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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
AMERICAN NURSES ASSOCIATION INC

Doing Business As

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

Room/suite

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

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

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

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

J Website: ▶ WWW.NURSINGWORLD.ORG

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

L Year of formation 1917

M State of legal domicile DC

Part I	Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO ADVANCE AND PROMOTE THE IMPROVEMENT OF HEALTH STANDARDS AND THE STANDARDS OF NURSING AND TO STIMULATE AND PROMOTE THE PROFESSIONAL DEVELOPMENT OF NURSES AND ADVANCE THEIR ECONOMIC AND GENERAL WELFARE		
	2	Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
Revenue	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	261
	6	Total number of volunteers (estimate if necessary)	6	5,328
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	442,749
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	38,283
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,441,750	1,161,764
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,418,647	33,988,156
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	85,103	581,156
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,002,986	4,181,220
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	32,948,486	39,912,296
	14	Benefits paid to or for members (Part IX, column (A), line 4)	349,047	400,858
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	12,626,130	14,100,105
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0	0	0
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	18,963,714	23,556,957
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	31,938,891	38,057,920
	19	Revenue less expenses Subtract line 18 from line 12	1,009,595	1,854,376
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	25,990,059	28,701,267
	21	Total liabilities (Part X, line 26)	16,519,937	23,138,190
	22	Net assets or fund balances Subtract line 21 from line 20	9,470,122	5,563,077

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

2012-11-15

Date

Signature of officer

MICHAEL PFEIFFER, CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

KAREN GRIES

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)
P00078514

Firm's name (or yours if self-employed), address, and ZIP + 4

CLIFTONLARSONALLEN LLP
4250 N FAIRFAX DRIVE SUITE 1020
ARLINGTON, VA 22203

EIN ▶ 41-0746749

Phone no ▶ (571) 227-9500

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

☐ ☒

1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

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

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

4b

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

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

4c

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

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

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

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses

\$

Form 990 (2011)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	Yes
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	Yes
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV 	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV 	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a142	1c	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
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. .	2a261	2b	Yes
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a		
b	Enter the aggregate 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 aggregate amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MICHAEL PFEIFFER 8515 GEORGIA AVENUE NO 400 SILVER SPRING, MD 209103492 (301) 628-5000	

Part VII

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization’s tax year

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

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) KAREN A DALEY PRESIDENT	40 00	X		X				175,000	0	25,447
(2) KAREN A BALLARD FIRST VICE PRESIDENT	5 00	X		X				0	0	0
(3) COLEEN ARMSTRONG SECOND VICE PRESIDENT	5 00	X		X				0	0	0
(4) TERESA STONE SECRETARY	5 00	X		X				0	0	0
(5) TERESA HALLER TREASURER	5 00	X		X				0	0	0
(6) CINDY BALKSTRA DIRECTOR	5 00	X						0	0	0
(7) BARBARA CRANE DIRECTOR	5 00	X						0	0	0
(8) JENNIFER DAVIS DIRECTOR	5 00	X						0	0	0
(9) ELIZABETH O DIETZ DIRECTOR	5 00	X						0	0	0
(10) LINDA M GURAL DIRECTOR	5 00	X						0	0	0
(11) CARRIE HOUSER JAMES DIRECTOR	5 00	X						0	0	0
(12) FLORENCE JONES-CLARKE DIRECTOR	5 00	X						0	0	0
(13) ROSE MARIE MARTIN DIRECTOR	5 00	X						0	0	0
(14) JENNIFER MENSIK DIRECTOR	5 00	X						0	0	0
(15) JULIE SHUFF DIRECTOR	5 00	X						0	0	0
(16) MARLA J WESTON CHIEF EXECUTIVE OFFICER	34 00			X				318,581	0	47,978
(17) MARY BUSZUWSKI UNTIL 123111 CHIEF OPERATING OFFICER	34 00			X				217,303	0	52,133

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) AMY GARCIA CHIEF PROGRAM OFFICER	40 00			X				105,856	0	8,223
(19) MICHAEL PFEIFFER CHIEF FINANCIAL OFFICER	30 00			X				177,639	0	39,332
(20) ALICE BODLEY GENERAL COUNSEL	40 00			X				202,218	0	110,123
(21) WYLECIA WIGGS HARRIS CHIEF OF STAFF	40 00			X				177,857	0	33,813
(22) ROSE GONZALEZ DIRECTOR - GOV'T AFFAIRS	40 00					X		170,176	0	105,847
(23) MOIRA EDWARDS UNTIL 123111 DIRECTOR - BUSINESS DEVELO	40 00					X		149,505	0	14,629
(24) JEANNE FLOYD UNTIL 412011 EXECUTIVE DIRECTOR, ANCC	40 00					X		128,488	0	34,152
(25) CRAIG LUZINSKI DIRECTOR MAGNET	40 00					X		168,300	0	17,953
(26) KAREN DRENKARD DIRECTOR, MAGNET PROG, ANC	40 00					X		243,711	0	58,154
(27) NANCY ROBERT BUSINESS DIRECTOR	40 00					X		194,854	0	35,573
(28) SUSAN COE SENIOR DIRECTOR HUMAN RESOURCES	40 00					X		159,376	0	21,114
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,588,864	0	604,471

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶41

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

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
KUMC RESEARCH 3901 RAINBOW BLVD KANSAS CITY, KS 66160	RESARCH	1,518,205
OUTSOURCE PARTNERS INTERNATIONAL 477 MADISON AVE 240 NEW YORK, NY 10022	ACCOUNTING OPERATIONS	1,202,469
LANCET SOFTWARE 11980 PORTLAND AVE SOUTH BURNSVILLE, MN 55337	SOFTWARE	658,584
PBD INC 1650 BLUEGRASS LAKES PKWY ALPHARETTA, GA 30004	PUBLICATION FULFILLMENT	627,270
HEALTHCOM MEDIA 259 VETRANS LANE DOYLESTOWN, PA 18901	ONLINE CE	435,313
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶23		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	969,202			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	192,562			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		1,161,764			
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	541900	16,381,816	16,381,816		
	b	SERVICE FEES	900004	9,045,428	8,745,428	300,000	
	c	ADMIN FEES-AFFILIATES	561000	7,515,848	7,515,848		
	d	CONF REGISTRATIONS	541900	851,798	851,798		
	e	AGENCY/PROCESSING FEES	900099	193,266	193,266		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		33,988,156			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		407,774			407,774
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties		390,625			390,625
	6a	(i) Real					
		(ii) Personal					
		Gross rents	1,470,994				
	b	Less rental expenses	0				
	c	Rental income or (loss)	1,470,994				
	d	Net rental income or (loss)		1,470,994		10,373	1,460,621
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory	2,189,878				
	b	Less cost or other basis and sales expenses	2,016,496				
	c	Gain or (loss)	173,382				
	d	Net gain or (loss)		173,382			173,382
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b	Less direct expenses	b					
c	Net income or (loss) from fundraising events . .						
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances .	a					
		2,058,203					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . .		1,808,321	1,808,321			
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS	900099	377,904			377,904	
b	ADVERTISING REVENUE	541800	132,376		132,376		
c	HONORARIUM	900099	1,000			1,000	
d	All other revenue						
e	Total. Add lines 11a-11d		511,280				
12	Total revenue. See Instructions		39,912,296	35,496,477	442,749	2,811,306	

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)
Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	400,858			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,588,863			
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	8,238,949			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,616,482			
9	Other employee benefits	829,337			
10	Payroll taxes	826,474			
11	Fees for services (non-employees)				
a	Management	1,371,433			
b	Legal	341,126			
c	Accounting	164,178			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	45,342			
g	Other	7,756,841			
12	Advertising and promotion	447,621			
13	Office expenses	1,733,998			
14	Information technology	742,848			
15	Royalties	54,633			
16	Occupancy	2,131,762			
17	Travel	1,563,900			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	224,484			
20	Interest	34,714			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	454,209			
23	Insurance	167,600			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SNA REBATES	3,534,390			
b	MISCELLANEOUS	1,440,322			
c	DUES, SUBSCRIPTIONS & M	620,034			
d	TEMPORARY HELP	365,991			
e					
f	All other expenses	361,531			
25	Total functional expenses. Add lines 1 through 24f	38,057,920			
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			10,148,042	2	8,692,892
	3	Pledges and grants receivable, net			161,290	3	240,543
	4	Accounts receivable, net			1,912,735	4	1,386,124
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			301,053	8	366,025
	9	Prepaid expenses and deferred charges			844,375	9	2,101,150
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	7,019,083			
	b	Less: accumulated depreciation	10b	4,626,439	1,413,511	10c	2,392,644
	11	Investments—publicly traded securities			8,111,126	11	7,933,346
	12	Investments—other securities. See Part IV, line 11			1,085,833	12	1,097,472
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,012,094	15	4,491,071
16	Total assets. Add lines 1 through 15 (must equal line 34)			25,990,059	16	28,701,267	
Liabilities	17	Accounts payable and accrued expenses			3,288,316	17	3,420,409
	18	Grants payable				18	
	19	Deferred revenue			5,013,749	19	6,422,748
	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			418,059	23	408,032
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			7,799,813	25	12,887,001
	26	Total liabilities. Add lines 17 through 25			16,519,937	26	23,138,190
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			9,299,437	27	5,395,797
	28	Temporarily restricted net assets			137,185	28	133,780
	29	Permanently restricted net assets			33,500	29	33,500
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			9,470,122	33	5,563,077
34	Total liabilities and net assets/fund balances			25,990,059	34	28,701,267	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,912,296
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,057,920
3	Revenue less expenses Subtract line 2 from line 1	3	1,854,376
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,470,122
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-5,761,420
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	5,563,077

Part XII Financial Statements and Reporting

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

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

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

2011

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, line 35c (Proxy Tax), then

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office 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-
(1) ANA-PAC	8515 GEORGIA AVENUE SILVER SPRING, MD 20910	52-1254413		46,432

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

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

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	16,381,816
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	2,181,936
b	Carryover from last year	2b	
c	Total	2c	2,181,936
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	3,554,239
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-1,372,303

Part IV

Supplemental Information

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

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

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN NURSES ASSOCIATION INC

Employer identification number
13-1893923

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
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	170,685	149,314	126,073	181,729
b	Contributions				
c	Investment earnings or losses	-3,406	21,371	23,241	-55,656
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance	167,279	170,685	149,314	126,073

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 20 000 %

c

Term endowment ▶ 80 000 %

3a

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

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

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		466,538	52,920	413,618
c Leasehold improvements		895,525	573,172	322,353
d Equipment		3,315,548	2,427,323	888,225
e Other		2,341,472	1,573,024	768,448
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,392,644

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	39,912,296
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	38,057,920
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,854,376
4	Net unrealized gains (losses) on investments	4	-601,325
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-5,160,095
9	Total adjustments (net) Add lines 4 - 8	9	-5,761,420
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,907,044

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	39,515,511
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-601,325
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	249,882
e	Add lines 2a through 2d	2e	-351,443
3	Subtract line 2e from line 1	3	39,866,954
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	45,342
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	45,342
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	39,912,296

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	38,262,457
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	249,882
e	Add lines 2a through 2d	2e	249,882
3	Subtract line 2e from line 1	3	38,012,575
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	45,345
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	45,345
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	38,057,920

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT INVESTMENT POLICY IS FOCUSED ON PRESERVATION OF CAPITAL AND AMOUNTS ARE INVESTED IN EQUITIES, CORPORATE AND GOVERNMENT BONDS THROUGH EXCHANGE TRADED MUTUAL FUNDS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ASSOCIATION IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON ITS EXEMPT PURPOSE ACTIVITIES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE. THE ASSOCIATION IS REQUIRED TO REPORT UNRELEATED BUSINESS INCOME TO THE INTERNAL REVENUE SERVICE AND MARYLAND. NO PROVISION FOR INCOME TAX IS REQUIRED FOR 2011 AND 2010. THE ASSOCIATION ADOPTED THE INCOME TAX STANDARD FOR UNCERTAIN INCOME TAX POSITIONS. THE ASSOCIATION EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ITS POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION. THE ASSOCIATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE TAX RETURNS FOR FISCAL YEARS 2008 THROUGH 2010 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN MINIMUM PENSION LIABILITY -5,162,931 TRANSFER OF ASSETS FROM CENTER OF AMERICAN NURSES 2,836 TOTAL TO SCHEDULE D, PART XI, LINE 8 - 5,160,095
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 249,882
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 249,882

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

[illegible]

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

3 Enter total number of other organizations or entities ►

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Supplemental Information

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

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN NURSES ASSOCIATION INC

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

2011

Open to Public
Inspection

Employer identification number
13-1893923

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No
- 2

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

Part II

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

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) STIPEND GRANTS	17	338,358		N/A	N/A
(2) TUITION GRANTS	13	62,500		N/A	N/A

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

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
AMERICAN NURSES ASSOCIATION INC

Employer identification number
13-1893923

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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) KAREN A DALEY	(i)	175,000	0	0	0	25,447	200,447	0
	(ii)	0	0	0	0	0	0	0
(2) MARLA J WESTON	(i)	317,652	0	929	40,329	7,649	366,559	0
	(ii)	0	0	0	0	0	0	0
(3) MARY BUSZUWSKI UNTIL 123111	(i)	215,566	0	1,737	50,609	1,524	269,436	0
	(ii)	0	0	0	0	0	0	0
(4) MICHAEL PFEIFFER	(i)	177,279	0	360	21,154	18,178	216,971	0
	(ii)	0	0	0	0	0	0	0
(5) ALICE BODLEY	(i)	200,481	0	1,737	91,762	18,361	312,341	0
	(ii)	0	0	0	0	0	0	0
(6) WYLECIA WIGGS HARRIS	(i)	177,015	0	842	21,753	12,060	211,670	0
	(ii)	0	0	0	0	0	0	0
(7) ROSE GONZALEZ	(i)	168,096	0	2,080	97,700	8,147	276,023	0
	(ii)	0	0	0	0	0	0	0
(8) MOIRA EDWARDS UNTIL 123111	(i)	149,206	0	299	7,514	7,115	164,134	0
	(ii)	0	0	0	0	0	0	0
(9) JEANNE FLOYD UNTIL 412011	(i)	124,328	0	4,160	30,427	3,725	162,640	0
	(ii)	0	0	0	0	0	0	0
(10) CRAIG LUZINSKI	(i)	142,650	25,000	650	5,175	12,778	186,253	0
	(ii)	0	0	0	0	0	0	0
(11) KAREN DRENKARD	(i)	242,782	0	929	41,117	17,037	301,865	0
	(ii)	0	0	0	0	0	0	0
(12) NANCY ROBERT	(i)	144,209	50,000	645	23,448	12,125	230,427	0
	(ii)	0	0	0	0	0	0	0
(13) SUSAN COE	(i)	148,698	10,000	678	14,725	6,389	180,490	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	KAREN DALEY - RESIDENCE FOR PERSONAL USE - \$25,466 (VALUE) - NOT INCLUDIBLE IN INCOME

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization AMERICAN NURSES ASSOCIATION INC	Employer identification number 13-1893923
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE ASSOCIATION'S EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS COMPOSED OF THE OFFICERS WHICH HAVE ALL POWERS OF THE BOARD OF DIRECTORS TO TRANSACT BUSINESS BETWEEN BOARD MEETINGS IN ACCORDANCE WITH THE RULES ESTABLISHED BY THE BOARD SUCH TRANSACTIONS ARE REPORTED AT THE NEXT REGULAR MEETING OF THE BOARD OF DIRECTORS

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED IN DETAIL BY THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER TO ENSURE THAT THE DETAILS TIE TO THE AUDITED FINANCIAL STATEMENTS AND APPROPRIATELY REPRESENT ALL FINANCIAL ACTIVITIES OF THE ORGANIZATION. A COPY OF THE FORM 990 IS DISTRIBUTED TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING THE RETURN WITH THE IRS.

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	APPROXIMATELY EVERY 18-24 MONTHS, AN OUTSIDE CONSULTING FIRM SPECIALIZING IN COMPENSATION IS HIRED TO REVIEW ALL SENIOR MANAGEMENT POSITIONS (CEO, COO, CPO, GENERAL COUNSEL, AMERICAN NURSES CREDENTIALING CENTER EXECUTIVE DIRECTOR) EXTENSIVE RESEARCH WAS PERFORMED BY THIS CONSULTING FIRM ON SALARIES PAID BASED ON THE SIZE OF THE ORGANIZATION, NON-PROFIT, AND LABOR MARKET IN THE GREATER WASHINGTON, DC METROPOLITAN AREA AT THIS TIME, ALL JOBS AND SALARY GRADES WERE BENCHMARKED TO ENSURE THAT THE ORGANIZATION REMAINS COMPETITIVE IN THE CURRENT LABOR MARKET ADDITIONALLY, AMERICAN NURSES ASSOCIATION HAS A FORMAL PROCESS TO ADD NEW POSITIONS TO THE ORGANIZATION THE COMPENSATION COMMITTEE IS CONVENED TO SCORE THE NEW POSITION DESCRIPTION, THUS RANKING THE POSITION WITHIN THE SALARY GRADES PREVIOUSLY AND REVIEWED ON AN ANNUAL BASIS ALL UNION POSITIONS ARE COVERED BY THE UNION CONTRACT THESE PROCESSES ARE DOCUMENTED AND HELD IN THE HUMAN RESOURCES DEPARTMENT BY THE DIRECTOR OF HUMAN RESOURCES THIS PROCESS WAS LAST CONDUCTED IN 2012

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

Identifier	Return Reference	Explanation
THE FOLLOWING INDIVIDUALS ARE BOARD MEMBERS FOR BOTH THE AMERICAN NURSES	FORM 990, PART VII, LINE 1A	ASSOCIATION AND RELATED ORGANIZATIONS OR AMERICAN NURSES ASSOCIATION MARLA J WESTON DEVOTES APPROXIMATELY 40 HOURS PER WEEK AS FOLLOWS AS THE CURRENT CHIEF EXECUTIVE OFFICER AMERICAN NURSES ASSOCIATION, INC 34 HOURS AMERICAN NURSES CREDENTIALING CENTER 5 HOURS AMERICAN NURSES FOUNDATION, INC 1 HOUR MICHAEL PFEIFFER DEVOTES APPROXIMATELY 40 HOURS PER WEEK AS FOLLOWS AMERICAN NURSES ASSOCIATION, INC 30 HOURS AMERICAN NURSES CREDENTIALING CENTER 8 HOURS AMERICAN NURSES FOUNDATION, INC 2 HOURS MARY BUSZUWSKI DEVOTES APPROXIMATELY 40 HOURS PER WEEK AS FOLLOWS AMERICAN NURSES ASSOCIATION, INC 30 HOURS AMERICAN NURSES CREDENTIALING CENTER 8 HOURS AMERICAN NURSES FOUNDATION, INC 2 HOURS KAREN A DALEY DEVOTES APPROXIMATELY 6 HOURS PER WEEK AS FOLLOWS AMERICAN NURSES ASSOCIATION, INC 5 HOURS AMERICAN NURSES CREDENTIALING CENTER 1 HOUR KAREN A BALLARD DEVOTES APPROXIMATELY 6 HOURS PER WEEK AS FOLLOWS AMERICAN NURSES ASSOCIATION, INC 5 HOURS AMERICAN NURSES FOUNDATION 1 HOUR TERESA STONE DEVOTES APPROXIMATELY 6 HOURS PER WEEK AS FOLLOWS AMERICAN NURSES ASSOCIATION, INC 5 HOURS AMERICAN NURSES FOUNDATION 1 HOUR JEANNE FLOYD DEVOTES APPROXIMATELY 40 HOURS PER WEEK AS FOLLOWS AMERICAN NURSES ASSOCIATION, INC 30 HOURS AMERICAN NURSES CREDENTIALING CENTER 10 HOURS KAREN DRENKARD DEVOTES APPROXIMATELY 40 HOURS PER WEEK AS FOLLOWS AMERICAN NURSES ASSOCIATION, INC 30 HOURS AMERICAN NURSES CREDENTIALING CENTER 10 HOURS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -601,325 CHANGE IN MINIMUM PENSION LIABILITY -5,162,931 TRANSFER OF ASSETS FROM CENTER OF AMERICAN NURSES 2,836 TOTAL TO FORM 990, PART XI, LINE 5 -5,761,420

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN NURSES ASSOCIATION INC

Employer identification number
13-1893923

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) AMERICAN NURSES FOUNDATION INC 8515 GEORGIA AVE 400 SILVER SPRING, MD 20910 13-1893924	SCIENTIFIC RESEARCH, EDUCATION SUPPORT, CHARITABLE AFFILIATE	DC	501(C)(3)	7	AMERICAN NURSES ASSOCIATION INC		No
(2) AMERICAN NURSES CREDENTIALING CENTER 8515 GEORGIA AVE 400 SILVER SPRING, MD 20910 43-1565726	PROF CREDENTIALING FOR REGISTERED NURSES, HEALTH FACILITY ACCREDITATION	DC	501(C)(6)	N/A	AMERICAN NURSES ASSOCIATION INC		No
(3) AMERICAN ACADEMY OF NURSING 888 17TH STREET NW WASHINGTON, DC 20006 52-2213870	PROVIDE VISIONARY LEADERSHIP TO THE NURSING PROFESSION AND THE PUBLIC	DC	501(C)(3)	7	AMERICAN NURSES ASSOCIATION INC		No
(4) INSTITUTE FOR NURSING RESEARCH AND EDUCATION 8515 GEORGIA AVE 400 SILVER SPRING, MD 20910 26-3121515	IMPROVE THE WORK ENVIRONMENT FOR NURSES	DC	501(C)(3)	LINE 7	AMERICAN NURSES ASSOCIATION INC		No

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) NURSE MARKETPLACE INC 8515 GEORGIA AVE 400 SILVER SPRING, MD 20910 52-2183261	INACTIVE SUBSIDIARY	DC	N/A	C			100 000 %
(2) ANA SERVICE CORPORATION INC 8515 GEORGIA AVE 400 SILVER SPRING, MD 20910 54-2179203	INACTIVE SUBSIDIARY	DC	N/A	C			100 000 %

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

No

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

No

1p

Yes

1q

No

1r

Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN NURSES CREDENTIALING CENTER	K	4,001,394	BOOK VALUE
(2) AMERICAN NURSES CREDENTIALING CENTER	M	1,458,473	BOOK VALUE
(3) AMERICAN NURSES CREDENTIALING CENTER	N	10,042,209	BOOK VALUE
(4) AMERICAN NURSES CREDENTIALING CENTER	R	3,271,491	BOOK VALUE
(5) AMERICAN NURSES FOUNDATION INC	K	242,963	BOOK VALUE
(6) AMERICAN NURSES FOUNDATION INC	N	156,610	BOOK VALUE

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Software ID:
Software Version:
EIN: 13-1893923
Name: AMERICAN NURSES ASSOCIATION INC

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) AMERICAN NURSES CREDENTIALING CENTER	K	4,001,394	BOOK VALUE
(2) AMERICAN NURSES CREDENTIALING CENTER	M	1,458,473	BOOK VALUE
(3) AMERICAN NURSES CREDENTIALING CENTER	N	10,042,209	BOOK VALUE
(4) AMERICAN NURSES CREDENTIALING CENTER	R	3,271,491	BOOK VALUE
(5) AMERICAN NURSES FOUNDATION INC	K	242,963	BOOK VALUE
(6) AMERICAN NURSES FOUNDATION INC	N	156,610	BOOK VALUE

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services
(Code) (Expenses \$ including grants of \$) (Revenue \$) DEVELOP COMPREHENSIVE PAYMENT SYSTEMS OF NURSING SERVICES AMERICAN NURSES ASSOCIATION WORKS ON ISSUES OF MEANINGFUL USE AND COMPREHENSIVE PAYMENT SYSTEMS THAT RECOGNIZE THE ROLE THAT NURSES PLAY IN THE PREVENTION AND TREATMENT OF DISEASE