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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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

C Name of organization
AMERICAN NURSES ASSOCIATION INC

Doing Business As

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

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

D Employer identification number
13-1893923

E Telephone number
(301)628-5000

G Gross receipts $ 40,936,608

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

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW NURSINGWORLD ORG

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

L Year of formation 1917

M State of legal domicile DC

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	602
6	Total number of volunteers (estimate if necessary)	**6**	6,578
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	258,085
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	163,336

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,161,764	1,922,015
9	Program service revenue (Part VIII, line 2g)	33,988,156	30,303,225
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	581,156	592,259
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,181,220	4,572,859
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,912,296	37,390,358
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	400,858	438,643
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)	14,100,105	12,994,067
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	23,556,957	24,512,990
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	38,057,920	37,945,700
19	Revenue less expenses Subtract line 18 from line 12	1,854,376	-555,342

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	28,701,267	28,501,742
21	Total liabilities (Part X, line 26)	23,138,190	22,136,236
22	Net assets or fund balances Subtract line 21 from line 20	5,563,077	6,365,506

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

****** | 2013-11-14
Signature of officer | Date

MICHAEL PFEIFFER CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KAREN GRIES				P00078514

Firm's name ▶ CLIFTONLARSONALLEN LLP | Firm's EIN ▶ 41-0746749

Firm's address ▶ 4250 N FAIRFAX DRIVE SUITE 1020
ARLINGTON, VA 22203 | Phone no (571) 227-9500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

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

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

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

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

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

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

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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**		
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 11b 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	137		
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			
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	602		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 ☐ Other (explain in Schedule O)

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 during the tax year

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

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								3,282,427	0	558,011

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 ▶45

			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
KUMC RESEARCH 3901 RAINBOW BLVD KANSAS CITY KS 66160	RESARCH	5,018,959
OUTSOURCE PARTNERS INTERNATIONAL 477 MADISON AVE 240 NEW YORK NY 10022	ACCOUNTING OPERATIONS	1,068,032
MINDSHIFT PO BOX 200105 PITTSBURGH PA 15251	INFORMATION SYSTEMS	590,983
PBD INC 1650 BLUEGRASS LAKES PKWY ALPHARETTA GA 30004	PUBLICATION FULFILLMENT	545,524
HEALTHCOM MEDIA 259 VETRANS LANE DOYLESTOWN PA 18901	ONLINE CE	490,574

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 ▶28

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	898,322			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,023,693			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f			1,922,015			
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	541900		11,973,668	11,973,668		
	b	SERVICE FEES	900004		9,138,173	8,956,161	182,012	
	c	ADMIN FEES-AFFILIATES	561000		8,184,456	8,184,456		
	d	CONF REGISTRATIONS	541900		873,922	873,922		
	e	AGENCY/PROCESSING FEES	900099		133,006	133,006		
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f			30,303,225			
	3	Investment income (including dividends, interest, and other similar amounts)			430,730			430,730
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties			343,207			343,207
			(i) Real	(ii) Personal				
	6a	Gross rents	1,475,369					
	b	Less rental expenses	0					
	c	Rental income or (loss)	1,475,369					
	d	Net rental income or (loss)			1,475,369			1,475,369
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	3,491,271					
	b	Less cost or other basis and sales expenses	3,329,742					
	c	Gain or (loss)	161,529					
	d	Net gain or (loss)			161,529			161,529
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	a	2,403,203				
	b	Less cost of goods sold	b	216,508				
	c	Net income or (loss) from sales of inventory			2,186,695	2,186,695		
		Miscellaneous Revenue		Business Code				
	11a	MISCELLANEOUS		900099	491,515			491,515
	b	ADVERTISING REVENUE		541800	76,073		76,073	
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d			567,588			
	12	**Total revenue.** See Instructions			37,390,358	32,307,908	258,085	2,902,350

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	438,643			
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	3,282,429			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,162,989			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,049,216			
9 Other employee benefits	829,175			
10 Payroll taxes	670,258			
11 Fees for services (non-employees)				
a Management	1,248,991			
b Legal	228,029			
c Accounting	216,769			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	46,028			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,003,783			
12 Advertising and promotion	195,890			
13 Office expenses	2,002,108			
14 Information technology	967,831			
15 Royalties . .	73,894			
16 Occupancy	3,070,218			
17 Travel	1,514,167			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	493,438			
20 Interest	29,521			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	443,728			
23 Insurance	215,516			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SNA REBATES	2,081,375			
b MISCELLANEOUS	1,904,792			
c TEMPORARY HELP	864,185			
d DUES, SUBSCRIPTIONS & M	638,745			
e All other expenses	273,982			
25 **Total functional expenses.** Add lines 1 through 24e	37,945,700			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		8,692,892	2	8,690,106
	3	Pledges and grants receivable, net		240,543	3	266,592
	4	Accounts receivable, net		1,386,124	4	1,047,296
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		366,025	8	281,198
	9	Prepaid expenses and deferred charges		2,101,150	9	1,767,121
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 7,885,100			
	b	Less accumulated depreciation	10b 5,061,697	2,392,644	10c	2,823,403
	11	Investments—publicly traded securities		7,933,346	11	8,937,943
	12	Investments—other securities See Part IV, line 11		1,097,472	12	1,089,001
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		4,491,071	15	3,599,082
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		28,701,267	16	28,501,742
Liabilities	17	Accounts payable and accrued expenses		3,420,409	17	4,271,542
	18	Grants payable			18	
	19	Deferred revenue		6,422,748	19	5,912,999
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		408,032	23	397,159
	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		12,887,001	25	11,554,536
	26	**Total liabilities.** Add lines 17 through 25		23,138,190	26	22,136,236
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,395,797	27	6,176,894
	28	Temporarily restricted net assets		133,780	28	154,612
	29	Permanently restricted net assets		33,500	29	34,000
		Organizations that do not follow SFAS 117 (ASC 958), 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		5,563,077	33	6,365,506
	34	Total liabilities and net assets/fund balances		28,701,267	34	28,501,742

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	37,390,358
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,945,700
3	Revenue less expenses Subtract line 2 from line 1	3	-555,342
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,563,077
5	Net unrealized gains (losses) on investments	5	509,827
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	847,944
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,365,506

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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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

2012

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) ANA-PAC	8515 GEORGIA AVENUE SILVER SPRING,MD 20910	52-1254413		48,500

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
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)).

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(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?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	11,973,668
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	2,062,793
b	Carryover from last year	2b	
c	Total	2c	2,062,793
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	2,632,505
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	-569,712

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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
AMERICAN NURSES ASSOCIATION INC

Employer identification number
13-1893923

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

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

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	167,279	170,685	149,314	126,073	181,729
b	Contributions					
c	Net investment earnings, gains, and losses	20,832	-3,406	21,371	23,241	-55,656
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	188,111	167,279	170,685	149,314	126,073

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

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

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		466,538	64,883	401,655
c Leasehold improvements		909,670	598,987	310,683
d Equipment		4,086,505	2,562,326	1,524,179
e Other		2,422,387	1,835,501	586,886
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,823,403

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
(1) DUE FROM AMERICAN NURSES CREDENTIALING CENTER	2,996,250
(2) DUE FROM AMERICAN NURSES FOUNDATION, INC	602,832
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	3,599,082

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
UNFUNDED PENSION LIABILITY	10,957,967
DUES COLLECTED ON BEHALF OF C/SNAS	596,544
DUE TO PAC	25
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	11,554,536

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	38,070,664
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	509,827		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	216,508		
e	Add lines **2a** through **2d**			2e	726,335
3	Subtract line **2e** from line **1**			3	37,344,329
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	46,029		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	46,029
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	37,390,358

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

1	Total expenses and losses per audited financial statements			1	38,116,179
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 XIII)	2d	216,508		
e	Add lines **2a** through **2d**			2e	216,508
3	Subtract line **2e** from line **1**			3	37,899,671
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	46,029		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	46,029
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	37,945,700

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT INVESTMENT POLICY IS FOCUSED ON PRESERVATION OF CAPITAL AND AMOUNTS ARE INVESTED IN EQUITIES, CORPORATE AND GOVERNMENT BONDS THROUGH EXCHANGE TRADED MUTUAL FUNDS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ASSOCIATION IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON ITS EXEMPT PURPOSE ACTIVITIES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE THE ASSOCIATION IS REQUIRED TO REPORT UNRELEATED BUSINESS INCOME TO THE INTERNAL REVENUE SERVICE AND MARYLAND NO PROVISION FOR INCOME TAX IS REQUIRED FOR 2012 AND 2011 THE ASSOCIATION ADOPTED THE INCOME TAX STANDARD FOR UNCERTAIN INCOME TAX POSITIONS THE ASSOCIATION EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ITS POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION THE ASSOCIATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES THE TAX RETURNS FOR FISCAL YEARS 2009 THROUGH 2011 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 216,508
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 216,508

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
AMERICAN NURSES ASSOCIATION INC

Employer identification number
13-1893923

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

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

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

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE (INCLUDING ICELAND & GREENLAND) -			PROGRAM SERVICES	INTERNATIONAL COUNCIL OF NURSES ANNUAL DUES, NURSING CONFERENCES	348,563
EAST ASIA AND THE PACIFIC -			PROGRAM SERVICES	NURSING CONFERENCE	7,001
NORTH AMERICA			PROGRAM SERVICES	NURSING CONFRENCE	1,393
3a Sub-total	0	0			356,957
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			356,957

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

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

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

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

Part IV Foreign Forms

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

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
AMERICAN NURSES ASSOCIATION INC

Employer identification number
13-1893923

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) STIPEND GRANTS	17	298,547		N/A	N/A
(2) TUITION GRANTS	14	68,000		N/A	N/A

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

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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

2012

Open to Public Inspection

Name of the organization
AMERICAN NURSES ASSOCIATION INC

Employer identification number
13-1893923

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	**(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 as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	KAREN DALEY - RESIDENCE FOR PERSONAL USE - $26,036 (VALUE) - NOT INCLUDIBLE IN INCOME

Additional Data

Return to Form

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
KAREN DALEY	(I)	175,000	0	0	0	26,036	201,036	0
	(II)	0	0	0	0	0	0	0
MARLA WESTON	(I)	326,530	0	966	25,926	6,407	359,829	0
	(II)	0	0	0	0	0	0	0
MICHAEL PFEIFFER	(I)	182,325	10,000	388	21,102	15,099	228,914	0
	(II)	0	0	0	0	0	0	0
WYLECIA WIGGS HARRIS	(I)	184,741	0	922	14,914	9,723	210,300	0
	(II)	0	0	0	0	0	0	0
ALICE BODLEY	(I)	210,347	0	2,772	56,361	15,282	284,762	0
	(II)	0	0	0	0	0	0	0
STANLEY J KYOTA	(I)	198,036	20,000	892	13,981	13,396	246,305	0
	(II)	0	0	0	0	0	0	0
ROSE GONZALEZ	(I)	171,994	0	1,980	56,443	6,905	237,322	0
	(II)	0	0	0	0	0	0	0
KAREN DRENKARD	(I)	266,219	0	966	26,919	13,470	307,574	0
	(II)	0	0	0	0	0	0	0
NANCY ROBERT	(I)	179,215	10,000	1,290	10,824	9,788	211,117	0
	(II)	0	0	0	0	0	0	0
CRAIG LUZINSKI	(I)	215,024	0	962	29,430	13,891	259,307	0
	(II)	0	0	0	0	0	0	0
STEPHEN FOX	(I)	170,837	13,519	790	11,537	13,501	210,184	0
	(II)	0	0	0	0	0	0	0
CATHERINE JUDGE	(I)	153,045	10,000	212	8,885	112	172,254	0
	(II)	0	0	0	0	0	0	0
SUSAN COE	(I)	151,985	0	733	8,094	5,554	166,366	0
	(II)	0	0	0	0	0	0	0
ELLEN SWARTOUT	(I)	167,756	0	523	15,556	5,376	189,211	0
	(II)	0	0	0	0	0	0	0
DAVE PAULSON	(I)	155,362	0	2,213	36,677	14,233	208,485	0
	(II)	0	0	0	0	0	0	0
THERESA GAFFNEY	(I)	155,117	0	733	29,868	10,712	196,430	0
	(II)	0	0	0	0	0	0	0

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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

2012

Open to Public Inspection

Name of the organization
AMERICAN NURSES ASSOCIATION INC

Employer identification number
13-1893923

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE ASSOCIATION HAS THE FOLLOWING CLASSES OF MEMBERS CONSTITUENT STATE NURSE ASSOCIATIONS INCLUDING STATE NURSE ASSOCIATIONS AND NURSE ASSOCIATIONS FOR TERRITORIES OF THE UNITED STATES OF AMERICA, UNITED STATES OF AMERICA NURSES OVERSEAS ASSOCIATIONS, AND A FEDERAL NURSES ASSOCIATION COMPOSED OF REGISTERED NURSES WHOSE EMPLOYERS ARE MEMBERS OF THE FEDERAL NURSING SERVICES COUNCIL, LIMITED TO MEMBERSHIP OF THE ACTIVE COMPONENT OF THE US ARMY, NAVY, AIR FORCE, AND THE UNIFORMED PUBLIC HEALTH SERVICE NURSES ORGANIZATIONAL AFFILIATES - INCLUDE ASSOCIATIONS THAT (1) ARE A NATIONAL ORGANIZATION THAT REPRESENTS THE INTERESTS OF REGISTERED NURSES THAT MEETS CRITERIA ESTABLISHED BY THE AMERICAN NURSES ASSOCIATION, INC MEMBERSHIP ASSEMBLY, (2) DO NOT TAKE ACTIONS COUNTER TO THE INTERESTS OF AMERICAN NURSES ASSOCIATION, INC OR ANY OF THE C/SNA MEMBERS, AND (3) HAS BEEN GRANTED ORGANIZATIONAL AFFILIATE STATUS BY THE BOARD OF DIRECTORS INDIVIDUAL AFFILIATES - INCLUDE REGISTERED NURSES WHO ELECT TO JOIN AMERICAN NURSES ASSOCIATION, INC IN ACCORDANCE WITH PROVISIONS SET FORTH IN THE ORGANIZATION'S BYLAWS INCLUDING MEETING SPECIFIED QUALIFICATIONS AND FULFILLING CERTAIN RESPONSIBILITIES

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

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

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

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

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

Identifier	Return Reference	Explanation
OTHER FEES	FORM 990, PART IX, LINE 11G	KANAS UNIVERSITY MEDICAL CENTER RESEARCH INSTITUTE TOTAL EXPENSES 4,898,744 CAPAELLA UNIVERSITY - IN KIND EXPENSES TOTAL EXPENSES 135,000 TELEMARKETING SERVICES TOTAL EXPENSES 624,271 MARKETING/MEMBERSHIP RESEARCH FEES, PRINT MAGAZINE SERVICES, MISCELLANEOUS TOTAL EXPENSES 2,345,768

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN MINIMUM PENSION LIABILITY 847,944

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
AMERICAN NURSES ASSOCIATION INC

Employer identification number
13-1893923

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) NURSE MARKETPLACE INC 8515 GEORGIA AVE 400 SILVER SPRING, MD 20910 52-2183261	INACTIVE SUBSIDIARY	DC	N/A	C			100 000 %		No
(2) ANA SERVICE CORPORATION INC 8515 GEORGIA AVE 400 SILVER SPRING, MD 20910 54-2179203	INACTIVE SUBSIDIARY	DC	N/A	C			100 000 %		No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN NURSES CREDENTIALING CENTER	L	4,424,874	BOOK VALUE
(2) AMERICAN NURSES CREDENTIALING CENTER	N	1,462,848	BOOK VALUE
(3) AMERICAN NURSES CREDENTIALING CENTER	O	10,788,695	BOOK VALUE
(4) AMERICAN NURSES CREDENTIALING CENTER	S	3,567,853	BOOK VALUE
(5) AMERICAN NURSES FOUNDATION INC	L	191,729	BOOK VALUE
(6) AMERICAN NURSES FOUNDATION INC	O	440,870	BOOK VALUE

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
AMERICAN NURSES CREDENTIALING CENTER	L	4,424,874	BOOK VALUE
AMERICAN NURSES CREDENTIALING CENTER	N	1,462,848	BOOK VALUE
AMERICAN NURSES CREDENTIALING CENTER	O	10,788,695	BOOK VALUE
AMERICAN NURSES CREDENTIALING CENTER	S	3,567,853	BOOK VALUE
AMERICAN NURSES FOUNDATION INC	L	191,729	BOOK VALUE
AMERICAN NURSES FOUNDATION INC	O	440,870	BOOK VALUE

Additional Data

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
KAREN DALEY PRESIDENT	39 00 1 00	X		X				175,000	0	26,036
KAREN BALLARD 1ST VP UNTIL 6/12/12	5 00	X		X				0	0	0
COLEEN ARMSTRONG 2ND VP UNTIL 6/12/12	5 00	X		X				0	0	0
TERESA STONE SECRETARY	5 00	X		X				0	0	0
TERESA HALLER TREASURER	5 00	X		X				0	0	0
CINDY BALKSTRA DIRECT/1ST VP BEG 6/12/12	5 00	X		X				0	0	0
BARBARA CRANE DIRECTOR	5 00	X						0	0	0
JENNIFER DAVIS DIRECTOR	5 00	X						0	0	0
DEVYN DENTON DIRECTOR	5 00	X						0	0	0
ELIZABETH DIETZ DIRECTOR UNTIL 6/12/12	5 00	X						0	0	0
ANDREA GREGG DIRECTOR	5 00	X						0	0	0
LINDA GURAL DIRECTOR	5 00	X						0	0	0
CARRIE HOUSER JAMES DIRECTOR UNTIL 6/12/12	5 00	X						0	0	0
FAITH JONES DIRECTOR	5 00	X						0	0	0
FLORENCE JONES-CLARK DIRECTOR UNTIL 6/12/12	5 00	X						0	0	0
ROSE MARIE MARTIN DIRECTOR	5 00	X						0	0	0
JENNIFER MENSIK DIRECT/2ND VP BEG 6/12/12	5 00	X		X				0	0	0
GAYLE PETERSON DIRECTOR	5 00	X						0	0	0
THOMAS RAY COE DIRECTOR	5 00	X						0	0	0
JULIE SHUFF DIRECTOR UNTIL 6/12/12	5 00	X						0	0	0
PATRICIA TRAVIS DIRECTOR	5 00	X						0	0	0
MARLA WESTON CHIEF EXECUTIVE OFFICER	34 00 6 00			X				327,496	0	32,333
MICHAEL PFEIFFER CHIEF FINANCIAL OFFICER	30 00 10 00			X				192,713	0	36,201
WYLECIA WIGGS HARRIS CHIEF OF STAFF	40 00			X				185,663	0	24,637
AMY GARCIA CHIEF PROGRAM OFF (UNTIL 07/21/2012)	40 00			X				117,885	0	9,898

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
ALICE BODLEY GENERAL COUNSEL	40 00			X				213,119	0	71,643
STANLEY J KYOTA CHIEF INFORMATION OFFICER	40 00			X				218,928	0	27,377
DEBRA HATMAKER CHIEF PROF PRACTICE OFFICER	40 00			X				21,148	0	2,111
ROSE GONZALEZ DIRECTOR OF GOVERNMENT AFFAIRS	40 00					X		173,974	0	63,348
KAREN DRENKARD EXECUTIVE DIRECTOR, ANCC	30 00 10 00					X		267,185	0	40,389
NANCY ROBERT BUSINESS DIRECTOR, ANCC	40 00					X		190,505	0	20,612
CRAIG LUZINSKI DIRECTOR MAGNET (UNTIL 12/08/2012)	40 00					X		215,986	0	43,321
STEPHEN FOX SR DIR MEMBERSHIP & MRKTG	40 00					X		185,146	0	25,038
CATHERINE JUDGE EXECUTIVE DIRECTOR, ANF	40 00					X		163,257	0	8,997
SUSAN COE SENIOR DIR HUMAN RESOURCES	40 00					X		152,718	0	13,648
ELLEN SWARTOUT SR DIR CERT/MEAS SERVICES	40 00					X		168,279	0	20,932
DAVE PAULSON DIR MEASUREMENT SERVICES	40 00					X		157,575	0	50,910
THERESA GAFFNEY SR DIR NEW PROD DEV	40 00					X		155,850	0	40,580