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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)

2011

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

Open to Public Inspection

OMB No 1545-0047

A F	or the	2011 calendar year, or tax year beginning	and	ending		
B C	heck if	C Name of organization			D Employer ident	ification number
	Addres change Name	NORTH CAROLINA NURSES	ASSOCIATION		5.6	0341047
	Jchang∈ ∏Initial			Dane /acuta		····
H	Jreturn ∫Termin	Number and street (or P 0 box if mail is not de	livered to street address)	Room/suite	1	
-	Jated Amend	103 ENIERFRISE SIREEI				<u>-821-4250</u>
\vdash	Jreturn Applica	City or town, state or country, and ZIP + 4			G Gross receipts \$	1,279,954.
	Jtion pendin	KADEIGH, NC 2/00/	A C CORDON		H(a) Is this a group	Yes X No
		F Name and address of principal officer TIN			for affiliates?	
		103 ENTERPRISE ST, RALE mpt status 501(c)(3) X 501(c)(6)			H(b) Are all affiliates	
		_1		or 527	┪	a list (see instructions)
		e: WWW.NCNURSES.ORG	ssociation Other	I Von	H(c) Group exempt	M State of legal domicile NC
	rt [organization. X Corporation Trust As Summary	SSOCIATION CITIES P	L Tea	oriormation. 1902	M State of legal domicile INC
9		Briefly describe the organization's mission or most		ERVE '	THE CHANGIN	G NEEDS OF
Activities & Governance		<u>ITS MEMBERS, ADDRESS NURS</u>	ING ISSUES, AND	ADVO	CATE FOR	
Ĕ	2	Check this box 🕨 📖 if the organization disco	ntinued its operations or dispo	sed of mor	e than 25% of its net	1
š	3 1	Number of voting members of the governing body	(Part VI, line 1a)		<u> 3</u>	
ر ا	4	Number of independent voting members of the go	verning body (Part VI, line 1b)		_4	
es	5	Total number of individuals employed in calendar y	year 2011 (Part V, line 2a)		5	
	6	Total number of volunteers (estimate if necessary)			_€	
בָּ בַּ	7 a '	Fotal unrelated business revenue from Part VIII, co	olumn (C), line 12		7	
	b	Net unrelated business taxable income from Form	990-Trline-34 2	!	7	ы <u>11,926.</u>
			MAY 0 7 2012	750-5	Prior Year	Current Year
ဍ		Contributions and grants (Part VIII, line 1h)	0			
וובאבוותם		Program service revenue (Part VIII, line 2g)			1,050,259	
	10	nvestment income (Part VIII, column (A), lines 3, 4	(and-7d) (1) = 11	7हाँ 🗀	10,351	
٠	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8d	e, 9c, 10c, and 11e)	·	<u> 183,561</u>	
_	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		<u>1,244,171</u>	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14	Benefits paid to or for members (Part IX, column (A	A), line 4)		0	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	491,981	
รูกร	16a	Professional fundraising fees (Part IX, column (A),	line 11e)	_	0	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), lin	e 25)	0.		
٠,	17	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)	<u> </u> _	461,726	
	18	Total expenses Add lines 13-17 (must equal Part	IX, column (A), line 25)	_	953,707	
	19	Revenue less expenses. Subtract line 18 from line	12		<u>290,464</u>	
Fund Balances				В	eginning of Current Yea	
3ala	20	Total assets (Part X, line 16)		<u> </u>	1,286,578	
ndt	21	Total liabilities (Part X, line 26)			192,515	
프		Net assets or fund balances Subtract line 21 from	line 20		1,094,063	. 1,333,640.
	rt II	Signature Block thes of perjury, I declare that I have examined this return	uncluding accompanying schedule	e and states	ments, and to the hest of	my knowledge and helief it is
ue.	COrrec	i, and complete. Decytation of preparer (other than office	er) is based on all information of w	hich prepare	er has any knowledge.	my knowledge and boiler, it is
		In Hal	OV .	;		0-12
igr	า	Signature of officer		<u> </u>	Date	
ler-		TINA C. GORDON, CHIEF Type or print name and title	EXECUTIVE OFFIC	ER		
Paid Prep Jse		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
aid		PAUL MILLER	Pan (S. m.) Les	P4	4. 27-12 sell-emp	loyed P00166372
rep	arer		HAYWOOD, LLP		Firm's EIN	
se	Only	Firm's address P. O. BOX 17806				
		RALEIGH, NC 2761	9-7806		Phone no.	919-782-9265
Мау	the IF	S discuss this return with the preparer shown abo	ove? (see instructions)			X Yes No
1320	01 01-2	3-12 LHA For Paperwork Reduction Act Notice	ce, see the separate instructi	ons.		Form 990 (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2011) NORTH CAROLINA NURSES ASSOCIATION 56-0341047	Page 2
<u>Par</u>	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	<u>X</u> _
1	Briefly describe the organization's mission	
	TO SERVE THE CHANGING NEEDS OF ITS MEMBERS, ADDRESS NURSING ISSUES,	
	AND ADVOCATE FOR THE HEALTH AND WELL-BEING OF ALL PEOPLE.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X 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 expense	s
	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 \$)
	PROVIDE EDUCATIONAL PROGRAMS AND CONFERENCES DESIGNED TO MAINTAIN A	AND
	IMPROVE THE SKILLS OF ITS MEMBERS.	
4 b	DISSEMINATION OF INFORMATION TO ITS MEMBERS RELATED TO CHANGES IN TOURSING PROFESSION AND EDUCATE THE GENERAL PUBLIC ABOUT THE PROFESSION AS WELL AS HEALTH ISSUES.	
4 c	(Code) (Expenses \$	B)
		·
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ Including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► Form 9	90 (2011)

1 Is the organization described in section SOTIC(S) or 4927(a)11 (other than a private foundation? If ''res, 'complete Scheduke B, Scheduke B, Scheduke C Contribution? 2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Scheduke C, Part II 3 Section SOTIC(S) organizations. Did the organization engage in liobbying activities, or have a section 501(h) electron in effect during the fax year? If 'Yes,' complete Scheduke C, Part II 5 is the organization as section SOTIC(6)(5) (C)(S), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reviewe Proceduce 9819' If 'Yes,' complete Scheduke C, Part III 5 is the organization analitian any donor advised funds or any similar funds or accounts? If 'Yes,' complete Scheduke D, Part II 6 Dd the organization maintain any donor advised funds or any similar funds or accounts? If 'Yes,' complete Scheduke D, Part II 7 Dd the organization maintain any donor advised funds or any similar funds or accounts? If 'Yes,' complete Scheduke D, Part II 8 Dd the organization maintain any donor advised funds or any similar funds or accounts? If 'Yes,' complete Scheduke D, Part II 9 Dd the organization maintain and part II in Part II, into 21, severe as a custodian for amounts not listed in Part X, or provide credit counseling, debit management, credit repart, or debit response services? If 'Yes,' complete Scheduke D, Part IV 10 Dd the organization develop of through a related organization, hold assets in temporarily restricted endowments, promise and part II in the organization report an amount for interesting the part II in the Organization report and amount for other leighttess in Part X, line 109 If Yes,				Yes	No
2 Is the organization required to complete Schedule 0, Schedule of Contributions? 3 Did the organization engage in direct or indered political campagin activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part If 3 Section 501(x)(3) organizations are direct or indered political campagin activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part If 5 Is the organization assection 501(x)(4) S01(x)(5), or 501(x)(6) organization that receives membership dues, assessments, or similar amounts as defined in thereuse Procedure 98.197 If 'Yes,' complete Schedule C, Part Iff 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment or any similar funds or accounts for which donors have the right to provide advise on the distribution of a complete Schedule D, Part Iff 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment in the conservation easement, including easements to preserve open space, the environment in the conservation easement, including easements to preserve open space, the environment in the environment in the space of the securities of the secu	1				
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public office? If "Yes," complete Schedule C, Part I Section 50 (16)3) organizations. Ddt the organization engage in bibbying activities, or have a section 501(fit) electron in effect during the tax year? If "Yes," complete Schedule C, Part II 1 is the organization a section 501(c)(6), 501(c)(6), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedulus 98 19? If "Yes," complete Schedule C, Part II 5 Is the organization maintain any during advised funds or any similar amounts as defined in Revenue Procedulus 98 19? If "Yes," complete Schedule C, Part II 6 Ib dite organization maintain any during advised funds or any similar amounts or accounts for which donors have the right to provide advised to a country of the organization maintain any during a display and the provided advised to a country of the organization maintain any during a display and a country of the organization maintain and areas, or instorie of amounts and thrusts of presence open space, the environment, instorie all organization excessive. If "Yes," complete Schedule D, Part II 8 Ib dithe organization report an amount in Part X, line 21, series as custodain for amounts not listed in Part X; or provide schedule organization, directly or through a related organization services? If "Yes," complete Schedule D, Part IV 10 If the organization and amount for investments or organization report any of the following guestions is "yes," then complete Schedule D, Part IV 11 If the organization shapes the organization report an amount for order assets the securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 15° If "Yes," complete Schedule D, Part X 11 Ib D dithe 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 15° If "Yes," complete Schedule D, Part X 11 Ib D dithe organization shapes and amount for other assets chedule D, Part X 12 Ib D dithe organization s			_2_		_X_
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part III 5 Is the organization a section 501(c)(d), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99.19? If "Yes," complete Schedule C, Part III 6 Did the organization nearent any donor advised flunds 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or vices from the distribution or vices from the distribution or vices from the distribution or hospital for the environment, flunds or accounts of the organization report an amount for investments or complete Schedule D, Part VI. 10 Did the organization report an amount for investments or other securities in Part X, line 10? If Yes, "complete Schedule D, Part VIII Did the organization report an amount for investments or the report of the total assets reported in Part X, line 16? If Yes, "complete Schedule D, Part XIII Did Did the organization report an amount for investments or the report of the state assets reported in Part X, line 16? If Yes, "complete Schedule D, Part XIII Did Did the organization organization expense of the substance in Part X, line 13 that is 5% or more of i	3				
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9 Did the organization report an amount in Parl X, line 21, serve as a custodian for amounts not listed in Parl X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Parl V 10 Did the organization, divertify or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Parl V 11 if the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parl V 12 as a pipicable. a Did the organization report an amount for land, buildings, and equipment in Parl X, line 10? If "Yes," complete Schedule D, Parl V 12 Did the organization report an amount for investments - other securities in Parl X, line 10? If "Yes," complete Schedule D, Parl V 11 Did the organization report an amount for investments - program related in Parl X, line 13 that is 5% or more of its total assets reported in Parl X, line 16? If "Yes," complete Schedule D, Parl V III Did the organization report an amount for other assets in Parl X, line 15 that is 5% or more of its total assets reported in Parl X, line 16? If "Yes," complete Schedule D, Parl X III Did the organization report an amount for other liabilities in Parl X, line 15 that is 5% or more of its total assets reported in Parl X, line 16? If "Yes," complete Schedule D, Parl X III Did the organization report an amount for other liabilities in Parl X, line 25? If "Yes," complete Schedule D, Parl X III	Ü		8		х
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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 1 11 the organization shaws to any of the following questions is "Yes," then complete Schedule D, Part VI 1 11 X 2 11	•		9		х
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Part IV Checklist of Required Schedules (continued)

NORTH CAROLINA NURSES ASSOCIATION

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	'		
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	Х	L
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 27 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current] .	}]
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	!		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	'		47
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			•
٥.	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?		v	
~ -	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	051	!	v
26	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		^
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
	110(c) / si i o ini o o incio di o i o dompio o o o o o o o o o o o o o o o o o o	Form		2011
				_~ ' ' ' ' '

Form 990 (2011) NORTH CAROLINA NURSES ASSOCIATION 56-0341047 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

	Check it Scriedule O contains a response to any question in this Part V			<u>.L.J</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable 1a 10			
	Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	. 1		
	(gambling) winnings to prize winners?	1c	Х	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 13	Į l		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90 22 1, Report of Foreign Bank and Financial Accounts			ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		<u>X</u>
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		, }	
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		1	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		 -
9	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.		í	
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			
а	Initiation fees and capital contributions included on Part VIII, line 12		Į l	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	i I		
11	Section 501(c)(12) organizations. Enter.		i	
a	Gross income from members or shareholders 11a		1	
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	40-	i	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b			
C 14a		140		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		^_
<u></u> D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

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

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{X}
Sec	tion 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 17			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
	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	х	
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a .	х	
	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
	Terre 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	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	·x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ů	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		Х
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	,00		
162	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		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100	_	
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	le	
	for public inspection. Indicate how you made these available. Check all that apply		-	
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	i finan	icial	
.5	statements available to the public during the tax year		. J.u.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion 🕨	•	
	TINA C. GORDON - 919-821-4250			
	103 FWTFPDRICE CTRFFT PAIRICH NC 27607	-		

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no (A) Name and Title	(B) Average hours per week	(do		(C Posi heck ss pe	C) Ition more	than	one han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LIENNE EDWARDS COMMISSION CHAIR-EDUCATION	1.00	x						0.	0.	0
(2) BRADLEY SHERROD COMMISSION CHAIR-SERVICES	1.00	х						0.	0.	0
(3) JANE CAMPBELL COMMISSION CHAIR-STANDARDS & PRACTIC	1.00	X						0.	0.	0
(4) SHARON JACQUES MOUNTAIN REGIONAL DIRECTOR	1.00	x						0.	0.	0
(5) KATHRYN BRABBLE NORTHEAST REGIONAL DIRECTOR	1.00	х						0.	0.	0
(6) RENE KIKEL NORTHWEST REGIONAL DIRECTOR	1.00	x						0.	0.	0
(7) ANGELINE BERTSCH SOUTHEAST REGIONAL DIRECTOR	1.00	х				_		0.	0.	0
(8) WENDY HICKS TRIAD REGIONAL DIRECTOR	1.00	x						0.	0.	0
(9) LISA SMITH SOUTH CENTRAL REGIONAL DIRECTOR	1.00	х						0.	0.	0
(10) DONNA SHEPHERD SOUTHWEST REGIONAL DIRECTOR	1.00	x				-		0.	0.	0
(11) MARY GRAFF TRIANGLE REGIONAL DIRECTOR	1.00	х						0.	0.	0
(12) ERNEST GRANT PRESIDENT	1.00		_	х		_		0.	0.	0
(13) PATRICIA CAMPBELL PRESIDENT-ELECT	1.00	ļ 		x				0.	0.	0
(14) CASSAUNDRA HEFNER VICE PRESIDENT	1.00			х				0.	0.	0
(15) PATRICIA STEVENS TREASURER	1.00			X	_			0.	0.	0
(16) CHERYL BATCHELOR SECRETARY	1.00	_	_	х				0.	0.	0
(17) TINA GORDON CHIEF EXECUTIVE OFFICER 132007 01-23-12	40.00			Х				103,865.	0.	7,802.

Part VII Section A. Officers, Directors, Tru	stees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	l l			
	hours per week	box, unless person is both a officer and a director/trustee				ıs bot	lh an	compensation	compensation		ļ.	nount	
	(describe	_				T	Ť	the	from related organization			other pensa	
	hours for	die	_			Pg.			(W 2/1099 MIS		1	om th	
	related	stee 0	rustee			Den SC	İ	(W-2/1099-MISC)			٠ -	anızat	
	organizations in Schedule	ual tru	Jonal (ploye	S 8					1	d relat	
	O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				l	anızatı	OHS
(18) BOBBY LOWERY	<u> </u>	<u> </u>	<u> </u>	Ť	_		Ī						
COMMISSION CHAIR-ADVANCED PRACTICE N			Ĺ		Ĺ	<u> </u>	ļ	0.		0.	<u> </u>		0.
						ļ							
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1b Sub-total						>		103,865.		0.		7,8	02.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)						<u> </u>		103,865.		0.		7,8	02.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wi	ho r	received more than \$100	,000 of reportabl	le			1
compensation from the organization						_						Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e. ke	v er	nplo	ovee	. or	highest compensated e	mplovee on				
line 1a? If "Yes," complete Schedule J for s			-,	, -		,		g	,		3		х
4 For any individual listed on line 1a, is the se			omp	ensa	atior	n and	d ot	ther compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edul	e J	for such individual			4		Х
5 Did any person listed on line 1a receive or a					_		rela	ted organization or indivi	dual for services				
rendered to the organization? If "Yes," com	plete Schedul	e <i>J</i> 1	or s	uch	pers	son					5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	mponeated in	don		nt c	ont	racto	ore f	that received more than	\$100,000 of com	nenc	ation f		
Complete this table for your five highest countries the organization. Report compensation for	•									iperis	ation	70111	
(A)	<u></u> ,,							(B)			(C	 ;)	
Name and business	address	N	INC	<u> </u>				Description of s	ervices	c	ompe		n
		_											
					_							_	
								L					
2 Total number of independent contractors (=	ot li	mıte	d to		_	ste	d above) who received m	ore than				
\$100,000 of compensation from the organi	zation				(0					Form 5	000	2011
											COUNT)	อะทาไ	/UI 11

Part VIII Statement of Revenue (D) Revenue excluded from (C) (A) (B) Total revenue Related or Unrelated exempt function tax under sections 512, 513, or 514 business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 11 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 2 a MEMBERSHIP DUES 645,334. 645,334. Program Service Revenue 900099 189,157. 189,157. b WORKSHOPS AND COURSES 900099 900099 118,319. 118,319 c ANNUAL CONVENTION 89,648. 900099 89,648. d GRANT ADMINISTRATION f All other program service revenue **▶** 1,042,458. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 11,879 11,879. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 40,182. 40,182. Royalties 5 (ı) Real (ii) Personal 48,210. 6 a Gross rents 23,335. **b** Less rental expenses 24,875. c Rental income or (loss) <u>24,8</u>75. **24**,875. d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 18,563. assets other than inventory b Less cost or other basis 22,524. 499 and sales expenses <499. <3,961.b c Gain or (loss) <4,460.b <4,460.> d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c) See Part IV, line 18 а b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 а b Less direct expenses c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 5<u>6</u>1000 94,185. 94,185 11 a SALE OF SERVICES 900099 13,884. 13,884. **b** COMMISSIONS 10,593. 10,593. 541800 c ADVERTISING d All other revenue 118,662. Total, Add lines 11a-11d 233,596.1,136,643. 24,477. 72,476. Total revenue. See instructions. 132009 01-23-12

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 respons			(C)	(0)
	not include amounts reported on lines 6b, 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	24 222			
	organizations in the United States. See Part IV, line 21	34,000.			
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22			 	
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,	111 667			
	trustees, and key employees	111,667.		-	
6	Compensation not included above, to disqualified			[
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	071 000			
7	Other salaries and wages	271,232.		 	
8	Pension plan accruals and contributions (include	10 534		1	
_	section 401(k) and section 403(b) employer contributions)	18,734.	 	 -	
9	Other employee benefits	71,828.	··········	 	
10	Payroll taxes	30,937.	<u> </u>		
11	Fees for services (non-employees)			İ	
а	Management	1 607		 	
b	Legal	1,607.			
С	Accounting	17,000.			
d	Lobbying	48,000.			
е	Professional fundraising services. See Part IV, line 17	1 4 4 7			
f	Investment management fees	1,447. 951.			
9	Other	951.			_
12	Advertising and promotion	11,709.			
13	Office expenses	4,248.		 	
14	Information technology	4,240.		1	
15	Royalties			 	· · · · · · · · · · · · · · · · · · ·
16	Occupancy	22,654.			
17	Travel	22,034.		 	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	142,927.		-	
19	Conferences, conventions, and meetings	144,341.		 	
20	Interest Payments to affiliates				
21	Payments to affiliates Depreciation, depletion, and amortization	10,933.			
22	Depreciation, depletion, and amortization Insurance	4,315.		 	
23 24	Other expenses. Itemize expenses not covered	4,313.			
4	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	INDEX ADD DUGTINGS THESE	2,747.			
b	MEMBERSHIP EXPENSES	70,581.			
С	PRINTING AND PUBLICATIO	22,163.			
đ		18,500.			
е	All other expenses	71,700.			
25	Total functional expenses. Add lines 1 through 24e	989,880.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	į			
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest bearing		28.	1	2,876.
	2	Savings and temporary cash investments		874,620.	2	1,080,086.
	3	Pledges and grants receivable, net	1		3	
	4	Accounts receivable, net		16,957.	4	16,561.
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employe	es Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	ion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instru	ctions)		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		16,601.	9	11,565.
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 588,838.			
	b	Less accumulated depreciation	10b 385,147.	185,586.	10c	203,691.
	11	Investments publicly traded securities	192,786.	11	190,052.	
	12	Investments - other securities See Part IV, line	0.	12	0.	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	1		15	
	16	Total assets. Add lines 1 through 15 (must equ	1,286,578.	16	1,504,831.	
	17	Accounts payable and accrued expenses	77,509.	17	85,622.	
	18	Grants payable	ļ		18	
	19	Deferred revenue	<u> </u>	115,006.	19	<u>85,569.</u>
	20	Tax-exempt bond liabilities	-		20	
es S	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	s, trustees, key employees,			
jab		highest compensated employees, and disqualif	ed persons Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	F		23	
	24	Unsecured notes and loans payable to unrelate	1		24	<u> </u>
	25	Other liabilities (including federal income tax, pa	-			
		parties, and other liabilities not included on lines	s 17-24) Complete Part X of			
		Schedule D		100 515	25	171 101
	26_	Total liabilities. Add lines 17 through 25	<u> </u>	192,515.	26	171,191.
		Organizations that follow SFAS 117, check h	ere X and complete			
Ses	İ	lines 27 through 29, and lines 33 and 34.		1 004 063		1 222 (40
<u>a</u>	27	Unrestricted net assets	}	1,094,063.	27	1,333,640.
Ва	28	Temporarily restricted net assets	}		28	
פ	29	Permanently restricted net assets			29	
Ę		Organizations that do not follow SFAS 117, or	heck here 🕨 📖 and			
ō		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or ed	• •		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	1 004 053	32	1 222 640
_	33	Total net assets or fund balances	f	1,094,063.	33	1,333,640.
	34	Total liabilities and net assets/fund balances		1,286,578.	34	1,504,831.

Form **990** (2011)

orm	990 (2	NORTH CAROLINA NURSES ASSOCIATION	<u>56</u>	<u>-0341</u>	<u>.047</u>	<u>Pa</u>	ge 12
Pa	rt XI	Reconciliation of Net Assets					
		Check if Schedule O contains a response to any question in this Part XI					X
	Total	revenue (must equal Part VIII, column (A), line 12)	1 4 1	1	, 23	3 5	96
1 2		expenses (must equal Part IX, column (A), line 25)	2				80.
_			3				16.
3		nue less expenses Subtract line 2 from line 1					
4		ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,09		
5	_	changes in net assets or fund balances (explain in Schedule O)	5				<u>39.</u> ;
6_		ssets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		, 33	<u> </u>	40.
Pa	rt XII	Financial Statements and Reporting					
		Check if Schedule O contains a response to any question in this Part XII			······································		<u> </u>
						Yes	No
1	Acco	unting method used to prepare the Form 990: Cash X Accrual Other			1		
		organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b	Were	the organization's financial statements audited by an independent accountant?			2b	X	
С	If "Ye	s" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	•	1		
	reviev	v, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
		organization changed either its oversight process or selection process during the tax year, explain in Sch	edule ()			<u> </u>
d		s" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue					
_		ate basis, consolidated basis, or both]]		
	<u> </u>	Separate basis Consolidated basis Both consolidated and separate basis					
٥-		——————————————————————————————————————	oalo Ai	ıdıt			
sa		esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	igle At	iOit	_		x
		nd OMB Circular A-133?			3a		
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the requ	irea au	ait			

Form **990** (2011)

132012 01-23-12

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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-B

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

_• ⊱	Section 501(c)(4), (5), or (6) organizat	ions Complete Part III			
Nam	e of organization			Emp	loyer identification number
	NORTH C	AROLINA NURSES A	SSOCIATION		_56-0341047
Pa	rt I-A Complete if the org	anization is exempt und	er section 501(c) or is a section 527 o	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politic	al campaign activities		
Pa	rt I-B Complete if the org	anization is exempt und	er section 501(c	:)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶ \$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5 5 ▶ \$	S
3	If the organization incurred a sectio	n 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				
Pa	rt I-C Complete if the org	anization is exempt und	er section 501(c), except section 501	(c)(3).
1	Enter the amount directly expended	by the filing organization for sec	ction 527 exempt fun	ction activities > \$	·
2	Enter the amount of the filing organ	ization's funds contributed to of	her organizations for	section 527	
	exempt function activities			▶ \$	·
3	Total exempt function expenditures	Add lines 1 and 2 Enter here a	and on Form 1120-PO		
	line 17b			▶ \$	S
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	•	•		
	made payments. For each organiza				
	contributions received that were pro-	•		= :	ate segregated fund or a
	political action committee (PAC) If				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				lands in none, orner o	delivered to a separate
					political organization If none, enter -0-
					in none, enter -o-
		-	<u> </u>		
			 	··- 	
					
			 		
			1	1	i

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

LHA

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 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 1 total exempt purpose expenditures (add lines 1c and 1d) 1 Lobbying nontiaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is Not over \$5500,000 2000 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 \$17,000,000 \$125,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 but not 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 1 Subtract line 1g from line 1a If zero or less, enter -0 1 Subtract line 1g from line 1a If zero or less, enter -0 1 Grassroots nontaxable amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 50 1(h) (Some organizations that made a section 50 1(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 d Grassroots nontaxable amount (150% of line 2d, column(e))	Schedule C (Form 990 or 990-EZ) 2011					0341047 Page 2
A Check	·		empt under section	on 501(c)(3) and file	ed Form 5768	
a Check						
Check If the filing organization checked box A and "limited control" provisions apply	A Check 🕨 📖 if the filing organiza	ition belongs to an af	filiated group (and list	in Part IV each affiliated	group member's nai	me, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 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 1 Total exempt purpose expenditures 1 Total exempt purpose expenditures 2 Total exempt purpose expenditures 3 Total exempt purpose expenditures 3 Total exempt purpose expenditures 4 Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, celumn (a) or (b) is 1 The lobbying nontaxable amount is: Not over \$5500,000 2 20% of the amount on line 1e Over \$10,00,000 but not over \$1,000,000 3 175,000 plus 15% of the excess over \$1,000,000 Civer \$1,000,000 but not over \$17,000,000 3 1,000,000 Civer \$17,000,000 3 1,000,000 Civer \$17,000,000 3 1,000,000 Civer \$17,000,000 Civer \$17,000,000 Civer \$10,000,000 Civer \$10,000 Civer \$10,000,000 Civer \$10,000 Civer \$10,000 Civer \$10,000 Civer \$10,000 Civ	expenses, and sha	re of excess lobbying	expenditures)			
(The term "expenditures" means amounts paid or incurred.) 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 (add lines 1a and 1b) d Other exempt purpose expenditures (add lines 1a cand 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, celumn (a) or (b) is The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 G Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a if zero or less, enter 0 if If there is an amount of ther than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 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 24 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 Ordanization file 2a, column(e)) c Total lobbying expenditures d Grassroots celing amount (150% of line 2d, column (e))	B Check 🕨 🔛 if the filing organiza	tion checked box A a	and "limited control" pa	rovisions apply		
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Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount in line 1e, column (a) or (b) is The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e				}		
If the amount on line 1e, column (a) or (b) is			•			ļ <u>.</u>
Not over \$500,000			ne following table in bo	th columns		
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 \$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- 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? 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 cerling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots ceiling amount (150% of line 2d, column(e))		or (b) is The Iol	bbying nontaxable ar	nount is:		
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 \$1,00	Not over \$500,000	20% o	f the amount on line 1	•		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 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? 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 ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots ceiling amount (150% of line 2d, column (e))	Over \$500,000 but not over \$1,00	0,000 \$100,0	00 plus 15% of the ex	cess over \$500,000.		
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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? 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 ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))	g Grassroots nontaxable amount (er	nter 25% of line 1f)				
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? 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 nontaxable amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount (150% of line 2d, column (e))	h Subtract line 1g from line 1a. If zer	o or less, enter -0-				
reporting section 4911 tax for this year? 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 nontaxable amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount (150% of line 2d, column (e))	I Subtract line 1f from line 1c If zero	o or less, enter -0-				
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 nontaxable amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount (150% of line 2d, column (e))	i If there is an amount other than ze	ero on either line 1h oi	r line 1i, did the organi	zation file Form 4720		
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 nontaxable amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount (150% of line 2d, column (e))	reporting section 4911 tax for this	year?				Yes No
Calendar year (or fiscal year beginning in) Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) Total 2 a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))		4-Year Av	eraging Period Unde	r Section 501(h)		
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount (150% of line 2d, column (e))	- · · · · · · · · · · · · · · · · · · ·	zations that made a	section 501(h) electio	on do not have to comp		
(or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))		Lobbying Expe	enditures During 4-Ye	ear Averaging Period		
b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))	2a Lobbying nontaxable amount					
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d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))	c. Total lobbying expenditures					
e Grassroots celling amount (150% of line 2d, column (e))	O Total 1000 July Oxportation		 	 		
e Grassroots celling amount (150% of line 2d, column (e))	d Grassroots nontaxable amount					
(150% of line 2d, column (e))				† 		
f. Grassroots lobbying expenditures			 		·	
I GIROGIOGO IONDAING EVDEHURDIEGI	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 NORTH CAROLINA NURSES ASSOCIATION 56-0341047 Page 3

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)).

 For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity 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)? 			<u> </u>	b)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?	Yes	No	Am	ount
or referendum, through the use of a Volunteers?				
a Volunteers?			ł	
-]	ŀ		
b. Paid staff or management (include compensation in expenses reported on lines 1c through 192				
b Faid Start of management (include compensation in expenses reported on lines in through hy-				
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?				-11
g Direct contact with legislators, their staffs, government officials, or a legislative body?			<u> </u>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
Other activities?				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		<u></u>		
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), se	ection 501(c)(5), or se	ection	
501(c)(6).			·	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2_		X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), so		3		X
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer	ered "No" Of	የ (b) Part		
answered "Yes."				
answered "Yes." 1 Dues, assessments and similar amounts from members	- oliai o ol	1		e 3, is 5,334.
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	political			
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).	political	1	64!	5,334.
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year	political	1 2a	64!	
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year Carryover from last year	political	2a 2b	64! 41	5,334. 8,204.
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total		2a 2b 2c	41	5,334. 8,204.
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es	2a 2b	41	5,334. 8,204.
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	es e excess	2a 2b 2c	41	5,334. 8,204.
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dueled in the following section 162(e) dueled to the organization agree to carryover to the reasonable estimate of nondeductible lobbying	es e excess	2a 2b 2c 3	41	5,334. 8,204.
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	es e excess	2a 2b 2c	41	5,334. 8,204.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

NORTH CAROLINA NURSES ASSOCIATION

Employer identification number 56-0341047

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 fu	unds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		d only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , ,	Yes No
Par		ganization answered "Yes" to Form 990, Part I	
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the orga	anization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements of	t 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	ve satisfy the requirements of section 170(h)(4)	
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIV, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes the o	organization's accounting for
-	conservation easements	6 A A Distance Transport	- Circiles Access
Pai	t III Organizations Maintaining Collections o		r Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ext		of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public s	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 tre	-	n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	. .
a	Revenues included in Form 990, Part VIII, line 1		\$
þ	Assets included in Form 990, Part X		> \$

		AROLINA NU							<u>41047</u>	
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Other	Similar	r Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following tha	t are a sigr	nficant us	se of its	collection	tems
	(check all that apply)									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	he organizati	on's exem _l	ot purpos	e in Part	XIV.	
5	During the year, did the organization solicit o	r receive donations (of art, hi	storical trea	sures, or oth	er sımılar a	ssets		_	
	to be sold to raise funds rather than to be ma			_					Yes	No_
Par	t IV Escrow and Custodial Arran	-	ete if the	e organizatio	n answered	"Yes" to Fo	orm 990, F	Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	is or other as	sets not in	cluded		_	
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes	No
b	If "Yes," explain the arrangement in Part XIV	·- <u>-</u> -								
Par	t V Endowment Funds. Complete r	the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 10				
		(a) Current year	(b) F	rior year	(c) Two year	s back (d	Three yea	ars back	(e) Four y	ears back
1a	Beginning of year balance			_						
b	Contributions									
С	Net investment earnings, gains, and losses			·						
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organization	ation tha	at are held a	nd administe	red for the	organizat	tion		
	by								_ Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(II)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X	, line 10	···				<u>, -</u>	
	Description of property	(a) Cost or o	ther	, , ,	or other	(c) Acc	umulated		(d) Book	/alue
		basis (investr	nent)	basis	(other)	depre	eciation	\rightarrow		
1a	Land				1,000.					,000.
b	Buildings			41	1,638.	28	36,02	5.	125	<u>,613.</u>
С	Leasehold improvements									
d	Equipment				2,650.		36,05		6	<u>,597.</u>
_е	Other			8	3,550.		3,06	9.		<u>,481.</u>
Total	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10(c))]	<u>▶ </u>	203	<u>,691.</u>

Schedule D (Form 990) 2011

(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

	dule D (Form 990) 2011 NORTH CAROLINA NURSES ASS	SOCIATION		56-0	034104 / Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990	to Audited Fin	anciai Sta	atement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,233,596.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		989,880.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		243,716.
4	Net unrealized gains (losses) on investments		4		<4,139.
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4 through 8		9		<u> </u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	10		<u>239,577.</u>
Pai	t XII Reconciliation of Revenue per Audited Financial State	ments With Rev	enue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements			1	1,251,345.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		_	
а	Net unrealized gains on investments	2a	<4,13	<u>9.</u> ⊳	
þ	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	23,33	<u>5.</u>	
е	Add lines 2a through 2d			2e	19,196.
3	Subtract line 2e from line 1			3	1,232,149.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,44	<u>7.</u>	
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	1,447.
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	<u>1,233,596.</u>
Pai	t XIII Reconciliation of Expenses per Audited Financial State	ements With Ex	penses p	er Retu	
1	Total expenses and losses per audited financial statements			1	1,011,768.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	23,33	5.	
е	Add lines 2a through 2d			2e	23,335.
3	Subtract line 2e from line 1			3	988,433.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		_	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,44	7.	
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	1,447.
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	<u>989,880.</u>
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pare 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also co				
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
<u>REI</u>	NTAL EXPENSES NETTED WITH GROSS RENTS		·	<u>.</u>	
PAI	RT XIII, LINE 2D - OTHER ADJUSTMENTS:				
<u>REI</u>	NTAL EXPENSES REPORTED IN PART VIII, LINE	Е 6В			

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

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

2011

OMB No 1545-0047

Open to Public Inspection

Employer identification number FUTURE OF NURSING SUMMIT 56-0341047 (h) Purpose of grant EADERSHIP ACADEMY or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization (b) EIN (c) IRC section or government assistance or government assistance other) 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 500 32,500 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table NORTH CAROLINA NURSES ASSOCIATION 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 56-1651319 30-0105241 Part I General Information on Grants and Assistance criteria used to award the grants or assistance? FOUNDATION FOR NURSING EXCELLENCE 1 (a) Name and address of organization NURSING, INC. - 103 ENTERPRISE 3700 NATIONAL DRIVE, SUITE 206 NORTH CAROLINA FOUNDATION FOR STREET - RALEIGH, NC 27607 Name of the organization RALEIGH, NC 27612 Part II

20

Schedule I (Form 990) (2011)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

56-0341047

Part III

(f) Description of non cash assistance (e) Method of valuation (book, FMV, appraisal, other) DIRECTLY OR INDIRECTLY BENEFIT ITS MEMBERS. COMMUNICATION WITH ITS MEMBERS AND RECIPIENTS ENABLES THE ORGANIZATION TO DETERMINE WHETHER ITS FUNDS ARE Part IV | Supplemental Information, Complete this part to provide the information required in Part I, line 2, and any other additional information 2: THE ORGANIZATION'S CONTRIBUTIONS TO OTHER NONPROFITS IS GENERALLY FOR A SPECIFIC PROGRAM OR ACTIVITY THAT MAY (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients THEIR INTENDED PURPOSE (a) Type of grant or assistance LINE PART I BEING USED FOR SCHEDULE I,

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

NORTH CAROLINA NURSES ASSOCIATION

Employer identification number 56-0341047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE HEALTH AND WELL-BEING OF ALL PEOPLE.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
REPRESENTS THE NURSING PROFESSION WITH REGARD TO LEGISLATION,
GOVERNMENTAL PROGRAMS AND HEALTH POLICY.
PROMOTE STANDARDS OF NURSING PRACTICE, NURSING EDUCATION, NURSING
SERVICES, AND PROMOTE NURSING WORKPLACE DESIGN THAT ENHANCES SAFE
PRACTICES AND NURSE RETENTION.
FORM 990, PART VI, SECTION A, LINE 6: NORTH CAROLINA NURSES ASSOCIATION IS A PROFESSIONAL MEMBERSHIP ASSOCIATION WHOSE MEMBERS HAVE THE RIGHT TO
VOTE FOR ELECTED OFFICIALS OF THE ORGANIZATION AND TO SEEK ELECTION OR
APPOINTMENTS WITHIN THE ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 7A: FULL MEMBERS (NCNA/ANA) HAVE THE
RIGHT TO VOTE FOR ELECTED OFFICIALS OF THE ORGANIZATION, VOTE FOR DELEGATES
TO A NATIONAL ASSOCIATION (ANA), SEEK ELECTION OR APPOINTMENTS WITHIN THE
ORGANIZATION AND ANA, PARTICIPATE IN STRUCTURAL UNITS OF BOTH THE
ORGANIZATION AND ANA, AND ATTEND MEETINGS AND CONVENTIONS OF BOTH THE
ORGANIZATION AND ANA. NCNA-ONLY MEMBERS ESSENTIALLY HAVE THE SAME RIGHTS
AS FULL MEMBERS EXCEPT THAT THEY ARE PRECLUDED FROM ACTIVITIES/APPOINTMENTS
RELATED TO THE NATIONAL ASSOCIATION (ANA).

NORTH CAROLINA NURSES ASSOCIATION 56-0341047
EXECUTIVE DIRECTOR AND TREASURER REVIEW A DRAFT OF FORM 990; FORM 990 IS
THEN DISTRIBUTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL.
SUCH APPROVAL IS FORMALLY DOCUMENTED IN THE BOARD MEETING MINUTES.
FORM 990, PART VI, SECTION B, LINE 12C: PERSONS COVERED BY THIS POLICY
MUST PROVIDE A FORM TO THE ORGANIZATION PRESIDENT AT LEAST ANNUALLY. IN
ADDITION, THE EXECUTIVE DIRECTOR MONITORS PROPOSED OR ONGOING TRANSACTIONS
AND DISCLOSES ANY SUCH TRANSACTIONS TO THE ORGANIZATION PRESIDENT.
FORM 990, PART VI, SECTION B, LINE 15A: PROCESS FOR DETERMINING EXECUTIVE
DIRECTOR COMPENSATION INCLUDES REVIEW AND APPROVAL BY THE BOARD OF
DIRECTORS, USE OF COMPARABLE COMPENSATION DATA FOR SIMILARLY QUALIFIED
PERSONS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS, AND THE BOARD OF
DIRECTORS MAINTAINS DOCUMENTATION OF THE DELIBERATIONS AND DECISIONS
REGARDING THE COMPENSATION ARRANGEMENT.
FORM 990, PART VI, SECTION C, LINE 19: THE ASSOCIATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT
AVAILABLE TO THE PUBLIC.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED LOSSES ON INVESTMENTS: -4,139.

Oepartment of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number

56-0341047

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) $\boldsymbol{\varepsilon}$ End-of-year assets e Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Ô ▼ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) NORTH CAROLINA NURSES ASSOCIATION ▶ Attach to Form 990. Primary activity Name, address, and EIN of disregarded entity Name of the organization Part II Part I

(g) Section 512(b)(13) controlled Š × entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) SCH A, PART LINE 7 Exempt Code section 501(C)(3) Legal domicile (state or foreign country) NORTH CAROLINA TO RECEIVE AND ADMINISTER FUNDS FOR CHARITABLE AND EDUCATIONAL PURPOSES Primary activity ê NORTH CAROLINA FOUNDATION FOR NURSING, INC. - 56-1651319, 103 ENTERPRISE STREET Name, address, and EIN of related organization 27607 RALEIGH, NC

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

132181 01-23-12 LHA

Schedule R (Form 990) 2011

56-0341047

Page 2

Schedule R (Form 990) 2011 NORTH CAROLINA NURSES ASSOCIATION

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

Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Ξ $\overline{\epsilon}$ Yes Share of end-of-year assets Code V UBI amount in box 720 of Schedule K-1 (Form 1065) <u>6</u> Share of total income $\boldsymbol{arepsilon}$ ate allocations? Disproportion-Yes No Ξ Type of entity (C corp., S corp. or trust) Share of end-of-year assets <u>e</u> <u>(6</u> Direct controlling entity Share of total income ত্র Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) છ <u>e</u> 25 Primary activity Direct controlling entity ê ত্ত (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 132162 01-23-12 Part IV

Yes

19 ₽ ပ္ ₽ ÷

Schedule R (Form 990) 2011 NORTH CAROLINA NURSES ASSOCIATION

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	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 Bacenot of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity
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Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controllec	;
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- **b** Gift, grant, or capital contribution to related organization(s)
 - 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)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s) Exchange of assets with related organization(s)
- I Lease of facilities, equipment, or other assets to related organization(s)

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- j Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- 1 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)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses 0
- Reimbursement paid by related organization(s) for expenses

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTH CAROLINA FOUNDATION FOR NURSING, INC.	В	32,500.	
(2) NORTH CAROLINA FOUNDATION FOR NURSING, INC	, K	73,750.	
(3) NORTH CAROLINA FOUNDATION FOR NURSING, INC	Ъ	15,898.	
(4)			
(5)			
(9)			

Schedule R (Form 990) 2011

Page 4

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27

Schedule R (Form 990) 2011

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

Disproporbonate amount in box 20 managing ownership
selections? of Schedule K-1
yes No (Form 1065) yes No 3 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) Ξ Ξ end-of-year Share of assets 6 Share of total income $\boldsymbol{arepsilon}$ Predominant income parties sec (related, unrelated, ongs secluded from tax under section 512-514) | Yes No Are all partners sec 501(c)(3) orgs that was not a related organization. See instructions regarding exclusion for certain investment partnerships Legal domicile (state or foreign country) છ Primary activity Name, address, and EIN of entity

132184 01-23-12

Schedule R	(Form 990) 2011 Supplemental Infor	NORTH	CAROLINA	NURSES	ASSOCIA	ATION	<u> 56-03</u>	341047 Page 5
Part VII								
	Complete this part to pro-	vide additiona	al information for r	esponses to q	uestions on S	chedule R (see	instructions)	
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