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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

C Name of organization
AMERICAN ASSOCIATION OF COLLEGES OF NURSING

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
ONE DUPONT CIRCLE NW NO 530

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

D Employer identification number
52-0971333

E Telephone number
(202)463-6930

G Gross receipts $ 14,473,652

F Name and address of principal officer
GERALDINE D BEDNASH
ONE DUPONT CIRCLE NW NO 530
WASHINGTON,DC 20036

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW AACN NCHE EDU

K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶ | **L** Year of formation 1969 | **M** State of legal domicile DC

Part I Summary

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

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	48
6	Total number of volunteers (estimate if necessary)	**6**	541
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	310,481
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	17,493

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	5,247,010	5,680,362
	9 Program service revenue (Part VIII, line 2g)	4,688,725	4,688,792
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	153,219	208,312
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	172,754	585,553
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,261,708	11,163,019
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	721,729	614,980
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,217,080	4,489,765
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶26,234		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,645,724	4,236,145
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,584,533	9,340,890
	19 Revenue less expenses Subtract line 18 from line 12	677,175	1,822,129

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	16,119,071	17,779,464
	21 Total liabilities (Part X, line 26)	3,594,911	3,631,948
	22 Net assets or fund balances Subtract line 21 from line 20	12,524,160	14,147,516

Part II Signature Block

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

Sign Here

****** | 2013-05-13
Signature of officer | Date

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

Paid Preparer's Use Only

Preparer's signature ▶ HOLLY CAPORALE	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00235685
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DROLET & ASSOCIATES PLLC 1901 L STREET NW SUITE 250 WASHINGTON, DC 20036			EIN ▶ 52-2057543 Phone no ▶ (202) 822-0717

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE AMERICAN ASSOCIATION OF COLLEGES OF NURSING (AACN), A UNIQUE ASSET FOR THE NATION, SERVES THE PUBLIC INTEREST BY SETTING STANDARDS, PROVIDING RESOURCES, AND DEVELOPING THE LEADERSHIP CAPACITY OF MEMBER SCHOOLS TO ADVANCE NURSING EDUCATION, RESEARCH, AND PRACTICE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,997,820 including grants of $) (Revenue $ 2,623,364)

ACCREDITATION THE COMMISSION ON COLLEGIATE NURSING EDUCATION IS AN AUTONOMOUS ARM OF AACN HAVING THE SOLE PURPOSE OF ACCREDITING BACCALAUREATE AND GRADUATE NURSING EDUCATION PROGRAMS AND POST-BACCALAUREATE NURSING RESIDENCY PROGRAMS

4b (Code) (Expenses $ 1,146,297 including grants of $ 270,400) (Revenue $)

NEW CAREERS IN NURSING THIS PROGRAM, SUPPORTED BY THE ROBERT WOOD JOHNSON FOUNDATION, PROVIDES SCHOLARSHIPS TO COLLEGE GRADUATES WITHOUT NURSING DEGREES WHO ARE ENROLLED IN ACCELERATED BACCALAUREATE AND MASTER'S NURSING PROGRAMS

4c (Code) (Expenses $ 1,154,208 including grants of $) (Revenue $ 1,634,330)

CONFERENCES NATIONAL CONFERENCES FOCUSED ON A VARIETY OF CONSTITUENT GROUPS WITHIN THE SCHOOL OF NURSING TO ADDRESS LEARNING NEEDS IN THE COMPLEX NURSING EDUCATION ENVIRONMENT

See Additional Data Table

4d Other program services (Describe in Schedule O)

(Expenses $ 4,007,513 including grants of $ 344,580) (Revenue $ 754,241)

4e Total program service expenses ▶ $ 8,305,838

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	63		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
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**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☑ Another's website ☑ Upon request

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EILEEN BRESLIN PRESIDENT - ELECT	2 00	X		X				0	0	0
(2) KATHLEEN POTEMPA FORMER PRESIDENT	5 00	X		X				0	0	0
(3) JANET ALLAN FORMER TREASURER	2 00	X		X				0	0	0
(4) JANE KIRSCHLING PRESIDENT	5 00	X		X				0	0	0
(5) JULIANN SEBASTIAN SECRETARY	2 00	X		X				0	0	0
(6) CONNIE DELANEY DIRECTOR	2 00	X						0	0	0
(7) TIMOTHY GASPAR DIRECTOR	2 00	X						0	0	0
(8) MARGARET FAUT CALLAHAN TREASURER	2 00	X		X				0	0	0
(9) ANN CARY DIRECTOR	2 00	X						0	0	0
(10) TERI MURRAY DIRECTOR	2 00	X						0	0	0
(11) JUDY BEAL DIRECTOR	2 00	X						0	0	0
(12) PEGGY HEWLETT DIRECTOR	2 00	X						0	0	0
(13) ELEANOR HOWELL DIRECTOR	2 00	X						0	0	0
(14) JEAN LEUNER DIRECTOR	2 00	X						0	0	0
(15) JOANNE WARNER DIRECTOR	2 00	X						0	0	0
(16) GERALDINE D BEDNASH CEO/EXECUTIVE DIRECTOR	37 50			X				347,916	0	36,884
(17) JENNIFER AHEARN CHIEF OPERATING OFFICER	37 50			X				183,365	0	28,429

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JENNIFER BUTLIN EXECUTIVE DIRECTOR OF CCNE	37 50			X				146,126	0	24,728
(19) JOAN STANLEY SEN DIR OF EDUC POLICY	37 50					X		156,825	0	25,606
(20) ROBERT ROSSETER CHIEF COMMUNIC OFFICER	37 50					X		147,061	0	21,218
(21) VERNELL DEWITTY RWJF NCIN PROGRAM DEPUTY DI	37 50					X		121,057	0	21,959
(22) KATHLEEN MCGUINN DIRECTOR OF SPECIAL PROJEC	37 50					X		116,476	0	21,772
(23) SUZANNE MIYAMOTO DIRECTOR OF GOVERNMENT AFF	37 50					X		114,181	0	21,357
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								1,333,007	0	201,953

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 8

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SELECT BENEFIT PLAN ADMINISTRATORS PO BOX 418092 BOSTON, MA 022418092	INSURANCE	364,250
AMERICAN COUNCIL ON EDUCATION 1 DUPONT CIRCLE NW WASHINGTON, DC 20036	RENT, MEMBERSHIP DUES	339,089
MARRIOTT BUSINESS SERVICES PO BOX 403003 ATLANTA, GA 303843003	CONFERENCE HOTEL	241,905
THE FAIRMONT WASHINGTON ACCOUNTING DEPAR 2401 M STREET NW WASHINGTON, DC 200371126	CONFERENCE HOTEL	239,621
TRUSTEES UPENN THE WHARTON SCHOOL LOC PO BOX 8500 PHILADELPHIA, PA 191789726	PROGRAM DEVELOPMENT	134,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 7

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b 2,870,716				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,809,646				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	5,680,362			
Program Service Revenue		Business Code				
	2a	ANNUAL, APPLICATION, & 541900	2,559,632	2,559,632		
	b	REGISTRATION FEES 541900	1,669,655	1,669,655		
	c	PUBLICATION SALES 541900	271,762	271,762		
	d	NURSINGCAS 541900	187,743	187,743		
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	4,688,792			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	208,273			208,273
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 3,310,672				
	b	Less cost or other basis and sales expenses: 3,310,633				
	c	Gain or (loss): 39				
	d	Net gain or (loss) . . . . . ▶	39			39
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	CERTIFICATIONS 541900	310,481		310,481	
	b	MISCELLANEOUS 541900	275,072	275,072		
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	585,553			
	12	**Total revenue.** See Instructions . . . ▶	11,163,019	4,963,864	310,481	208,312

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	304,650	304,650		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	310,330	310,330		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	767,447	661,550	105,897	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,840,267	2,468,509	351,101	20,657
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	276,002	239,206	34,882	1,914
9	Other employee benefits	374,527	322,023	50,201	2,303
10	Payroll taxes	231,522	201,020	29,142	1,360
11	Fees for services (non-employees)				
a	Management				
b	Legal	36,403	19,666	16,737	
c	Accounting	26,686	14,415	12,271	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	474,063	400,619	73,444	
12	Advertising and promotion	71,536	800	70,736	
13	Office expenses	439,862	373,917	65,945	
14	Information technology				
15	Royalties				
16	Occupancy	282,131	250,567	31,564	
17	Travel	974,634	935,865	38,769	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	408,876	314,456	94,420	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	142,862	22,528	120,334	
23	Insurance	40,688	19,390	21,298	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CATERING & AUDIOVISUAL	796,554	796,554		
b	LEGISLATIVE AFFAIRS	117,186	117,186		
c	SPECIAL ACTIVITIES	61,601	61,601		
d	EVALUATOR TRAINING	5,644	5,644		
e					
f	All other expenses	357,419	465,342	-107,923	
25	**Total functional expenses.** Add lines 1 through 24f	9,340,890	8,305,838	1,008,818	26,234
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,510,384	1	3,547,847
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		2,248,373	3	2,689,107
	4	Accounts receivable, net		140,703	4	197,557
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		185,019	9	375,761
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,281,199			
	b	Less accumulated depreciation	10b 734,492	597,419	10c	546,707
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		9,416,758	12	10,382,454
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		20,415	15	40,031
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		16,119,071	16	17,779,464
Liabilities	17	Accounts payable and accrued expenses		404,456	17	343,850
	18	Grants payable			18	
	19	Deferred revenue		2,998,542	19	3,076,783
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		191,913	25	211,315
	26	**Total liabilities.** Add lines 17 through 25		3,594,911	26	3,631,948
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		9,153,699	27	10,650,050
	28	Temporarily restricted net assets		3,282,258	28	3,409,263
	29	Permanently restricted net assets		88,203	29	88,203
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		12,524,160	33	14,147,516
	34	Total liabilities and net assets/fund balances		16,119,071	34	17,779,464

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	11,163,019
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,340,890
3	Revenue less expenses Subtract line 2 from line 1	3	1,822,129
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	12,524,160
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-198,773
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	14,147,516

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF COLLEGES OF NURSING

Employer identification number
52-0971333

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,440,424	6,321,198	4,900,056	5,247,010	5,680,362	25,589,050
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3,440,424	6,321,198	4,900,056	5,247,010	5,680,362	25,589,050
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,108,930
6 **Public Support.** Subtract line 5 from line 4						16,480,120

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,440,424	6,321,198	4,900,056	5,247,010	5,680,362	25,589,050
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	467,276	204,195	130,539	172,201	208,273	1,182,484
9 Net income from unrelated business activities, whether or not the business is regularly carried on				29,052	40,955	70,007
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	59,727	112,990	140,217	172,754	275,072	760,760
11 **Total support** (Add lines 7 through 10)						27,602,301

12 Gross receipts from related activities, etc (See instructions)	12	20,486,908

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	59 710 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	63 640 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	140,382	
c Total lobbying expenditures (add lines 1a and 1b)	140,382	
d Other exempt purpose expenditures	9,200,508	
e Total exempt purpose expenditures (add lines 1c and 1d)	9,340,890	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	617,045	

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

g Grassroots nontaxable amount (enter 25% of line 1f)	154,261	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	589,692	594,999	629,227	617,045	2,430,963
b Lobbying ceiling amount (150% of line 2a, column(e))					3,646,445
c Total lobbying expenditures	121,349	116,508	137,742	140,382	515,981
d Grassroots non-taxable amount	147,423	148,750	157,307	154,261	607,741
e Grassroots ceiling amount (150% of line 2d, column (e))					911,612
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF COLLEGES OF NURSING

Employer identification number
52-0971333

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	104,553	98,240	89,521	88,203	
b Contributions					
c Investment earnings or losses	5,071	10,071	8,719	4,509	
d Grants or scholarships				3,000	
e Other expenditures for facilities and programs		3,758		183	
f Administrative expenses				8	
g End of year balance	109,624	104,553	98,240	89,521	

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 80 000 %
- c Term endowment ▶ 20 000 %

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		552,751	353,951	198,800
d Equipment		650,997	363,113	287,884
e Other		77,451	17,428	60,023
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				546,707

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) EQUITY MUTUAL FUNDS	4,443,611	F
(B) BOND MUTUAL FUNDS	3,126,877	F
(C) LIMITED PARTNERSHIP INTERESTS	770,303	F
(D) REAL ESTATE MUTUAL FUNDS	731,905	F
(E) CERTIFICATES OF DEPOSIT	1,309,758	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	10,382,454	

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED RENT	150,084
OBLIGATION UNDER CAPITAL LEASE	21,894
DEFERRED COMPENSATION PAYABLE	39,337
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	211,315

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,163,019
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,340,890
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,822,129
4	Net unrealized gains (losses) on investments	4	-198,773
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-198,773
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,623,356

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

1	Total revenue, gains, and other support per audited financial statements			1	10,964,246
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-198,773		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-198,773
3	Subtract line **2e** from line **1**			3	11,163,019
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	11,163,019

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

1	Total expenses and losses per audited financial statements			1	9,340,890
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	9,340,890
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	9,340,890

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INVESTMENT INCOME FROM THE ENDOWMENT FUND IS TO BE USED TO FUND STIPENDS AND LECTURE AWARDS FOR OUTSTANDING MEMBERS OF THE HEALTHCARE FIELD
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	AACN REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE-LIKELY-THAN-NOT" THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AACN DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE, OR REFLECT, ANY UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2012, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2009 THROUGH 2011 REMAINS OPEN WITH THE U S FEDERAL GOVERNMENT AND THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH AACN FILES TAX RETURNS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF COLLEGES OF NURSING

Employer identification number
52-0971333

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 52

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) JOHNSON & JOHNSON SCHOLARSHIPS	12	179,630		FMV	
(2) CASTLE BRANCH SCHOLARSHIPS	8	40,000		FMV	
(3) TRAVEL STIPENDS	163	57,200		FMV	
(4) HONORARIA	7	3,500		FMV	
(5) HURST SCHOLARSHIPS	4	10,000		FMV	
(6) AFTER COLLEGE SCHOLARSHIPS	8	20,000		FMV	

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 TECHNICAL ASSISTANCE GRANTS IN THE AMOUNT OF $5,200 ARE AVAILABLE TO ALL NCIN FUNDED SCHOOLS DURING THEIR RESPECTIVE FUNDING ROUND SCHOOLS MUST USE THESE FUNDS TO SUCCESSFULLY IMPLEMENT A PRE-ENTRY IMMERSION PROGRAM (PIP), MENTORING AND LEADERSHIP DEVELOPMENT PLANS IN ORDER TO RECEIVE THIS GRANT, SCHOOLS MUST SUBMIT A SIGNED LETTER OF AGREEMENT, AS WELL AS LEADERSHIP AND MENTORING PLANS THAT DESCRIBE THEIR PLANNED METHODS OF PIP IMPLEMENTATION SHOULD A SCHOOL NOT SUBMIT THESE REQUIRED DOCUMENTS BY THE DEADLINE DATE, THEY ARE NO LONGER ELIGIBLE TO RECEIVE PAYMENT
		JOHNSON & JOHNSON SCHOLARSHIPS AACN DISTRIBUTES SCHOLARSHIP FUNDS ON AN ANNUAL BASIS DIRECTLY TO THE STUDENT SCHOLARS ARE REQUIRED TO SUBMIT PROGRESS REPORTS TWICE ANNUALLY FOR EACH YEAR OF FUNDING THE REPORT FORM INCLUDES STATUS OF ACADEMIC PROGRESSION, SELF ASSESSMENT OF GOAL ACHIEVEMENT, UPDATES ON LEADERSHIP DEVELOPMENT ACTIVITIES, OUTLINE OF PLANS FOR FINAL MONTHS AT THE INSTITUTION AND A FINANCIAL STATEMENT SCHOLARS ARE ALSO REQUIRED TO SUBMIT A FINAL REPORT WITHIN THREE MONTHS OF COMPLETING THE GRADUATE DEGREE AFTER COLLEGE SCHOLARSHIPS, HURST SCHOLARSHIPS, AND CASTLE BRANCH SCHOLARSHIPS AACN DISTRIBUTES SCHOLARSHIP FUNDS TO ELIGIBLE NURSING STUDENTS ON A ONE-TIME ONLY BASIS SCHOLARSHIP APPLICANTS MUST COMPLETE AN APPLICATION FORM AND ESSAY FOR AWARD CONSIDERATION AACN STAFF DETERMINE IF ALL ELIGIBILITY REQUIREMENTS ARE MET, SELECT WINNERS, AND CONFIRM APPLICATION INFORMATION BEFORE AWARDS ARE FINALIZED AND ANNOUNCED NO STUDENT FOLLOWUP IS CONDUCTED AFTER SCHOLARSHIP MONIES ARE DISBURSED SPEAKER HONORARIUMS FOR PRESENTATIONS DELIVERED IN CONJUNCTION WITH JOHN A HARTFORD FOUNDATION GRANT FUNDED PROJECT RETOOLING NP & CNS CURRICULA IMPLEMENTING THE NEW ADULT-GERONTOLOGY APRN EDUCATION REQUIREMENTS IN YOUR PROGRAM TEACHING NURSING SCHOOL FACULTY HOW TO INCLUDE QUALITY AND SAFETY IN NURSING EDUCATION - TRAVEL STIPEND SCHOOLS OF NURSING ARE ENCOURAGED TO SEND UP TO TWO PARTICIPANTS TO THE QSEN FACULTY DEVELOPMENT INSTITUTE PARTICIPANTS ARE ELIGIBLE TO RECEIVE A STIPEND OF $350 TO HELP COVER TRAVEL EXPENSES EACH PARTICIPANT MUST FILL OUT A STIPEND FORM IN ORDER TO RECEIVE THE STIPEND AT THE CONCLUSION OF THE INSTITUTE

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-0971333
Name: AMERICAN ASSOCIATION OF COLLEGES OF NURSING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AZUSA PACIFIC UNIVERSITY901 EAST ALOSTA AVE AZUSA,CA 917027000	95-1744369	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
BELLARMINE UNIVERSITY2001 NEWBURG RD LOUISVILLE,KY 40205	61-0482955	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL,MA 02467	04-2103545	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
THE COLLEGE OF ST SCHOLASTICA1200 KENWOOD AVE DULUTH,MN 55811	41-0698301	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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DEPAUL UNIVERSITY - CO OFFICE OF ADVANCEMENT1 EAST JACKSON BLVD CHICAGO,IL 60604	36-2167048	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
DUKE UNIVERSITY NURSINGDUMC 3322307 TRENT DR DURHAM,NC 277100000	56-0532129	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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FAIRLEIGH DICKINSON UNIVERSITY - SCHOOL OF NURSING1000 RIVER RD H-DH3-12 TEANECK,NJ 076660000	22-1494434	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
GEORGIA HEALTH SCIENCES FOUNDATION1120 15TH ST ALUMNI CTR - 1036 AUGUSTA,GA 30912	58-6002053	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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KENT STATE UNIVERSITYPO BOX 5190 KENT,OH 442420001	31-6402079	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
MEDICAL UNIVERSITY OF SOUTH CAROLINA 99 JONATHAN LUCAS ST CHARLESTON,SC 294251600	57-6000722	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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MIDAMERICA NAZARENE UNIVERSITY2030 E COLLEGE WAY OLATHE,KS 660621899	48-0730814	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
MOUNT SAINT MARY'S COLLEGE 10 CHESTER PLACE LOS ANGELES,CA 90007	95-1641455	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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NEBRASKA METHODIST COLLEGE720 NORTH 87 ST JOSIE HARPER CAMPUS CAMPUS OMAHA,NE 681142852	47-0724387	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
THE RESEARCH FOUNDATION OF SUNYPO BOX 9 ALBANY,NY 122010009	14-1368361	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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

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SALISBURY UNIVERSITY1101 CAMDEN AVE SALISBURY,MD 21801	52-6002033	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
SAMUEL MERRITT UNIVERSITY3100 SUMMIT ST 3RD FLR OAKLAND,CA 94609	94-2992642	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTHERN CONNECTICUT STATE UNIVERSITY 501 CRESCENT STREET NEW HAVEN,CT 06515	06-1363115	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
SAINT LOUIS UNIVERSITY SCHOOL OF NURSING3525 CAROLINE DRIVE ST LOUIS,MO 63104	43-0654872	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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

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TEXAS TECH UNIVERSITY HSC 3601 4TH ST MS 6264 LUBBOCK,TX 794306264	75-2668014	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
THOMAS JEFFERSON UNIVERSITY1020 WALNUT STREET PHILADELPHIA,PA 19107	23-1352651	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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UNIV OF HAWAII FOUNDATION2528 MCCARTHY MALL WEBSTER HALL HONOLULU,HI 968220270	99-0085260	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
UNIVERSITY OF ALABAMA BIRMINGHAM1530 3RD AVE SOUTH BIRMINGHAM,AL 352941210	63-6005396	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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

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UNIVERSITY OF MISSISSIPPI2500 N STATE ST JACKSON,MS 392164505	64-6008520	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
UNIVERSITY OF ROCHESTER601 ELMWOOD AVE BOX SON ROCHESTER,NY 14642	16-0743209	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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

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TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET ROOM 329 PHILADELPHIA,PA 19104	23-1352685	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER62 S DUNLAP ST STE 300 MEMPHIS,TN 38163	62-6001636	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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

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UNIVERSITY OF SOUTH ALABAMA 307 UNIVERSITY BLVD NORTH MOBILE,AL 36688	63-0477348	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
UNIVERSITY OF SOUTH FLORIDA 12901 BRUCE B DOWNS BLVD MDC 22 TAMPA,FL 336124766	59-3102112	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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

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UNIVERSITY OF TEXAS EL PASO500 W UNIVERSITY AVENUE EL PASO,TX 79968	74-6000813	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
WINSTON-SALEM UNIVERSITY601 MARTIN LUTHER KING JR DR ATKINS BLDG RM 209 WINSTONSALEM,NC 27110	56-6001466	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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							TECHNICAL ASSISTANCE GRANTS
ALLEN COLLEGE 1825 LOGAN AVE WATERLOO,IA 50703	42-1351526	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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EDGEWOOD COLLEGE1000 EDGEWOOD COLLEGE DR MADISON,WI 53711	39-0806202	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
STONY BROOK UNIVERSITY HEALTH SCIENCES CENTER LEVEL 2 STONY BROOK,NY 117948240	14-6013200	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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HAMPTON UNIVERSITY NURSING100 EAST TYLER ST HAMPTON,VA 236680108	54-0505990	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
CREIGHTON UNIVERSITY SCHOOL OF NURSING2500 CALIFORNIA PLAZA OMAHA,NE 68178	47-0376583	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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INDIANA WESLEYAN UNIVERSITY4201 S WASHINGTON ST MARION,IN 46953	35-0885591	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
LINFIELD COLLEGE 900 SE BAKER STREET MCMINNVILLE,OR 97218	93-0391586	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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LOYOLA UNIVERSITY CHICAGO820 NORTH MICHIGAN AVE CHICAGO,IL 60611	36-1408475	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
MARQUETTE UNIVERSITYPO BOX 1881 MILWAUKEE,WI 532011881	39-0806251	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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MOUNT CARMEL COLLEGE OF NURSING127 SOUTH DAVIS AVENUE COLUMBUS,OH 43222	31-1308555	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
NMSU FOUNDATION COLLEGE OF HEALTH SCHOOL OF NURSING MSC 3185 LAS CRUCES,NM 880033590	85-6000401	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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NEW YORK UNIVERSITY726 BROADWAY ROOM 238 NEW YORK, NY 10003	13-5562308	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
PENNSYLVANIA STATE UNIVERSITY SUITE 202 JAMES M ELLIOTT BLDG UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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RUSH UNIVERSITY MEDICAL CENTER 1653 WEST CONGRESS PARKWAY CHICAGO,IL 60612	36-2174823	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
UNIVERSITY OF DELAWARE222 SOUTH CHAPEL ST NEWARK,DE 19716	51-6000297	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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UNIVERSITY OF DETROIT MERCY CHP4001 WEST MCNICHOLS DETROIT, MI 482213038	52-6002033	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
UNIVERSITY OF MIAMI - SCHOOL OF NURSING & HEALTH STUDIES PO BOX 248153 CORAL GABLES, FL 33124	59-0624458	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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UNIVERSITY OF PITTSBURGH415 VICTORIA BLDG PITTSBURGH,PA 15261	25-0965591	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
UNIVERSITY OF WYOMING1000 EAST UNIVERSITY AVE DEPT 3065 LARAMIE,WY 82071	83-6000331	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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WEST VIRGINIA UNIVERSITY FOUNDATIONPO BOX 9600 6400 HEALTH SCIENCE SOUTH MORGANTOWN,WV 265069600	55-6017181	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS
COLLEGE OF MOUNT ST JOSEPH5701 DELHI RD CINCINNATI,OH 45233	23-7179567	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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THE CURATORS OF THE UNIVERSITY OF MISSOURI118 UNIVERSITY HALL COLUMBUS,MO 65211	43-6003859	501(C)(3)	5,200		FMV		TECHNICAL ASSISTANCE GRANTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF COLLEGES OF NURSING

Employer identification number
52-0971333

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GERALDINE D BEDNASH	(i)	337,574	10,342	0	24,500	12,384	384,800	0
	(ii)	0	0	0	0	0	0	0
(2) JENNIFER AHEARN	(i)	180,478	2,887	0	18,407	10,022	211,794	0
	(ii)	0	0	0	0	0	0	0
(3) JENNIFER BUTLIN	(i)	145,817	309	0	14,752	9,976	170,854	0
	(ii)	0	0	0	0	0	0	0
(4) JOAN STANLEY	(i)	153,850	2,975	0	15,631	9,975	182,431	0
	(ii)	0	0	0	0	0	0	0
(5) ROBERT ROSSETER	(i)	146,753	308	0	14,780	6,438	168,279	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF COLLEGES OF NURSING

Employer identification number
52-0971333

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THERE ARE 4 CLASSES OF MEMBERSHIP INSTITUTIONAL (VOTING), PROVISIONAL INSTITUTIONAL (NON-VOTING), EMERITUS (NON-VOTING), AND HONORARY/HONORARY ASSOCIATE (NON-VOTING)
	FORM 990, PART VI, SECTION A, LINE 7A	SEE EXPLANATION FOR LINE 6 ABOVE
	FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERSHIP VOTES ON THE ELECTION OF OFFICERS AND NOMINATING COMMITTEE, BYLAWS REVISIONS, POSITION STATEMENTS AND ANY OTHER MATTERS BROUGHT FORWARD AT THE BUSINESS MEETING
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS PREPARED BY THE AUDITOR AND REVIEWED BY THE DIRECTOR OF FINANCE AND ADMINISTRATION, CHIEF OPERATING OFFICER AND CEO/EXECUTIVE DIRECTOR UPON COMPLETION, THE FORM 990 IS POSTED TO A RESTRICTED ACCESS WEBSITE, AND THE BOARD IS NOTIFIED THAT THE 990 IS AVAILABLE FOR REVIEW THEY ARE GIVEN A DEADLINE FOR QUESTIONS AND CONCERNS, AND THE CONTACT INFORMATION OF THE INDIVIDUAL RESPONSIBLE FOR RESPONDING TO QUESTIONS
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD MEMBERS, NOMINATING COMMITTEE MEMBERS, CEO/EXECUTIVE DIRECTOR AND ALL DIRECTORS SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY THE PRESIDENT OF THE BOARD REVIEWS THE BOARD OF DIRECTORS' STATEMENTS IN ADDITION, BOARD MEMBERS ARE ASKED TO ORALLY CONFIRM THAT THERE ARE NO CONFLICTS AT EACH QUARTERLY BOARD MEETING
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE CEO/EXECUTIVE DIRECTOR (CEO/ED) IS DETERMINED BY THE BOARD OF DIRECTORS ANNUALLY, AN INDEPENDENT COMPENSATION CONSULTANT DEVELOPS A REPORT FOR THE BOARD WHICH INCLUDES THE CEO/ED'S CURRENT SALARY AND SALARY DATA FOR COMPARABLE POSITIONS THE SALARY FOR OTHER KEY POSITIONS IS DETERMINED BY THE CEO/ED BASED ON SIMILAR DATA AS DEVELOPED BY THE INDEPENDENT COMPENSATION CONSULTANT
	FORM 990, PART VI, SECTION C, LINE 19	VARIOUS GOVERNING DOCUMENTS ARE ON THE AACN WEBSITE IN ADDITION, FINANCIAL STATEMENTS ARE DISTRIBUTED IN THE ANNUAL REPORT
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -198,773
	FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE OF THE BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT AUDITOR THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS

Additional Data

Software ID:
Software Version:
EIN: 52-0971333
Name: AMERICAN ASSOCIATION OF COLLEGES OF NURSING

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

4d. Other program services

(Code) (Expenses $ 823,500 including grants of $ 89,950) (Revenue $)

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

(Code) (Expenses $ 714,875 including grants of $ 254,130) (Revenue $)

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

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

4d. Other program services

(Code) (Expenses $ 613,377 including grants of $) (Revenue $)

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

(Code) (Expenses $ 300,335 including grants of $) (Revenue $)

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

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

4d. Other program services

(Code) (Expenses $ 309,510 including grants of $) (Revenue $)

EDUCATION POLICY MULTIPLE AND DIVERSE INITIATIVES AND ACTIVITIES RELATED TO NURSING EDUCATION AND PRACTICE THESE INCLUDE THE ESTABLISHMENT OF CURRICULAR STANDARDS, QUALITY INDICATORS FOR NURSING EDUCATION, AND NURSING EDUCATION POLICY

(Code) (Expenses $ 279,481 including grants of $) (Revenue $ 294,736)

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

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

4d. Other program services

(Code) (Expenses $ 264,260 including grants of $) (Revenue $)

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

(Code) (Expenses $ 206,959 including grants of $ 500) (Revenue $)

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

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

4d. Other program services

(Code) (Expenses $ 207,648 including grants of $) (Revenue $ 271,762)

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

(Code) (Expenses $ 143,848 including grants of $) (Revenue $)

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

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

4d. Other program services

(Code) (Expenses $ 143,720 including grants of $) (Revenue $ 187,743)

NURSINGCAS THIS NATIONAL CENTRALIZED APPLICATION SERVICE ALLOWS PROSPECTIVE STUDENTS TO APPLY TO MULTIPLE NURSING PROGRAMS USING ONE ELECTRONIC APPLICATION