANTED WORKFORCE ADVOCACY AFFILIATE STATUS BY THE BOARD OF DIRECTORS INDIVIDUAL MEMBERS - INCLUDE REGISTERED NURSES (1) WHO ELECT TO JOIN AMERICAN NURSES ASSOCIATION, INC DIRECTLY, (2) WHO RESIDE OR WORK WHERE THERE IS NO CMA AND ELECTS TO JOIN ANA DIRECTLY, OR (3) WHO RESIDE OR WORK WHERE CMA MEMBERS DO NOT PROVIDE FOR IN-STATE ONLY MEMBERS AND WHERE THE CMA MEMBERS CATEGORICALLY EXCLUDE MEMBERS OF CERTAIN NURSE GROUPS FROM ALL ELECTIVE OFFICES IN CMA GOVERNANCE, AND WHO JOINS AMERICAN NURSES ASSOCIATION, INC DIRECTLY INDIVIDUAL AFFILIATES - INCLUDE REGISTERED NURSES WHO ELECT TO JOIN AMERICAN NURSES ASSOCIATION, INC IN ACCORDANCE WITH PROVISIONS SET FORTH IN THE ORGANIZATION'S BYLAWS INCLUDING MEETING SPECIFIED QUALIFICATIONS AND FULFILLING CERTAIN RESPONSIBILITIES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE AMERICAN NURSES ASSOCIATION, INC HOUSE OF DELEGATES IS RESPONSIBLE FOR SELECTING THE MEMBERS OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE AUDIT COMMITTEE WILL REVIEW THE FORM 990 IN DETAIL WITH THE INDEPENDENT ACCOUNTANT AND A COPY OF THE FORM 990 WILL BE DISTRIBUTED TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD MEMBERS FOR THE AMERICAN NURSES ASSOCIATION (ANA) SIGN DISCLOSURE STATEMENTS UPON ELECTION OR APPOINTMENT, EVERY TWO YEARS THE BOARD OF DIRECTORS FORMALLY ADOPTED THE USE OF CONFLICT OF INTEREST STATEMENTS AND DISCLOSURE FORMS THE GENERAL COUNSEL REVIEWS THE DISCLOSURE STATEMENTS AND DISCUSSES ANY CONFLICT OR POTENTIAL CONFLICT ON THE PART OF AN AMERICAN NURSES ASSOCIATION BOARD MEMBER WITH THE ANA CEO AND PRESIDENT, AND FOLLOW-UP ACTION WOULD BE TAKEN AS NEEDED A DETERMINATION OF A CONFLICT OF INTEREST IS MADE COLLABORATIVELY AMONG THE GENERAL COUNSEL, EXECUTIVE DIRECTOR OR CEO, AND THE ORGANIZATION'S PRESIDENT IF THE CONFLICT INVOLVED THE PRESIDENT, THE DISCUSSION WOULD OCCUR WITH THE VICE PRESIDENT PERIODIC TRAINING FOR THE BOARD OF DIRECTORS INCLUDES REFERENCE TO THE MEMBERS' FIDUCIARY OBLIGATIONS, INCLUDING THE AVOIDANCE OF A CONFLICT OF INTEREST THE AMERICAN NURSES ASSOCIATION BOARD OF DIRECTORS HAS AN OPERATING POLICY THAT PROHIBITS CONFLICT OF INTEREST, AND THE AMERICAN NURSES ASSOCIATION PRESIDENT CALLS FOR DISCLOSURE OF CONFLICTS AT THE BEGINNING OF EVERY MEETING CONFLICTED INDIVIDUALS WILL NOT VOTE ON THE MATTER ABOUT WHICH THEY ARE CONFLICTED, AND MAY OR MAY NOT PARTICIPATE IN THE DISCUSSION OF THE MATTER, DEPENDING UPON THE ISSUE AND WHETHER DISCLOSURE OF THE CONFLICT TO THE BOARD PROVIDES ENOUGH PROTECTION TO PERMIT THE BOARD MEMBER TO COMMENT ON THE MATTER OR TO HEAR THE DISCUSSION FOR THE PAST TEN YEARS, AMERICAN NURSES ASSOCIATION'S PRACTICE HAS BEEN FOR THE BOARD MEMBER TO LEAVE THE ROOM DURING THE DISCUSSION THE MINUTES REFLECT REFERENCES TO AND DECISIONS ABOUT CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	APPROXIMATELY EVERY 18-24 MONTHS, AN OUTSIDE CONSULTING FIRM SPECIALIZING IN COMPENSATION IS HIRED TO REVIEW ALL SENIOR MANAGEMENT POSITIONS (CEO, COO, CPO, GENERAL COUNSEL, AMERICAN NURSES CREDENTIALING CENTER EXECUTIVE DIRECTOR) EXTENSIVE RESEARCH WAS PERFORMED BY THIS CONSULTING FIRM ON SALARIES PAID BASED ON THE SIZE OF THE ORGANIZATION, NON-PROFIT, AND LABOR MARKET IN THE GREATER WASHINGTON, DC METROPOLITAN AREA AT THIS TIME, ALL JOBS AND SALARY GRADES WERE BENCHMARKED TO ENSURE THAT THE ORGANIZATION REMAINS COMPETITIVE IN THE CURRENT LABOR MARKET ADDITIONALLY, AMERICAN NURSES ASSOCIATION HAS A FORMAL PROCESS TO ADD NEW POSITIONS TO THE ORGANIZATION THE COMPENSATION COMMITTEE IS CONVENED TO SCORE THE NEW POSITION DESCRIPTION, THUS RANKING THE POSITION WITHIN THE SALARY GRADES PREVIOUSLY AND REVIEWED ON AN ANNUAL BASIS ALL UNION POSITIONS ARE COVERED BY THE UNION CONTRACT THESE PROCESSES ARE DOCUMENTED AND HELD IN THE HUMAN RESOURCES DEPARTMENT BY THE DIRECTOR OF HUMAN RESOURCES THIS PROCESS WAS LAST CONDUCTED IN 2008 FOR THE CEO, L STIERLE, COO, M BUSZUWSKI, CPO M SCHUMANN, ANCC EXECUTIVE DIRECTOR, J FLOYD, AND GENERAL COUNSEL, A BODLEY THE NEXT COMPENSATION STUDY WILL BE CONDUCTED IN 2011

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, NOR THE FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
THE FOLLOWING INDIVIDUALS ARE BOARD MEMBERS FOR BOTH THE AMERICAN NURSES	FORM 990, PART VII, LINE 1A	ASSOCIATION AND RELATED ORGANIZATIONS OR AMERICAN NURSES ASSOCIATION MARLA J WESTON DEVOTES APPROXIMATELY 40 HOURS PER WEEK AS FOLLOWS AS THE CURRENT CHIEF EXECUTIVE OFFICER AMERICAN NURSES ASSOCIATION, INC 34 HOURS AMERICAN NURSES CREDENTIALING CENTER 5 HOURS AMERICAN NURSES FOUNDATION, INC 1 HOUR MICHAEL PFEIFFER DEVOTES APPROXIMATELY 40 HOURS PER WEEK AS FOLLOWS AMERICAN NURSES ASSOCIATION, INC 30 HOURS AMERICAN NURSES CREDENTIALING CENTER 8 HOURS AMERICAN NURSES FOUNDATION, INC 2 HOURS MARY BUSZUWSKI DEVOTES APPROXIMATELY 40 HOURS PER WEEK AS FOLLOWS AMERICAN NURSES ASSOCIATION, INC 30 HOURS AMERICAN NURSES CREDENTIALING CENTER 8 HOURS AMERICAN NURSES FOUNDATION, INC 2 HOURS REBECCA M PATTON DEVOTES APPROXIMATELY 41 HOURS PER WEEK AS FOLLOWS AMERICAN NURSES ASSOCIATION, INC 40 HOURS AMERICAN NURSES CREDENTIALING CENTER 1 HOUR DEBBIE DAWSON HATMAKER DEVOTES APPROXIMATELY 20 HOURS PER WEEK AS FOLLOWS AMERICAN NURSES ASSOCIATION, INC 5 HOURS AMERICAN NURSES CREDENTIALING CENTER 15 HOURS SUSAN FOLEY PIERCE DEVOTES APPROXIMATELY 6 HOURS PER WEEK AS FOLLOWS AMERICAN NURSES ASSOCIATION, INC 5 HOURS AMERICAN NURSES CREDENTIALING CENTER 1 HOUR KAREN A DALEY DEVOTES APPROXIMATELY 6 HOURS PER WEEK AS FOLLOWS AMERICAN NURSES ASSOCIATION, INC 5 HOURS AMERICAN NURSES CREDENTIALING CENTER 1 HOUR MARGARETE L ZALON DEVOTES APPROXIMATELY 6 HOURS PER WEEK AS FOLLOWS AMERICAN NURSES ASSOCIATION, INC 5 HOURS AMERICAN NURSES FOUNDATION, INC 1 HOUR

Identifier	Return Reference	Explanation
THE MANAGEMENT SERVICE FEES PAID FROM AMERICAN NURSES CREDENTIALING CENTER	FORM 990, PART VII, LINE 1A	AND AMERICAN NURSES FOUNDATION, INC TO AMERICAN NURSES ASSOCIATION, INC INCLUDED SALARIES AND BENEFITS PAID TO THE OFFICERS FOR THE SERVICES PERFORMED IN AMERICAN NURSES CREDENTIALING CENTER AND AMERICAN NURSES FOUNDATION

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,103,914 CHANGE IN MINIMUM PENSION LIABILITY -1,022,072 TRANSFER OF ASSETS FROM CENTER OF AMERICAN NURSES 399,691 TOTAL TO FORM 990, PART XI, LINE 5 481,533

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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

2010

Open to Public Inspection

Name of the organization
AMERICAN NURSES ASSOCIATION INC

Employer identification number
13-1893923

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) AMERICAN NURSES FOUNDATION INC 8515 GEORGIA AVE 400 SILVER SPRING, MD 20910 13-1893924	SCIENTIFIC RESEARCH, EDUCATION SUPPORT, CHARITABLE AFFILIATE	DC	501(C)(3)	7	AMERICAN NURSES ASSOCIATION INC		No
(2) AMERICAN NURSES CREDENTIALING CENTER 8515 GEORGIA AVE 400 SILVER SPRING, MD 20910 43-1565726	PROF CREDENTIALING FOR REGISTERED NURSES, HEALTH FACILITY ACCREDITATION	DC	501(C)(6)	N/A	AMERICAN NURSES ASSOCIATION INC		No
(3) AMERICAN ACADEMY OF NURSING 888 17TH STREET NW WASHINGTON, DC 20006 52-2213870	PROVIDE VISIONARY LEADERSHIP TO THE NURSING PROFESSION AND THE PUBLIC	DC	501(C)(3)	7	AMERICAN NURSES ASSOCIATION INC		No
(4) INSTITUTE FOR NURSING RESEARCH AND EDUCATION 8515 GEORGIA AVE 400 SILVER SPRING, MD 20910 26-3121515	IMPROVE THE WORK ENVIRONMENT FOR NURSES	DC	501(C)(3)	LINE 7	AMERICAN NURSES ASSOCIATION INC		No

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) Disproprtionate 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	(k) Percentage ownership

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
(1) NURSE MARKETPLACE INC 8515 GEORGIA AVE 400 SILVER SPRING, MD20910 52-2183261	INACTIVE SUBSIDIARY	DC	N/A	C			100 000 %
(2) ANA SERVICE CORPORATION INC 8515 GEORGIA AVE 400 SILVER SPRING, MD20910 54-2179203	INACTIVE SUBSIDIARY	DC	N/A	C			100 000 %

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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		No
e Loans or loan guarantees by other organization(s)	1e		No
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	Yes	
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	Yes	
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	Yes	

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	(d) Method of determining amount involved
(1) AMERICAN NURSES CREDENTIALING CENTER	K	3,709,206	BOOK VALUE
(2) AMERICAN NURSES CREDENTIALING CENTER	M	1,424,797	BOOK VALUE
(3) AMERICAN NURSES CREDENTIALING CENTER	N	8,881,954	BOOK VALUE
(4) AMERICAN NURSES CREDENTIALING CENTER	R	2,908,092	BOOK VALUE
(5) AMERICAN NURSES FOUNDATION INC	K	238,529	BOOK VALUE
(6) AMERICAN NURSES FOUNDATION INC	N	222,596	BOOK VALUE

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 13-1893923
Name: AMERICAN NURSES ASSOCIATION INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	AMERICAN NURSES CREDENTIALING CENTER	K	3,709,206	BOOK VALUE
(2)	AMERICAN NURSES CREDENTIALING CENTER	M	1,424,797	BOOK VALUE
(3)	AMERICAN NURSES CREDENTIALING CENTER	N	8,881,954	BOOK VALUE
(4)	AMERICAN NURSES CREDENTIALING CENTER	R	2,908,092	BOOK VALUE
(5)	AMERICAN NURSES FOUNDATION INC	K	238,529	BOOK VALUE
(6)	AMERICAN NURSES FOUNDATION INC	N	222,596	BOOK VALUE

Additional Data

Software ID:
Software Version:
EIN: 13-1893923
Name: AMERICAN NURSES ASSOCIATION INC

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			
KAREN A DALEY EFFECTIVE 062010 PRESIDENT	40 00	X		X				93,269	0	16,755
REBECCA M PATTON PRESIDENT	40 00	X		X				124,324	0	12,796
KAREN A BALLARD EFFECTIVE 062010 FIRST VICE PRESIDENT	5 00	X		X				0	0	0
COLEENE KIM ARMSTRONG SECOND VICE PRESIDENT	5 00	X		X				0	0	0
TERESA STONE EFFECTIVE 062010 SECRETARY	5 00	X		X				0	0	0
TERESA HALLER EFFECTIVE 062010 TREASURER	5 00	X		X				0	0	0
DEBBIE DAWSON HATMAKER FIRST VICE PRESIDENT	5 00	X		X				0	93,000	0
SUSAN FOLEY PIERCE SECRETARY	5 00	X		X				0	0	0
MARILYN SULLIVAN TREASURER	5 00	X		X				0	0	0
JACQUELINE EDWARDS DIRECTOR	5 00	X						0	0	0
LINDA GOBIS DIRECTOR	5 00	X						0	0	0
MARY MARYLAND DIRECTOR	5 00	X						0	0	0
MARGARETE ZALON DIRECTOR	5 00	X						0	0	0
CINDY BALKSTRA DIRECTOR	5 00	X						0	0	0
BARBARA CRANE DIRECTOR	5 00	X						0	0	0
JENNIFER DAVIS DIRECTOR	5 00	X						0	0	0
ELIZABETH O DIETZ DIRECTOR	5 00	X						0	0	0
LINDA M GURAL DIRECTOR	5 00	X						0	0	0
CARRIE HOUSER JAMES DIRECTOR	5 00	X						0	0	0
FLORENCE JONES-CLARKE DIRECTOR	5 00	X						0	0	0
ROSE MARIE MARTIN DIRECTOR	5 00	X						0	0	0
JENNIFER MENSIK DIRECTOR	5 00	X						0	0	0
JULIE SHUFF DIRECTOR	5 00	X						0	0	0
MARLA J WESTON CHIEF EXECUTIVE OFFICER	34 00			X				320,238	0	43,442
MARY BUSZUWSKI CHIEF OPERATING OFFICER	34 00			X				231,705	0	36,781

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			
MARY JEAN SCHUMANN CHIEF PROGRAM OFFICER	40 00			X				232,207	0	88,631
MICHAEL PFEIFFER CHIEF FINANCIAL OFFICER	30 00			X				173,171	0	34,818
ALICE BODLEY GENERAL COUNSEL	40 00			X				205,338	0	81,715
ROSE GONZALEZ DIRECTOR - GOV'T AFFAIRS	40 00					X		165,779	0	73,331
MOIRA EDWARDS DIRECTOR - BUSINESS DEVELOPMENT	40 00					X		145,790	0	21,614
JEANNE FLOYD EXECUTIVE DIRECTOR, ANCC	40 00					X		348,947	0	100,581
DAVE PAULSON DIRECTOR - MEAS SVCS, ANCC	40 00					X		156,566	0	58,888
KAREN DRENKARD DIRECTOR, MAGNET PROG, ANCC	40 00					X		220,089	0	42,810