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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 JUL 1, 2010 and ending JUN 30, 2011

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

C Name of organization
AMERICAN ASSOCIATION OF COLLEGES OF NURSING

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
ONE DUPONT CIRCLE, NW 530

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20036

F Name and address of principal officer. GERALDINE D. BEDNASH
SAME AS C ABOVE

D Employer identification number
52-0971333

E Telephone number
(202)463-6930

G Gross receipts $ 15,434,065.

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) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.AACN.NCHE.EDU

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶

L Year of formation: 1969 M State of legal domicile: DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities: AACN SERVES THE PUBLIC INTEREST BY ASSISTING DEANS AND DIRECTORS TO IMPROVE AND ADVANCE NURSING

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	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	48
6	Total number of volunteers (estimate if necessary)	6	517
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	60,666.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	48,918.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,900,056.	5,247,010.
9	Program service revenue (Part VIII, line 2g)	4,262,154.	4,688,725.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,742.	153,219.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	140,217.	172,754.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,358,169.	10,261,708.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	552,261.	721,729.
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)	3,993,334.	4,217,080.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 24,548.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,354,391.	4,645,724.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,899,986.	9,584,533.
19	Revenue less expenses. Subtract line 18 from line 12	458,183.	677,175.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	13,765,391.	16,119,071.
21	Total liabilities (Part X, line 26)	3,049,110.	3,594,911.
22	Net assets or fund balances Subtract line 21 from line 20	10,716,281.	12,524,160.

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date: 2-6-12

▶ GERALDINE D. BEDNASH, CEO/EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: KWAN SHIN	Preparer's signature: Kwan Shin	Date: 2/2/2012	Check ☐ if self-employed	PTIN
Firm's name ▶ DROLET & ASSOCIATES, P.L.L.C			Firm's EIN ▶	
Firm's address ▶ 1901 L STREET, NW, SUITE 250 WASHINGTON, DC 20036			Phone no. 202-822-0717	

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

032001 02-22-11 LHA **For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2010)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

9G116

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission.
THE AMERICAN ASSOCIATION OF COLLEGES OF NURSING (AACN), A UNIQUE ASSET FOR THE NATION, SERVES THE PUBLIC INTEREST BY SETTING STANDARDS, PROVIDING RESOURCES, AND DEVELOPING THE LEADERSHIP CAPACITY OF MEMBER SCHOOLS TO ADVANCE NURSING EDUCATION, RESEARCH, AND PRACTICE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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 [X] 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 $ 2,088,546. including grants of $) (Revenue $ 2,421,540.)
ACCREDITATION: THE COMMISSION ON COLLEGIATE NURSING EDUCATION IS AN AUTONOMOUS ARM OF AACN HAVING THE SOLE PURPOSE OF ACCREDITING BACCALAUREATE AND GRADUATE NURSING EDUCATION PROGRAMS AND POST-BACCALAUREATE NURSING RESIDENCY PROGRAMS.

4b (Code.) (Expenses $ 1,182,082. including grants of $ 318,255.) (Revenue $)
NEW CAREERS IN NURSING: THIS PROGRAM, SUPPORTED BY THE ROBERT WOOD JOHNSON FOUNDATION, PROVIDES SCHOLARSHIPS TO COLLEGE GRADUATES WITHOUT NURSING DEGREES WHO ARE ENROLLED IN ACCELERATED BACCALAUREATE AND MASTER'S NURSING PROGRAMS.

4c (Code:) (Expenses $ 1,123,165. including grants of $) (Revenue $ 1,658,595.)
CONFERENCES: NATIONAL CONFERENCES FOCUSED ON A VARIETY OF CONSTITUENT GROUPS WITHIN THE SCHOOL OF NURSING TO ADDRESS LEARNING NEEDS IN THE COMPLEX NURSING EDUCATION ENVIRONMENT.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 4,201,839. including grants of $ 403,474.) (Revenue $ 613,546.)

4e Total program service expenses ▶ 8,595,632.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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	X	
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	N/A	
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
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	X	
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, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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	X	
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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	X	
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	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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 United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
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 United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
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		X
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		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements 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)*

			Yes	No
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	X	
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 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	X	
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 through 24d and complete Schedule K. If "No", go to line 25*	24a		X
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		X
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		X
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		X
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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
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		X
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		X
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	X	

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	67		
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	X	
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	48		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	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	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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		X
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		X
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		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	N/A	
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	N/A	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	N/A	
10	**Section 501(c)(7) organizations.** Enter.				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A		
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	N/A		
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	N/A		
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?		13a	N/A	
	Note. See the instructions for additional information the organization must report on Schedule O.				
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		X
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 line 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 [X]

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	11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
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		X

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		X
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	X	
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	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
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 ▶ NONE

18 Section 6104 requires an organization to make its Forms 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 [X] Another's website [X] 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.

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

THE ASSOCIATION - (202)463-6930
ONE DUPONT CIRCLE, NW, WASHINGTON, DC 20036

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. 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			
C. FAY RAINES FORMER PRESIDENT	5.00	X		X				0.	0.	0.
KATHLEEN POTEMPA PRESIDENT	5.00	X		X				0.	0.	0.
JANET ALLAN TREASURER	2.00	X		X				0.	0.	0.
JANE KIRSCHLING PRESIDENT - ELECT	2.00	X		X				0.	0.	0.
JULIANN SEBASTIAN SECRETARY	2.00	X		X				0.	0.	0.
CONNIE DELANEY DIRECTOR	2.00	X						0.	0.	0.
TIMOTHY GASPAR DIRECTOR	2.00	X						0.	0.	0.
DONNA HATHAWAY DIRECTOR	2.00	X						0.	0.	0.
MARTHA HILL DIRECTOR	2.00	X						0.	0.	0.
TERI MURRAY DIRECTOR	2.00	X						0.	0.	0.
JUDY BEAL DIRECTOR	2.00	X						0.	0.	0.
PEGGY HEWLETT DIRECTOR	2.00	X						0.	0.	0.
ELEANOR HOWELL DIRECTOR	2.00	X						0.	0.	0.
MARY WALKER DIRECTOR	2.00	X						0.	0.	0.
GERALDINE D. BEDNASH CEO/EXECUTIVE DIRECTOR	37.50			X				334,483.	0.	36,782.
JENNIFER AHEARN CHIEF OPERATING OFFICER	37.50			X				183,920.	0.	27,690.
JOAN STANLEY SEN. DIR.OF EDUC. POLICY	37.50					X		151,602.	0.	24,966.

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			
ROBERT ROSSETER CHIEF COMMUNIC. OFFICER	37.50					X		141,263.	0.	19,696.
JENNIFER BUTLIN DIRECTOR OF CCNE	37.50			X				141,214.	0.	23,882.
VERNELL DEWITTY RWJ NCIN PROGRAM DEPUTY DI	37.50					X		115,146.	0.	21,386.
KATHLEEN MCGUINN DIRECTOR OF SPECIAL PROJEC	37.50					X		110,773.	0.	20,843.
SUZANNE MIYAMOTO DIRECTOR OF GOVERNMENT AFFAIRS	37.50					X		102,765.	0.	19,703.
1b Sub-total						▶		1,281,166.	0.	194,948.
c Total from continuation sheets to Part VII, Section A						▶		0.	0.	0.
d Total (add lines 1b and 1c)						▶		1,281,166.	0.	194,948.

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 ▶ 8

			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		X
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	X	
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		X

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 NONE

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶ 0

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	2,681,316.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,565,694.				
	g Noncash contributions included in lines 1a-1f $						
	h Total. Add lines 1a-1f			5,247,010.			
Program Service Revenue		Business Code					
	2a ANNUAL, APPLICATION, &	541900		2,376,059.	2,376,059.		
	b REGISTRATION FEES	541900		1,699,120.	1,699,120.		
	c PUBLICATION SALES	541900		389,841.	389,841.		
	d EXAM FEES	541900		223,705.	223,705.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			4,688,725.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			172,201.			172,201.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	5153375.					
	b Less: cost or other basis and sales expenses	5172357.					
	c Gain or (loss)	<18,982.>					
	d Net gain or (loss)			<18,982.>	<18,982.>		
	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					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
	11a MISCELLANEOUS	541900		112,088.	112,088.		
	b COMMISSIONS	541900		60,666.		60,666.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			172,754.			
	12 Total revenue. See instructions.			10261708.	4,781,831.	60,666.	172,201.

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	318,255.	318,255.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	403,474.	403,474.		
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	766,551.	659,015.	107,536.	
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	2,663,797.	2,289,174.	355,445.	19,178.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	251,012.	220,773.	28,354.	1,885.
9 Other employee benefits	312,891.	276,493.	34,192.	2,206.
10 Payroll taxes	222,829.	191,614.	29,936.	1,279.
11 Fees for services (non-employees):				
a Management				
b Legal	54,589.	29,536.	25,053.	
c Accounting	30,676.	16,598.	14,078.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	571,987.	555,293.	16,694.	
12 Advertising and promotion	10,253.	1,536.	8,717.	
13 Office expenses	502,277.	419,248.	83,029.	
14 Information technology				
15 Royalties				
16 Occupancy	286,910.	237,378.	49,532.	
17 Travel	977,810.	909,974.	67,836.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	378,361.	266,307.	112,054.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	110,130.	19,427.	90,703.	
23 Insurance	37,718.	17,510.	20,208.	
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 CATERING & AUDIOVISUAL	957,326.	923,428.	33,898.	
b EVALUATOR TRAINING	121,226.	121,226.		
c LEGISLATIVE AFFAIRS	117,476.	117,476.		
d SPECIAL ACTIVITIES	97,432.	97,432.		
e UNRELATED BUS. INC. TAX	3,900.		3,900.	
f All other expenses	387,653.	504,465.	<116,812.>	
25 Total functional expenses Add lines 1 through 24f	9,584,533.	8,595,632.	964,353.	24,548.
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		1,141,453.	1	3,510,384.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		2,747,093.	3	2,248,373.
	4	Accounts receivable, net		121,558.	4	140,703.
	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)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		188,049.	9	185,019.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 1,243,142.			
	b	Less. accumulated depreciation	10b 645,723.	473,468.	10c	597,419.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11		9,093,062.	12	9,416,758.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		708.	15	20,415.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		13,765,391.	16	16,119,071.
Liabilities	17	Accounts payable and accrued expenses		548,344.	17	404,456.
	18	Grants payable			18	
	19	Deferred revenue		2,358,126.	19	2,998,542.
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		142,640.	25	191,913.
	26	**Total liabilities.** Add lines 17 through 25		3,049,110.	26	3,594,911.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,849,282.	27	9,153,699.
	28	Temporarily restricted net assets		3,778,796.	28	3,282,258.
	29	Permanently restricted net assets		88,203.	29	88,203.
		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		10,716,281.	33	12,524,160.
	34	Total liabilities and net assets/fund balances		13,765,391.	34	16,119,071.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,261,708.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,584,533.
3	Revenue less expenses. Subtract line 2 from line 1	3	677,175.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,716,281.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,130,704.
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	12,524,160.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . [X]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] 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		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 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	X	
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: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate 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		X
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		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
AMERICAN ASSOCIATION OF COLLEGES OF NURSING	52-0971333

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2311620.	3440424.	6321198.	4900056.	5247010.	22220308.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2311620.	3440424.	6321198.	4900056.	5247010.	22220308.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6834679.
6 **Public support.** Subtract line 5 from line 4						15385629.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2311620.	3440424.	6321198.	4900056.	5247010.	22220308.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	461,959.	467,276.	204,195.	130,539.	172,201.	1436170.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	33,072.	59,727.	112,990.	140,217.	172,754.	518,760.
11 **Total support.** Add lines 7 through 10						24175238.

12 Gross receipts from related activities, etc. (see instructions)	12	18,830,472.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	63.64 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	62.89 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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 organization	Employer identification number
AMERICAN ASSOCIATION OF COLLEGES OF NURSING	52-0971333

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $ _____
3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____
3 Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $ _____
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 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-.

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)	137,742.	
c Total lobbying expenditures (add lines 1a and 1b)	137,742.	
d Other exempt purpose expenditures	9,446,791.	
e Total exempt purpose expenditures (add lines 1c and 1d)	9,584,533.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	629,227.	
g Grassroots nontaxable amount (enter 25% of line 1f)	157,307.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c If zero or less, enter -0-	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 nontaxable amount	528,397.	589,692.	594,999.	629,227.	2,342,315.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,513,473.
c Total lobbying expenditures	108,822.	121,349.	116,508.	137,742.	484,421.
d Grassroots nontaxable amount	132,099.	147,423.	148,750.	157,307.	585,579.
e Grassroots ceiling amount (150% of line 2d, column (e))					878,369.
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. Add 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		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

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	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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	

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.

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 ASSOCIATION OF COLLEGES OF NURSING

Employer identification number 52-0971333

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 can 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 education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, 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	98,240.	89,521.	88,203.		
b Contributions					
c Net investment earnings, gains, and losses	10,071.	8,719.	4,509.		
d Grants or scholarships			3,000.		
e Other expenditures for facilities and programs	3,758.		183.		
f Administrative expenses			8.		
g End of year balance	104,553.	98,240.	89,521.		

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

a Board designated or quasi-endowment ▶ .00 %
b Permanent endowment ▶ 84.36 %
c Term endowment ▶ 15.64 %

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)		X
(ii) related organizations	3a(ii)		X
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 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				
c Leasehold improvements		552,751.	317,277.	235,474.
d Equipment		626,022.	328,446.	297,576.
e Other		64,369.		64,369.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				597,419.

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		
(3) Other		
(A) EQUITY MUTUAL FUNDS	3,959,199.	END-OF-YEAR MARKET VALUE
(B) BOND MUTUAL FUNDS	2,637,898.	END-OF-YEAR MARKET VALUE
(C) LIMITED PARTNERSHIP		
(D) INTERESTS	800,920.	END-OF-YEAR MARKET VALUE
(E) REAL ESTATE MUTUAL FUNDS	728,741.	END-OF-YEAR MARKET VALUE
(F) CERTIFICATES OF DEPOSIT	1,290,000.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	9,416,758.	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must 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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEFERRED RENT	141,746.
(3) OBLIGATION UNDER CAPITAL LEASE	30,553.
(4) DEFERRED COMPENSATION PAYABLE	19,614.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	191,913.

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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,261,708.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,584,533.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	677,175.
4	Net unrealized gains (losses) on investments	4	1,130,704.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	1,130,704.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,807,879.

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	11,392,412.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	1,130,704.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	1,130,704.
3	Subtract line 2e from line 1			3	10,261,708.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	10,261,708.

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

1	Total expenses and losses per audited financial statements			1	9,584,533.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	9,584,533.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	9,584,533.

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, line 2; 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.

PART V, LINE 4: THE INVESTMENT INCOME FROM THE ENDOWMENT FUND IS TO BE USED TO FUND STIPENDS AND LECTURE AWARDS FOR OUTSTANDING MEMBERS OF THE HEALTHCARE FIELD.

PART X, LINE 2: AACN REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE-LIKELY-THAN-NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. AACN DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE, OR REFLECT, ANY UNCERTAIN TAX

Part XIV Supplemental Information *(continued)*

POSITIONS. AS OF JUNE 30, 2011, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2007 THROUGH 2009 REMAINS OPEN WITH THE U.S. FEDERAL GOVERNMENT AND THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH AACN FILES TAX RETURNS.

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 ASSOCIATION OF COLLEGES OF NURSING

Employer identification number 52-0971333

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? [X] 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 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
ARKANSAS STATE UNIVERSITY - SCHOOL OF NURSING - PO BOX 910 - STATE UNIVERSITY, AR 72467	71-6000556		5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
AZUSA PACIFIC UNIVERSITY - SAN DIEGO - 901 EAST ALOSTA AVE, PO BOX 7000 - AZUSA, CA 91702-7000	95-1744369	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
BELLARMINE UNIVERSITY 2001 NEWBURG RD LOUISVILLE, KY 40205	61-0482955	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
BELMONT UNIVERSITY - SCHOOL OF NURSING - 1900 BELMONT BOULEVARD - NASHVILLE, TN 37212	62-0465076	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
BOSTON COLLEGE - ATTN: OFFICE FOR SPONSORED PROG - 140 COMMONWEALTH AVE - CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
CALIFORNIA STATE UNIVERSITY FULLERTON - 800 N STATE COLLEGE BLVD CP-350 - FULLERTON, CA 92834-6808	33-0632102	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS

2 Enter total number of section 501(c)(3) and government organizations ▶ 46.

3 Enter total number of other organizations ▶ 10.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
THE COLLEGE OF ST. SCHOLASTICA 1200 KENWOOD DULUTH, MN 55811	41-0698301	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
DEPAUL UNIVERSITY - C/O OFFICE OF ADVANCEMENT - 1 EAST JACKSON BLVD - CHICAGO, IL 60604	36-2167048	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
DREXEL UNIVERSITY 3201 ARCH ST, STE 420 PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
DUKE UNIVERSITY, NURSING BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
EAST TENNESSEE STATE UNIVERSITY 807 UNIVERSITY PARKWAY JOHNSON CITY, TN 37614	62-6021046	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
FAIRFIELD UNIVERSITY 1073 NORTH BENSON RD FAIRFIELD, CT 06824	06-0646623	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
FAIRLEIGH DICKINSON UNIVERSITY - SCHOOL OF NURSING - 1000 RIVER RD H-DH3-12 - TEANECK, NJ 07666-0000	22-1494434	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
FELICIAN COLLEGE 262 SOUTH MAIN ST. LODI, NJ 07644-2117	22-1912028	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
GEORGIA HEALTH SCIENCES FOUNDATION 1120 15TH HSB 225 AUGUSTA, GA 30912	58-6002053		5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNIVERSITY OF NEW MEXICO 1 UNIV. OF NEW MEXICO STE 2600 ALBUQUERQUE, NM 87131-0001	85-6000642		5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 32211-3394	59-0624412	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
JOHNS HOPKINS UNIVERSITY 1101 E 33RD STREET, STE D200 BALTIMORE, MD 21218	52-0595110	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
KENT STATE UNIVERSITY - COLLEGE OF NURSING - P.O. BOX 5190 - KENT, OH 44242-0001	31-6402079	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
LEHMAN COLLEGE - DEPARTMENT OF NURSING - 250 BEDFORD PARK BLVD WEST - BRONX, NY 10468	13-3893536		5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 99 JONATHAN LUCAS ST - CHARLESTON, SC 29425-1600	57-6000722		5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
MGH INSTITUTE OF HEALTH PROFESSIONS - SCHOOL OF NURSING - 36 FIRST AVE - BOSTON, MA 02129	04-2868893	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
MIDAMERICA NAZARENE UNIVERSITY 2030 E. COLLEGE WAY OLATHE, KS 66062-1899	48-0730814	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
MOUNT SAINT MARY'S COLLEGE 10 CHESTER PLACE LOS ANGELES, CA 90007	95-1641455	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NEBRASKA METHODIST COLLEGE OF NURSING AND ALLIED HEALTH - 720 NORTH 87 ST - OMAHA, NE 68114	47-0724387	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
NORFOLK STATE UNIVERSITY 700 PARK AVENUE NORFOLK, VA 23504	54-6002808	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
NORTHERN ARIZONA UNIVERSITY PO BOX 4069 FLAGSTAFF, AZ 86011	74-2579628	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
PACE UNIVERSITY 1 PACE PLAZA NEW YORK, NY 10038-1598	13-5562314	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
QUINNIPIAC UNIVERSITY 275 MOUNT CARMEL AVE HAMDEN, CT 06518-1908	06-0646701	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
THE RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY, NY 12201-0009	14-1368361	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
SALISBURY UNIVERSITY 1101 CAMDEN AVE SALISBURY, MD 21801-6860	52-6002033	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
SAMUEL MERRITT UNIVERSITY 3100 TELEGRAPH AVENUE OAKLAND, CA 94609	94-2992642	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
SAMFORD UNIVERSITY 800 LAKESHORE DR BIRMINGHAM, AL 35229	63-0312914	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SHENANDOAH UNIVERSITY 1460 UNIVERSITY DRIVE WINCHESTER, VA 22601	54-0525605	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
SIMMONS COLLEGE 300 THE FENWAY BOSTON, MA 02115	04-2103629	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
SOUTHERN CONNECTICUT STATE UNIVERSITY - 501 CRESCENT STREET - NEW HAVEN, CT 06515	06-1363115	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
SAINT LOUIS UNIVERSITY 3545 LINDELL BLVD ST. LOUIS, MO 63103	43-0654872	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
SUNY BUFFALO 418 CROFTS HALL BUFFALO, NY 14260	14-6013200		5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
SUNY AT STONY BROOK RESEARCH & DEVEL. PARK, RSS BUILDING - STONY BROOK, NY 11794-6000	14-6013200		5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
TEXAS TECH UNIVERSITY HSC 3601 4TH ST MS 6264 LUBBOCK, TX 79430-6264	75-2668014	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
THOMAS JEFFERSON UNIVERSITY 102 WALNUT STREET, 5TH FLOOR PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
UNIV OF HAWAII FOUNDATION 2444 DOLE ST, BACHMAN HALL 105 HONOLULU, HI 96822	99-0085260	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNIVERSITY OF ALABAMA BIRMINGHAM 1530 3RD AVE SOUTH BIRMINGHAM, AL 35294-0109	63-6005396	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
UNIVERSITY OF MARYLAND 220 ARCH STREET, 2ND FLOOR BALTIMORE, MD 21201	52-6002033	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
UNIVERSITY OF MEDICINE & DENTISTRY NJ - 65 BERGEN ST, STE 1126-B P.O. BOX 3009 - NEWARK, NJ 07107-1709	22-1775306	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
UNIVERSITY OF MISSISSIPPI 2500 N STATE ST JACKSON, MS 39047	64-6008520	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
UNIV OF MISSOURI - COLUMBIA 1000 W. NIFONG, BLDG.7 SUITE # 300 COLUMBIA, MO 65211-8230	43-6003859	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
UNIVERSITY OF ROCHESTER 910 GENESEE STREET SUITE # 200 ROCHESTER, NY 14611	16-0743209	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, ROOM # 329 - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER - 62 S DUNLAP ST STE 120 - MEMPHIS, TN 38163	62-6001636	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
URSULINE COLLEGE 2550 LANDER RD PEPPER PIKE, OH 44124	34-0714777	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNIVERSITY OF SOUTH ALABAMA 307 UNIVERSITY BLVD NORTH AD260 MOBILE, AL 36688	63-0477348	501(C)(3)	7,900.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
UNIVERSITY OF SOUTH FLORIDA 4202 EAST FOWLER AVENUE ADM147 TAMPA, FL 33620	59-3102112	501(C)(3)	5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
UNIVERSITY OF TEXAS EL PASO 500 W. UNIVERSITY AVENUE EL PASO, TX 79968	74-6000813		5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
WINSTON-SALEM UNIVERSITY 601 MARTIN LUTHER KING, JR. DR ELLER HALL RM 209 - WINSTON-SALEM, NC 27110	56-6001466		5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS
WEST VIRGINIA UNIVERSITY PO BOX 6005 MORGANTOWN, WV 26506	55-6000842		5,200.	0.	FMV		TECHNICAL ASSISTANCE GRANTS

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. Part III can be duplicated 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
AFTER COLLEGE SCHOLARSHIPS	10	25,000.	0.	FMV	
JOHNSON & JOHNSON SCHOLARSHIPS	12	153,399.	0.	FMV	
HURST SCHOLARSHIPS	6	15,000.	0.	FMV	
CASTLE BRANCH SCHOLARSHIPS	4	20,000.	0.	FMV	
HONORARIA	9	5,625.	0.	FMV	

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

SCHEDULE I, PART I, LINE 2: TECHNICAL ASSISTANCE GRANTS IN THE AMOUNT OF $5,200 ARE AVAILABLE TO ALL NCIN FUNDED SCHOOLS DURING THEIR RESPECTIVE FUNDING ROUND. SCHOOLS MUST USE THESE FUNDS TO SUCCESSFULLY IMPLEMENT A PRE-ENTRY IMMERSION PROGRAM (PIP). IN ORDER TO RECEIVE THIS GRANT, SCHOOLS MUST SUBMIT A SIGNED LETTER OF AGREEMENT, AS WELL AS LEADERSHIP AND MENTORING PLANS THAT DESCRIBE THEIR PLANNED METHODS OF PIP IMPLEMENTATION. SHOULD A SCHOOL NOT SUBMIT THESE REQUIRED DOCUMENTS BY THE DEADLINE DATE, THEY ARE NO LONGER ELIGIBLE TO RECEIVE PAYMENT.

Part III **Continuation of Grants and Other Assistance to Individuals in the United States** (Schedule I (Form 990), Part III.)

(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
TRAVEL STIPENDS	527.	184,450.	0.	FMV	

Part IV Supplemental Information

JOHNSON & JOHNSON SCHOLARSHIPS: AACN DISTRIBUTES SCHOLARSHIP FUNDS ON AN ANNUAL BASIS DIRECTLY TO THE STUDENT. SCHOLARS ARE REQUIRED TO SUBMIT PROGRESS REPORTS TWICE ANNUALLY FOR EACH YEAR OF FUNDING. THE REPORT FORM INCLUDES STATUS OF ACADEMIC PROGRESSION, SELF ASSESSMENT OF GOAL ACHIEVEMENT, UPDATES ON LEADERSHIP DEVELOPMENT ACTIVITIES, OUTLINE OF PLANS FOR FINAL MONTHS AT THE INSTITUTION AND A FINANCIAL STATEMENT. SCHOLARS ARE ALSO REQUIRED TO SUBMIT A FINAL REPORT WITHIN THREE MONTHS OF COMPLETING THE GRADUATE DEGREE.

AFTER COLLEGE SCHOLARSHIPS, HURST SCHOLARSHIPS, AND CASTLE BRANCH SCHOLARSHIPS: AACN DISTRIBUTES SCHOLARSHIP FUNDS TO ELIGIBLE NURSING STUDENTS ON A ONE-TIME ONLY BASIS. SCHOLARSHIP APPLICANTS MUST COMPLETE AN APPLICATION FORM AND ESSAY FOR AWARD CONSIDERATION. AACN STAFF DETERMINE IF ALL ELIGIBILITY REQUIREMENTS ARE MET, SELECT WINNERS, AND CONFIRM APPLICATION INFORMATION BEFORE AWARDS ARE FINALIZED AND ANNOUNCED. NO STUDENT FOLLOWUP IS CONDUCTED AFTER SCHOLARSHIP MONIES ARE DISBURSED.

SPEAKER HONORARIUMS FOR PRESENTATIONS DELIVERED IN CONJUNCTION WITH JOHN A. HARTFORD FOUNDATION GRANT FUNDED PROJECT RETOOLING NP & CNS CURRICULA: IMPLEMENTING THE NEW ADULT-GERONTOLOGY APRN EDUCATION REQUIREMENTS IN YOUR PROGRAM.

TEACHING NURSING SCHOOL FACULTY HOW TO INCLUDE QUALITY AND SAFETY IN NURSING EDUCATION - TRAVEL STIPEND: SCHOOLS OF NURSING ARE ENCOURAGED TO SEND UP TO TWO PARTICIPANTS TO THE QSEN FACULTY DEVELOPMENT INSTITUTE. PARTICIPANTS ARE ELIGIBLE TO RECEIVE A STIPEND OF $350 TO HELP COVER TRAVEL EXPENSES. EACH PARTICIPANT MUST FILL OUT A STIPEND

Part IV Supplemental Information

FORM IN ORDER TO RECEIVE THE STIPEND AT THE CONCLUSION OF THE INSTITUTE.

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, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: AMERICAN ASSOCIATION OF COLLEGES OF NURSING

Employer identification number: 52-0971333

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate 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 indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations 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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
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 GERALDINE D. BEDNASH	(i)	324,332.	10,151.	0.	24,500.	12,282.	371,265.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JENNIFER AHEARN	(i)	175,174.	8,746.	0.	17,783.	9,907.	211,610.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JOAN STANLEY	(i)	148,585.	3,017.	0.	15,102.	9,864.	176,568.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ROBERT ROSSETER	(i)	136,504.	4,759.	0.	13,789.	5,907.	160,959.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JENNIFER BUTLIN	(i)	138,288.	2,926.	0.	14,026.	9,856.	165,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

PART I, LINE 7: SMALL HOLIDAY BONUSES ARE PROVIDED FOR STAFF MEMBERS AND OTHER BONUSES MAY OCCASIONALLY BE ISSUED AT THE DISCRETION OF THE CHIEF EXECUTIVE OFFICER/EXECUTIVE DIRECTOR FOR EXCEPTIONAL WORK PERFORMANCE AND ACCOMPLISHMENT OF SPECIAL INITIATIVES.

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization: AMERICAN ASSOCIATION OF COLLEGES OF NURSING

Employer identification number: 52-0971333

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION, RESEARCH AND PRACTICE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

QUALITY & SAFETY IN NURSING EDUCATION: THIS PROGRAM, SUPPORTED BY THE ROBERT WOOD JOHNSON FOUNDATION, IS DESIGNED TO ENHANCE THE ABILITY OF NURSE FACULTY TO EFFECTIVELY DEVELOP QUALITY AND SAFETY COMPETENCIES AMONG GRADUATES OF THEIR PROGRAMS.

EXPENSES $ 1,012,175. INCLUDING GRANTS OF $ 184,450. REVENUE $ 0.

OTHER GRANTS & CONTRACTS: A VARIETY OF PROGRAMS GEARED TO ADVANCE NURSING EDUCATION, RESEARCH AND PRACTICE. INCLUDES THE ADVANCED PRACTICE REGISTERED NURSING GRANT, FUNDED BY THE HARTFORD FOUNDATION.

EXPENSES $ 883,471. INCLUDING GRANTS OF $ 219,024. REVENUE $ 0.

GOVERNMENT AFFAIRS: ADVOCACY FOR NURSING EDUCATION AND RESEARCH THROUGHOUT THE FEDERAL LEGISLATIVE AND REGULATORY PROCESS.

EXPENSES $ 563,510. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

RESEARCH: AACN'S INSTITUTIONAL DATA SYSTEMS (IDS) AND RESEARCH CENTER PROVIDE ESSENTIAL RESOURCES TO ASSIST THE NURSING COMMUNITY IN ADDRESSING CHANGES IN HEALTH CARE SYSTEMS AND NURSING EDUCATION.

EXPENSES $ 331,301. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

EDUCATION POLICY: MULTIPLE AND DIVERSE INITIATIVES AND ACTIVITIES RELATED TO NURSING EDUCATION AND PRACTICE. THESE INCLUDE THE

Name of the organization AMERICAN ASSOCIATION OF COLLEGES OF NURSING | Employer identification number 52-0971333

ESTABLISHMENT OF CURRICULAR STANDARDS, QUALITY INDICATORS FOR NURSING EDUCATION, AND NURSING EDUCATION POLICY.

EXPENSES $ 281,924. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

COMMISSION ON NURSE CERTIFICATION: CNC OFFERS CERTIFICATION TO GRADUATES OF CNL PROGRAMS WHO MEET THE ELIGIBILITY REQUIREMENTS ESTABLISHED BY CNC.

EXPENSES $ 258,600. INCLUDING GRANTS OF $ 0. REVENUE $ 223,705.

PUBLIC AFFAIRS: PROGRAMS TO ESTABLISH AACN AS THE AUTHORITATIVE SOURCE FOR INFORMATION ON BACCALAUREATE AND GRADUATE NURSING EDUCATION BY GENERATING INCREASED VISIBILITY WITHIN AND OUTSIDE NURSING.

EXPENSES $ 238,885. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

SPECIAL PROJECTS & TASK FORCES: A VARIETY OF ACTIVITIES FOCUSED ON UNDERGRADUATE AND GRADUATE EDUCATION INITIATIVES.

EXPENSES $ 223,880. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

PUBLICATIONS: PUBLICATIONS INCLUDE THE JOURNAL OF PROFESSIONAL NURSING, THE SYLLABUS NEWSLETTER, AND A VARIETY OF OTHER HIGHER EDUCATION/NURSING PUBLICATIONS.

EXPENSES $ 217,907. INCLUDING GRANTS OF $ 0. REVENUE $ 389,841.

FACULTY PROGRAMS: INITIATIVES THAT ADDRESS THE PROFESSIONAL DEVELOPMENT NEEDS OF FACULTY OF AACN MEMBER SCHOOLS.

EXPENSES $ 131,900. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

NURSINGCAS: THIS NATIONAL CENTRALIZED APPLICATION SERVICE ALLOWS

Name of the organization AMERICAN ASSOCIATION OF COLLEGES OF NURSING | Employer identification number 52-0971333

PROSPECTIVE STUDENTS TO APPLY TO MULTIPLE NURSING PROGRAMS USING ONE ELECTRONIC APPLICATION.

EXPENSES $ 58,286. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 6: THERE ARE 4 CLASSES OF MEMBERSHIP: INSTITUTIONAL (VOTING), PROVISIONAL INSTITUTIONAL (NON-VOTING), EMERITUS (NON-VOTING), AND HONORARY/HONORARY ASSOCIATE (NON-VOTING).

FORM 990, PART VI, SECTION A, LINE 7A: SEE EXPLANATION FOR LINE 6 ABOVE.

FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERSHIP VOTES ON THE ELECTION OF OFFICERS AND NOMINATING COMMITTEE, BYLAWS REVISIONS, POSITION STATEMENTS AND ANY OTHER MATTERS BROUGHT FORWARD AT THE BUSINESS MEETING.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PREPARED BY THE AUDITOR AND REVIEWED BY THE DIRECTOR OF FINANCE, CHIEF OPERATING OFFICER AND CEO/EXECUTIVE DIRECTOR. UPON COMPLETION, THE FORM 990 IS POSTED TO A RESTRICTED ACCESS WEBSITE, AND THE BOARD IS NOTIFIED THAT THE 990 IS AVAILABLE FOR REVIEW. THEY ARE GIVEN A DEADLINE FOR QUESTIONS AND CONCERNS, AND THE CONTACT INFORMATION OF THE INDIVIDUAL RESPONSIBLE FOR RESPONDING TO QUESTIONS.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD MEMBERS, NOMINATING COMMITTEE MEMBERS, CEO/EXECUTIVE DIRECTOR AND ALL DIRECTORS SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY. THE PRESIDENT OF THE BOARD REVIEWS THE BOARD OF DIRECTORS' STATEMENTS. IN ADDITION, BOARD MEMBERS ARE ASKED TO ORALLY CONFIRM THAT THERE ARE NO CONFLICTS AT EACH QUARTERLY BOARD MEETING.

Name of the organization AMERICAN ASSOCIATION OF COLLEGES OF NURSING

Employer identification number 52-0971333

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE CEO/EXECUTIVE DIRECTOR (CEO/ED) IS DETERMINED BY THE PRESIDENT IN CONSULTATION WITH THE BOARD OF DIRECTORS. ANNUALLY, A REPORT IS DEVELOPED FOR THE BOARD WHICH INCLUDES THE CEO/ED'S CURRENT SALARY AND SALARY DATA FOR COMPARABLE POSITIONS. THE SALARY FOR OTHER KEY POSITIONS IS DETERMINED BY THE CEO/ED BASED ON SIMILAR DATA.

FORM 990, PART VI, SECTION C, LINE 19: VARIOUS GOVERNING DOCUMENTS ARE ON THE AACN WEBSITE. IN ADDITION, FINANCIAL STATEMENTS ARE DISTRIBUTED IN THE ANNUAL REPORT.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 1,130,704.

FORM 990, PART XI, LINE 12C:

THE AUDIT COMMITTEE OF THE BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT AUDITOR. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

Form **8868**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return See instructions	AMERICAN ASSOCIATION OF COLLEGES OF NURSING	52-0971333
	Number, street, and room or suite no If a P.O. box, see instructions. ONE DUPONT CIRCLE, NW, NO. 530	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20036	

Enter the Return code for the return that this application is for (file a separate application for each return) [0 1]

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ THE ASSOCIATION ONE DUPONT CIRCLE, NW - WASHINGTON, DC 20036
  Telephone No. ▶ (202)463-6930 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2010, and ending JUN 30, 2011.

2 If the tax year entered in line 1 is for less than 12 months, check reason. [ ] Initial return [ ] Final return
[ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions